

## Kemp Group International Corporation

Bid Contact **Joe Faluade**  
**kempgroupintl@aol.com**  
**Ph 954-437-7294**  
**Fax 954-437-8952**

Address **PO Box 471614**  
**Miami, FL 33247**

Supplier Code 225376

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

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs
PD-20-03--01-01	School Crossing Guard	Supplier Product Code:	First Offer - \$13.86	1 / hour	\$13.86 Y Y
PD-20-03--01-02	School Crossing Guard Supervisor	Supplier Product Code:	First Offer - \$13.86	1 / hour	\$13.86 Y
Supplier Total					\$27.72

**Kemp Group International Corporation**Item: **School Crossing Guard****Attachments**

PD 20 03 SCHOOL CROSSING GUARDS kempgroup.pdf

**Supplier Response Form****CONTACT INFORMATION FORM**

IN ACCORDANCE WITH "PD-20-03" titled "School Crossing Guards" 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: KEMP GROUP INTERNATIONAL CORPORA

STREET ADDRESS: 2111 SW 60 WAY

CITY, STATE &amp; ZIP CODE: MIRAMAR FL 33023

**PRIMARY CONTACT FOR THE PROJECT:**

NAME: JOE FALUADE

TITLE: MANAGER

E-MAIL: kempgroupintl@aol.com

TELEPHONE: 954-437-7294

FAX: 954-437-8952

**AUTHORIZED APPROVER:**

NAME: CHRISTINA ADERINOKUN

TITLE: PRESIDENT

E-MAIL: kempgroupintl@aol.com

TELEPHONE: 954-437-7294

FAX: 954-437-8952

SIGNATURE: **B) Proposal Checklist**

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"/>
Sec 1.5.6 FDOT Training Certificates	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 Vendor Preference Certification	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"/>

### **C) Proposal Form**

*The vendor must provide their pricing through the designated lines items listed on the BidSync website.*

LINE #	DESCRIPTION	Per Hour Rate
Line #1	School Crossing Guard	Price to be Submitted Via BidSync
Line #2	School Crossing Guard Supervisor	Price to be Submitted Via BidSync



**Supplier Response Form**

City of Pembroke Pines

Attachment B

**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the OFFICER  
(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 CHRISTINA ADERINOKUN

Title PRESIDENT

Name of Company KEMP GROUP INTERNATIONAL CORPORATION

**Supplier Response Form**

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:**

KEMP GROUP INTERNATIONAL CORPORATION  
2111 SW 60 WAY  
MIRAMAR FL 33023

PROPOSER'S License Number: P01000102726

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

Number of years your organization has been in business 19

State the number of years your firm has been in business under your present business name 19

State the number of years your firm has been in business in the work specific to this solicitation: 24

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

CHRISTINA ADERINOKUN, 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.

KEMP SERVICES INC

At what address was that business located?

2111 SW 60 WAY  
MIRAMAR FL 33023

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).

NO

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.

NONE

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).

NONE

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.

NONE

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.

NONE

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.

YES

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:

WE ARE/HAVE PROVIDE SERVICES TO THE CITY OF MIRAMAR, COOPER  
AND THE CITY OF HOLLYWOOD.

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.

KEMP GROUP INTERNATIONAL CORPORA/  
(Company Name)

CHRISTINA ADERINOKUN

(Printed Name/Signature)



# *State of Florida*

## *Department of State*

I certify from the records of this office that KEMP GROUP INTERNATIONAL CORPORATION is a corporation organized under the laws of the State of Florida, filed on October 22, 2001.

The document number of this corporation is P01000102726.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on April 8, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-first day of October,  
2020*



*Ronald R. Lee*  
Secretary of State

Tracking Number: 0411145513CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



**Supplier Response Form****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 COMMISSIONS

Address: 115 S ANDREWS AVE RM 212

City/State/Zip: FORT LAUDERDALE FL 33301

Contact Name: STEPHON RAMOULAR

Title: PURCHASING AGENT

E-Mail Address: sramoutar@broward.corg

Telephone: 954-847-2671

Fax: 954-357-8535

**Project Information:**

Name of Contractor Performing the work: KEMP GROUP INTERNATIONAL CORPORA

SCHOOL CROSSING GUARDS  
UNINCORPORATED FORT LAUDERDALE

Name and location of the project:

Nature of the firm's responsibility on the project:

PROVIDE SCHOOL CROSSING GUARDS

Project duration: NOV 2018 Completion (Anticipated) Date: PRESENