

## Contracting & Consulting, Inc.

Bid Contact **Christina Ernst**  
**cernst@contractingconsulting.com**  
**Ph 954-532-0291**

Address **1503 N. Powerline Road**  
**Pompano Beach, FL 33069**

Qualifications **FED-LOBBY&DEBAR FL-EVERIFY PP-DRUGFREE PP-EQUAL PP-HUBZONE PP-LBTR PP-MBE PP-  
 SCRUTINIZED PP-SWORN PP-VENDORINFO PP-VOSB PP-W9 PP-WBE**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs
PSPW-20-02--01-01	Fire Station 99 16999 Pines Blvd. Pembroke Pines FL 33027: Impact windows and sliding doors	<b>Supplier Product Code:</b>	<b>First Offer - \$19,813.00</b>	1 / lump sum	<b>\$19,813.00</b> Y Y
PSPW-20-02--01-02	Fire Station 99 16999 Pines Blvd. Pembroke Pines FL 33027: Pedestrian Steel doors	<b>Supplier Product Code:</b>	<b>First Offer - \$23,417.00</b>	1 / lump sum	<b>\$23,417.00</b> Y
PSPW-20-02--01-03	Fire Station 99 16999 Pines Blvd. Pembroke Pines FL 33027: Automatic Roll up Bay doors	<b>Supplier Product Code:</b>	<b>First Offer - \$65,670.00</b>	1 / lump sum	<b>\$65,670.00</b> Y
PSPW-20-02--01-04	Fire Station 99 16999 Pines Blvd. Pembroke Pines FL 33027: Additive Alternate: Additional cost to add Impact Glazing to the Metal Bay doors	<b>Supplier Product Code:</b>  <b>Supplier Notes:</b> Please note the \$1.00 is a place holder, not the cost for this scope of work. A sectional door will need to be used in order for it to be glazed with impact glass. The cost of this scope of work is \$14,409.00 less than the original scope of work.	<b>First Offer - \$1.00</b>	1 / lump sum	<b>\$1.00</b> Y

Lot Total **\$108,901.00**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs	
PSPW-20-02--02-01	Fire Station 89 13000 Pines Blvd. Pembroke Pines FL 33027: Automatic Roll up Bay doors with structural alteration	<b>Supplier Product Code:</b>	<b>First Offer - \$96,233.00</b>	1 / lump sum	<b>\$96,233.00</b>	<b>Y</b>
PSPW-20-02--02-02	Fire Station 89 13000 Pines Blvd. Pembroke Pines FL 33027: Additive Alternate: Additional cost to add Impact Glazing to the Metal Bay doors	<b>Supplier Product Code:</b> <b>Supplier Notes:</b> Please note the \$1.00 is a place holder, not the cost for this scope of work. A sectional door will need to be used in order for it to be glazed with impact glass. The cost of this scope of work is \$9,790.00 less than the original scope of work.	<b>First Offer - \$1.00</b>	1 / lump sum	<b>\$1.00</b>	<b>Y</b>

Lot Total						<b>\$96,234.00</b>
Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
PSPW-20-02--03-01	Fire Station 79 19900 Pines Blvd. Pembroke Pines FL 33029: Impact windows and sliding doors	<b>Supplier Product Code:</b>	<b>First Offer - \$38,297.00</b>	1 / lump sum	<b>\$38,297.00</b>	<b>Y</b>
PSPW-20-02--03-02	Fire Station 79 19900 Pines Blvd. Pembroke Pines FL 33029: Pedestrian Steel doors	<b>Supplier Product Code:</b>	<b>First Offer - \$12,745.00</b>	1 / lump sum	<b>\$12,745.00</b>	<b>Y</b>
PSPW-20-02--03-03	Fire Station 79 19900 Pines Blvd. Pembroke Pines FL 33029: Automatic Roll up Bay doors	<b>Supplier Product Code:</b>	<b>First Offer - \$65,670.00</b>	1 / lump sum	<b>\$65,670.00</b>	<b>Y</b>
PSPW-20-02--03-04	Fire Station 79 19900 Pines Blvd. Pembroke Pines FL 33029: Additive Alternate: Additional cost to add Impact Glazing to the Metal Bay doors	<b>Supplier Product Code:</b>  <b>Supplier Notes:</b> Please note the \$1.00 is a place holder, not the cost for this scope of work. A sectional door will need to be used in order for it to be glazed with impact glass. The cost of this scope of work is \$14,409.00 less than the original scope of work.	<b>First Offer - \$1.00</b>	1 / lump sum	<b>\$1.00</b>	<b>Y</b>
Lot Total						<b>\$116,713.00</b>
Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs

PSPW-20-02--04-01	Fire Station 69 9500 Pines Blvd. Pembroke Pines FL 33024: Impact windows and sliding doors	<b>Supplier Product Code:</b>	<b>First Offer - \$126,247.00</b>	1 / lump sum	<b>\$126,247.00</b>	<b>Y</b>
-------------------	---	-----------------------------------	-----------------------------------	--------------	---------------------	----------

PSPW-20-02--04-02	Fire Station 69 9500 Pines Blvd. Pembroke Pines FL 33024: Pedestrian Steel doors	<b>Supplier Product Code:</b>	<b>First Offer - \$15,073.00</b>	1 / lump sum	<b>\$15,073.00</b>	<b>Y</b>
-------------------	--	-----------------------------------	----------------------------------	--------------	--------------------	----------

PSPW-20-02--04-03	Fire Station 69 9500 Pines Blvd. Pembroke Pines FL 33024: Automatic Roll up Bay doors	<b>Supplier Product Code:</b>	<b>First Offer - \$47,877.00</b>	1 / lump sum	<b>\$47,877.00</b>	<b>Y</b>
-------------------	---	-----------------------------------	----------------------------------	--------------	--------------------	----------

PSPW-20-02--04-04	Fire Station 69 9500 Pines Blvd. Pembroke Pines FL 33024: Additive Alternate: Additional cost to add Impact Glazing to the Metal Bay doors	<b>Supplier Product Code:</b>  <b>Supplier Notes:</b> Please note the \$1.00 is a place holder, not the cost for this scope of work. A sectional door will need to be used in order for it to be glazed with impact glass. The cost of this scope of work is \$6,190.00 less than the original scope of work.	<b>First Offer - \$1.00</b>	1 / lump sum	<b>\$1.00</b>	<b>Y</b>
-------------------	---	---	-----------------------------	--------------	---------------	----------

Lot Total **\$189,198.00**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs	
PSPW-20-02--05-01	Fire Station 33	Supplier Product	First Offer - \$37,179.00	1 / lump sum	\$37,179.00	Y

600 S.W. 72nd Ave. Pembroke Pines FL 33023: Impact windows and sliding doors

PSPW-20-02--05-02	Fire Station 33 600 S.W. 72nd Ave. Pembroke Pines FL 33023: Pedestrian Steel doors	<b>Supplier Product Code:</b>	<b>First Offer - \$12,745.00</b>	1 / lump sum	<b>\$12,745.00</b>	<b>Y</b>
-------------------	---	-------------------------------	----------------------------------	--------------	--------------------	----------

PSPW-20-02--05-03	Fire Station 33 600 S.W. 72nd Ave. Pembroke Pines FL 33023: Automatic Roll up Bay doors	<b>Supplier Product Code:</b>	<b>First Offer - \$65,670.00</b>	1 / lump sum	<b>\$65,670.00</b>	<b>Y</b>
-------------------	--	-------------------------------	----------------------------------	--------------	--------------------	----------

PSPW-20-02--05-04	Fire Station 33 600 S.W. 72nd Ave. Pembroke Pines FL 33023: Additive Alternate: Additional cost to add Impact Glazing to the Metal Bay doors	<b>Supplier Product Code:</b> <b>Supplier Notes:</b>	<b>First Offer - \$1.00</b>	1 / lump sum	<b>\$1.00</b>	<b>Y</b>
		Please note the \$1.00 is a place holder, not the cost for this scope of work. A sectional door will need to be used in order for it to be glazed with impact glass. The cost of this scope of work is \$14,409.00 less than the original scope of work.				

Lot Total **\$115,595.00**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs	
PSPW-20-02--06-01	West Police Sub Station 18400 Johnson St. Pembroke Pines FL 33029: Impact windows and sliding doors	Supplier Product Code:	First Offer - \$39,600.00	1 / lump sum	\$39,600.00	Y

PSPW-20-02--06-02	West Police Sub Station 18400 Johnson St. Pembroke Pines FL 33029: Pedestrian Steel doors	<b>Supplier</b> <b>Product</b> <b>Code:</b>	<b>First Offer - \$2,505.00</b>	1 / lump sum	<b>\$2,505.00</b>	<b>Y</b>
PSPW-20-02--06-03	West Police Sub Station 18400 Johnson St. Pembroke Pines FL 33029: Automatic Roll up Bay doors	<b>Supplier</b> <b>Product</b> <b>Code:</b>	<b>First Offer - \$40,315.00</b>	1 / lump sum	<b>\$40,315.00</b>	<b>Y</b>
PSPW-20-02--06-04	West Police Sub Station 18400 Johnson St. Pembroke Pines FL 33029: Additive Alternate: Additional cost to add Impact Glazing to the Metal Bay doors	<b>Supplier</b> <b>Product</b> <b>Code:</b>	<b>First Offer - \$1,832.00</b>	1 / lump sum	<b>\$1,832.00</b>	<b>Y</b>
					Lot Total	<b>\$84,252.00</b>
Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
PSPW-20-02--07-01	Payment and Performance Bond: Cost to Provide Payment and Performance Bond	<b>Supplier</b> <b>Product</b> <b>Code:</b>	<b>First Offer - 2.50%</b>	1 / project	<b>2.50%</b>	<b>Y</b>
					Lot Total	<b>\$0.00</b>
					Supplier Total	<b>\$710,893.00</b>

**Contracting & Consulting, Inc.****Item: Fire Station 99 16999 Pines Blvd. Pembroke Pines FL 33027:Impact windows and sliding doors****Attachments**

Business License 001.jpg

Certification Regarding Lobbying.pdf

Disclosure of Lobbying Activities.pdf

Equal Benefits Certification Form.pdf

Madatory Pre-Bid.pdf

Scrutinized Company Certification.pdf

Sworn Statement on Public Entity Crimes.pdf

U.S. Dept. of Homeland Securitys E-Verify.pdf

Vendor Drug Free Workplace Certification Form 001.pdf

Vendor Information Form.pdf

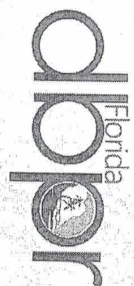
Veteran Owned Small Business Certification.pdf

W-9.pdf



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



## STATE OF FLORIDA

### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

#### CONSTRUCTION INDUSTRY LICENSING BOARD

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

**DAMIANI, CARMEN JAMES**

CONTRACTING & CONSULTING INC  
1503 N. POWERLINE ROAD  
POMPANO BEACH FL 33069

LICENSE NUMBER: CBC1256280

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at [MyFloridaLicense.com](http://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.





## Attachment I

**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 making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant 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 grant or cooperative agreement, the undersigned shall complete and submit **Standard Form - LLL, "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 subgrants, contracts under grants and cooperative agreements, and subcontracts) 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.

Christina Ernst Office Manager  
PRINTED NAME/TITLE OF REPRESENTATIVE

PSPW-19-13  
CONTRACT / PURCHASE ORDER NUMBER

LOTS 1/7/2020  
SIGNATURE OF REPRESENTATIVE / DATE

**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.

Christina Ernst Office Manager  
PRINTED NAME/TITLE OF REPRESENTATIVE

PSPW-19-13  
CONTRACT / PURCHASE ORDER NUMBER

Office Manager  
SIGNATURE OF REPRESENTATIVE / DATE

**Disclosure of Lobbying Activities**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

<b>1. Type of Federal Action:</b> <u>B</u> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> a. bid/offer/application <u>A</u> b. initial award c. post-award	<b>3. Report Type:</b> <u>A</u> a. initial filing b. material change <b>For material change only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> _____ Prime _____ Subawardee Tier _____, if Known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is Subawardee,</b> Enter Name and Address of Prime:  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b>  \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction 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 inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>	<b>Signature:</b> <u>Christhe Ernst</u> <b>Print Name:</b> <u>Christhe Ernst</u> <b>Title:</b> <u>Office Manager</u> <b>Telephone No.:</b> <u>954-532-0291</u> <b>Date:</b> <u>1/7/2020</u>	





## 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

1. **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.
2. **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.
3. **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



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 registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **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.
6. **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 jurisdiction 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

☐ 3. The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;

☐ 4. The Contractor is a governmental agency;

**The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.**

COMPANY NAME: Contracting & Consulting, Inc

AUTHORIZED OFFICER NAME / SIGNATURE: [Signature]



City of Pembroke Pines

## Mandatory Pre-Bid/Site Visit Confirmation Form

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

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

Contracting & Consulting PERSONALLY came and appeared  
(Contractor's Company)

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

19 day of December, 2019 as required by:

Solicitation #: PSPW-19-13

Solicitation Title: Replacement of Windows & Doors for the Hazard Mitigation Grant

Alan Armstrong  
(Contractor Representative's Printed Name)

[Signature]  
(Contractor Representative's Signature)

Contracting & Consulting  
(Contractor's Company)

954-532-0291  
(Contractor's Phone Number)

12-19-19  
(Date)

Jose Pena

(City Representative's Printed Name)

[Signature]  
(City Representative's Signature)

Public Services

(City Representative's Department)

(City Representative's Phone Number)

12-19-2019  
(Date)

The City requires all questions related to this solicitation be posted on the BidSync website. Such requests must be received by the "Question Due Date" established in the solicitation document. Any 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.



SCRUTINIZED COMPANY CERTIFICATION  
PURSUANT TO FLORIDA STATUTE § 287.135.

I, Christina Ernst, Office Manager, on behalf of Contracting & Consulting, Inc.,  
Print Name and Title Company Name  
certify that Contracting & Consulting, Inc.:  
Company Name

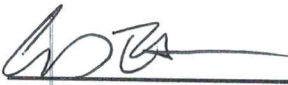
- 1. Does not participate in a boycott of Israel; and
- 2. Is not on the Scrutinized Companies that Boycott Israel list; and
- 3. Is not on the Scrutinized Companies with Activities in Sudan List; and
- 4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and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

Christina Ernst, Office Manager  
Print Name / Title  
Contracting & Consulting, Inc.  
Company Name

  
Signature





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

1. This sworn statement is submitted Contracting & Consulting, Inc.  
(name of entity submitting sworn statement)  
whose business address is 1503 N. Powerline Road, Pompano Beach, FL 33069  
and (if applicable) its Federal Employer Identification Number (FEIN) is  
26-1454248. (If the entity has no FEIN, include the Social Security  
Number of the individual signing this sworn statement: \_\_\_\_\_.)
2. My name is Christina Ernst and my  
(Please print name of individual signing)  
relationship to the entity named above is Office Manager.
3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, 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), Florida Statutes, 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:
  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), Florida Statutes, 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.)**

☒ 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, AND **(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.)**
- Christina Ernst
- Bidder's Name
- Contracting & Consulting, Inc.
- Company Name
- 
- Signature
- 01/07/2020
- Date
- 6/10/2020
- BidSync
- p. 48



**U.S. Department of Homeland Security's E-Verify System Affirmation Statement**

**PSPW-19-09 "Roof Replacements for Hazard Mitigation Grant"**

Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of,

- a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,
- b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that 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.

Contractor/Proposer/Bidder Company Name: Contracting & Consulting, Inc.

Authorized Company Person's Signature: [Signature]

Authorized Company Person's Title: Office Manager

Date: 1/7/2020





## 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 program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under 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 conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

### SECTION 2 AFFIRMATION

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

☐ 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.**

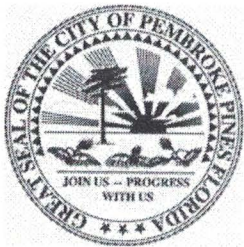
Contracting & Consulting, Inc.

Company Name

Christina Ernst

Authorized Signer Name

Authorized Signature



(OFFICE USE ONLY) Vendor number:

Vendor Information Form

Operating Name (Payee)	Contracting & Consulting, Inc.		
Legal Name (as filed with IRS)	Contracting & Consulting, Inc.		
Remit-to Address (For Payments)	1503 N. Powerline Road		
	Pompano Beach, FL. 33069		
Remit-to Contact Name:	Contracting & Consulting, Inc.	Title:	President
Email Address:	cdamiani@contractingconsulting.com		
Phone #:	(954) 532-0291	Fax #	(954) 532-1695
Order-from Address (For purchase orders)	1503 N. Powerline Road		
	Pompano Beach, FL 33069		
Order-from Contact Name:	Carmen Damiani	Title:	President
Email Address:	cdamiani@contractingconsulting.com		
Phone #:	(954) 532-0291	Fax #	(954) 532-1695
Return-to Address (For product returns)	1503 N. Powerline Road		
	Pompano Beach, FL 33069		
Return-to Contact Name	Carmen J Damiani	Title:	President
Email Address:	cdamiani@contractingconsulting.com		
Phone #:	(954) 532-0291	Fax #	(954) 532-1695
Payment Terms:	Due upon receipt.		

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

☒ Corporation

☐ Sole Proprietorship/Individual

☐ Partnership

☐ Health Care Service Provider


☐ LLC – C (C corporation) – S (S corporation) – P (partnership)

☐ Other (Specify):

Federal ID Number: 26-1454248

Social Security No.:

Name & Title of Applicant Christina Ernst, Office Manager

Signature of Applicant  Date 1/7/2020





## VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE

The evaluation of competitive bids is subject to section 35.37 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 veteran owned small businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with the following objective criteria as of the bid or proposal submission date stated in the solicitation. A veteran owned small business shall be defined as:

1. "Veteran Owned Small Business" shall mean a business entity which has received a "Determination Letter" from the United States Department of Veteran Affairs Center for Verification and Evaluation notifying the business that they have been approved as a Veteran Owned Small Business (VOSB).

A preference of two and a half percent (2.5%) of the total evaluation point, or two and a half percent (2.5%) of the total price, shall be given to the **Veteran Owned Small Business (VOSB)**. This shall mean that if a **VOSB** submits a bid/quote that is within 2.5% of the lowest price submitted by any vendor, the **VOSB** shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the **VOSB** submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the **VOSB**. If not, the award will be made to the vendor that submits the lowest responsive bid/quote. If the lowest responsive and responsible bidder IS a "**Local Pembroke Pines Vendor**" (**LPPV**) or a "**Local Broward County Vendor**" (**LBCV**) as established in Section 35.36 of the City's Code of Ordinances, entitled "Local Vendor Preference", then the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.

If there is a **LPPV**, a **LBCV**, and a **VOSB** participating in the same bid solicitation and all three vendors qualify to submit a second bid, the **LPPV** will be given first option. If the **LPPV** cannot beat the lowest bid received by at least 1%, an opportunity will be given to the **LBCV**. If the **LBCV** cannot beat the lowest bid by at least 1%, an opportunity will be given to the **VOSB**. If the **VOSB** cannot beat the lowest bid by at least 1%, then the bid will be awarded to the lowest bidder.

If multiple **VOSBs** submit bids/quotes which are within 2.5% of the lowest bid/quote and there are no **LPPV** or **LBCV** as described in Section 35.36 of the City's Code of Ordinance, entitled "Local Vendor Preference", then all **VOSBs** will be asked to submit a **Best and Final Offer (BAFO)**. The award will be made to the **VOSB** submitting the lowest **BAFO** providing that that **BAFO** is at least 1% lower than the lowest bid/quote received in the original solicitation. If no **VOSB** can beat the lowest bid/quote by at least 1%, then the award will be made to the lowest responsive bidder.

#### 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

#### VETERAN OWNED SMALL BUSINESS (VOSB) PREFERENCE CERTIFICATION:

- ☐ Place a check mark here only if affirming bidder meets requirements above as a Veteran Owned Small Business. In addition, the bidder must attach the "Determination Letter" from the U.S. Dept. of Veteran Affairs Center.
- ☒ Place a check mark here only if affirming bidder does not meet the requirements above as a VOSB.

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

COMPANY NAME: Contracting & Consulting, Inc.

PRINTED NAME / AUTHORIZED SIGNATURE: Christina Ernst / [Signature]



Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**  
▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Contracting & Consulting, Inc.**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.  

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**1503 N. Powerline Road**

6 City, state, and ZIP code  
**Pompano Beach, FL 33069**

7 List account number(s) here (optional)


Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**  
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.  
**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**  
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]

or  
**Employer identification number**  
[2][6] - [1][4][5][4][2][4][8]

**Part II Certification**  
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 for Part II, later.

**Sign Here**  
Signature of U.S. person ▶ 

Date ▶ **1/7/2020**

**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](http://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)  
• 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)  
• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)  
• Form 1099-C (canceled debt)  
• Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Cat. No. 10231X

Form **W-9** (Rev. 10-2018)

**Supplier: Contracting & Consulting, Inc.**

**CONTACT INFORMATION FORM**

IN ACCORDANCE WITH “PSPW-20-02” titled “**Replacement of Windows and Doors for the Hazard Mitigation Grant**” attached hereto as a part hereof, the undersigned submits the following:

**A) Contact Information**

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through [www.bidsync.com](http://www.bidsync.com) as part of the bidder's submittal. The vendor must provide their pricing through the designated lines items listed on the BidSync website.

**COMPANY INFORMATION:**

COMPANY: **Contracting & Consulting, Inc.**

STREET ADDRESS: **1503 N. Powerline Road**

CITY, STATE & ZIP CODE: **Pompano Beach, FL 33069**

**PRIMARY CONTACT FOR THE PROJECT:**

NAME: **Alan Armstrong** TITLE: **Sales Rep.**

E-MAIL: **aarmstrong@contractingconsulting.com**

TELEPHONE: **954-532-0294** FAX: **954-532-1695**

**AUTHORIZED APPROVER:**

NAME: **Carmen Damiani** TITLE: **President**

E-MAIL: **cdamiani@contractingconsulting.com**

TELEPHONE: **954-532-0291** FAX: **954-532-1695**

SIGNATURE: **Christina Ernst**

**B) Proposal Checklist**

Are all materials, freight, labor and warranties included?	Yes <input checked="" type="checkbox"/>
--	---

Did you make sure to submit the following items, as stated in section 1.5 “Proposal Requirements” of the bid package?

Attachment A - Contact Information Form	Yes <input checked="" type="checkbox"/>
---	---

Attachment B - Non-Collusive Affidavit	Yes <input checked="" type="checkbox"/>
Attachment C - Proposer's Completed Qualification Statement	Yes <input checked="" type="checkbox"/>
Attachment F - References Form	Yes <input checked="" type="checkbox"/>
Does your proposal exceed \$200,000 for this construction project? If so, please include a Proposal Security (Bid Bond or Cashier's Check) along with a separate line item to provide a Payment and Performance Bond. (See Bid Package for details)	Yes <input checked="" type="checkbox"/>

Did you make sure to update the following documents found under the "Vendor Registration" group of "Qualifications" on the BidSync website for the City of Pembroke Pines?

Vendor Information Form	Yes <input checked="" type="checkbox"/>
Form W-9 (Rev. October 2018)	Yes <input checked="" type="checkbox"/>
Sworn Statement on Public Entity Crimes Form	Yes <input checked="" type="checkbox"/>
Local Business Tax Receipts	Yes <input checked="" type="checkbox"/>
Veteran Owned Small Business Preference Certification	Yes <input checked="" type="checkbox"/>
Equal Benefits Certification Form	Yes <input checked="" type="checkbox"/>
Vendor Drug-Free Workplace Certification Form	Yes <input checked="" type="checkbox"/>
Scrutinized Company Certification	Yes <input checked="" type="checkbox"/>
Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters for Expenditure of Federal Funds	Yes <input checked="" type="checkbox"/>
E-Verify System Certification Statement	Yes <input checked="" type="checkbox"/>
Minority-Owned Business Enterprise	Yes <input checked="" type="checkbox"/>
Woman-Owned Business Enterprise	Yes <input checked="" type="checkbox"/>
HUBZone-Certified Small Businesses / Labor Surplus Area Firms	Yes <input checked="" type="checkbox"/>

*The following sample price proposal is for information only. The vendor must provide their pricing through the designated lines items listed on the BidSync website.*

Fire Station 99 - 16999 Pines Blvd. Pembroke Pines FL 33027	
	<b>Cost per Each</b>
<b>Impact windows and sliding doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Pedestrian doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Automatic Roll up Bay doors</b>	<b>Price to be Submitted Via BidSync</b>

Fire Station 89 - 13000 Pines Blvd. Pembroke Pines FL 33027	
	<b>Cost per Each</b>
<b>Automatic Roll up Bay doors</b>	<b>Price to be Submitted Via BidSync</b>



<b>Fire Station 79 - 19900 Pines Blvd. Pembroke Pines FL 33029</b>	
	<b>Cost per Each</b>
<b>Impact windows and sliding doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Pedestrian doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Automatic Roll up Bay doors</b>	<b>Price to be Submitted Via BidSync</b>

<b>Fire Station 69 - 9500 Pines Blvd. Pembroke Pines FL 33024</b>	
	<b>Cost per Each</b>
<b>Impact windows and sliding doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Pedestrian doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Automatic Roll up Bay doors</b>	<b>Price to be Submitted Via BidSync</b>

<b>Fire Station 33 - 600 S.W. 72<sup>nd</sup> Ave. Pembroke Pines FL 33023</b>	
	<b>Cost per Each</b>
<b>Impact windows and sliding doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Pedestrian doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Automatic Roll up Bay doors</b>	<b>Price to be Submitted Via BidSync</b>

<b>West Police Sub Station - 18400 Johnson St. Pembroke Pines FL 33029</b>	
	<b>Cost per Each</b>
<b>Impact windows and sliding doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Pedestrian doors</b>	<b>Price to be Submitted Via BidSync</b>
<b>Automatic Roll up Bay doors</b>	<b>Price to be Submitted Via BidSync</b>

<b>Payment and Performance Bond</b>	
<b>Cost to Provide Payment and Performance Bond for the project</b>	<b>Percent to be Submitted Via BidSync</b>

Supplier: **Contracting & Consulting, Inc.**



City of Pembroke Pines

Attachment B

**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the **Representative**,  
(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 **Alan Armstrong**

Title **Sales Rep**

Name of Company **Contracting & Consulting, Inc.**

Supplier: **Contracting & Consulting, Inc.**



City of Pembroke Pines

Attachment C

### **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:

**Contracting & Consulting, Inc.**  
**1503 N. Powerline Road**  
**Pompano Beach, FL 33069**

PROPOSER'S License Number: **CBC1256280**

**(Please attach certificate of status, competency, and/or state registration.)**

Number of years your organization has been in business **13**

State the number of years your firm has been in business under your present business name **13**

State the number of years your firm has been in business in the work specific to this solicitation: **13**

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

**Carmen J Damiani, President**  
**Christopher T Austin, Vice President**

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE.

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 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:

**N/A**

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?

**Yes.**

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).

**Door Systems of South Florida**

**1300 N. Andrews Ave.**

**Pompano Beach, FL 33069**

**954-935-7000**

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**

Are you an Original provider sales representative distributor, broker, manufacturer other, of the commodities/services proposed upon? If other than the original provider, explain below.

**N/A**

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

**N/A**

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

**City of Pembroke Pines Golf Pro Shop Storefront Windows.**

**John Knox Village Storefront and Windows for Cassels Tower.**

**Broward County Glazing Contract #X2112978B1\_1**

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.

**Contracting & Consulting**  
(Company Name)

**Christina Ernst**  
(Printed Name/Signature)

Supplier: **Contracting & Consulting, Inc.**

### **REFERENCES FORM**

Provide specific examples of similar contracts. References 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: **John Knox Village**

Address: **651 SW 6 Street**

City/State/Zip: **Pompano Beach, FL 33060**

Contact Name: **Paul Balladarsch** Title: **Manager**

E-Mail Address: **pballadarsch@jkvfl.com**

Telephone: **954-783-4018** Fax: **954-784-4778**

#### **Project Information:**

Name of Contractor Performing the work: **Contracting & Consulting, Inc**

Name and location of the project: **Cassels Tower Window Glazing and Storefront**

**651 SW 6 Street**

**Pompano Beach, FL 33060**

Nature of the firm's responsibility on the project: **REPLACEMENT WINDOWS FOR CASSELS TOWER, OCCUPIED UNITS, LAUNDRY ROOMS, ELEVATOR LOBBY, ACCOUNTING OFFICE PGT / WINGUARD / 7700 SERIES / COLONIAL WHITE FRAME / SOLEX GREEN IMPACT GLASS RETROFIT / TRULITE / 3100 / CUSTOM COLOR / SOLEX GREEN GLASS WORK TO BE PERFORMED WHILE RELOCATING RESIDENTS IN EACH UNIT AS WORK IS PERFORMED.**

Project duration: **3 months** Completion (Anticipated) Date: **01/05/2020**

Size of project: **LARGE** Cost of project: **\$915,508.00**

Work for which staff was responsible: **REPLACEMENT WINDOWS FOR CASSELS TOWER, OCCUPIED UNITS, LAUNDRY ROOMS, ELEVATOR LOBBY, ACCOUNTING OFFICE PGT / WINGUARD / 7700 SERIES / COLONIAL WHITE FRAME / SOLEX GREEN IMPACT GLASS RETROFIT / TRULITE / 3100 / CUSTOM COLOR / SOLEX GREEN GLASS**

**WORK TO BE PERFORMED WHILE RELOCATING RESIDENTS IN EACH UNIT AS WORK IS PERFORMED.**

Contract Type: **Awarded Estimate**

The results/deliverables of the project: **Completed in Full**

**REFERENCES FORM**

Provide specific examples of similar contracts. References 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 Pembroke Pines Golf Pro Shop**

Address: **10500 Taft Street**

City/State/Zip: **Pembroke Pines, FL 33026**

Contact Name: **Jose Pena** Title: **Manager**

E-Mail Address: **jpena@ppines.com**

Telephone: **954-914-4550** Fax:

**Project Information:**

Name of Contractor Performing the work: **Contracting & Consulting, Inc.**

Name and location of the project: **Golf Pro Shop**

**10500 Taft Street**

**Pembroke Pines, FL 33026**

Nature of the firm's responsibility on the project: **Replace existing storefront.**

Project duration: **1 month** Completion (Anticipated) Date: **10/11/2018**

Size of project: **Medium** Cost of project: **\$46,345.00**

Work for which staff was responsible: **Replace existing storefront.**

Contract Type: **Awarded Bid #PSPW-18-02**

The results/deliverables of the project: **Completed in Full**

### **REFERENCES FORM**

Provide specific examples of similar contracts. References 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 Public Works**

Address: **Numerous properties**

City/State/Zip:

Contact Name: **Juven's Adrien** Title: **Manager**

E-Mail Address: **jadrien@broward.org**

Telephone: **954-468-3500** Fax:

#### **Project Information:**

Name of Contractor Performing the work: **Contracting & Consulting, Inc.**

Name and location of the project: **Various properties owned by Broward County**

Nature of the firm's responsibility on the project: **Window and Door Replacement Contract # X2112978B1\_1**

**Replacement of windows, doors, and storefront as needed at the various Broward County properties.**

Project duration: **Ongoing** Completion (Anticipated) Date: **Ongoing**

Size of project: **Large** Cost of project: **\$615,478.00**

Work for which staff was responsible: **Window and Door Replacement Contract # X2112978B1\_1**

**Replacement of windows, doors, and storefront as needed at the various Broward County properties.**

Contract Type: **Annual Contract**

The results/deliverables of the project: **Completed as necessary**

### **REFERENCES FORM**



Provide specific examples of similar contracts. References 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:

Address:

City/State/Zip:

Contact Name: Title:

E-Mail Address:

Telephone: Fax:

**Project Information:**

Name of Contractor Performing the work:

Name and location of the project:

Nature of the firm's responsibility on the project:

Project duration: Completion (Anticipated) Date:

Size of project: Cost of project:

Work for which staff was responsible:

Contract Type:

The results/deliverables of the project:

**REFERENCES FORM**

Provide specific examples of similar contracts. References 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:

Address:

City/State/Zip:

Contact Name: Title:

E-Mail Address:

Telephone: Fax:

**Project Information:**

Name of Contractor Performing the work:

Name and location of the project:

Nature of the firm's responsibility on the project:

Project duration: Completion (Anticipated) Date:

Size of project: Cost of project:

Work for which staff was responsible:

Contract Type:

The results/deliverables of the project: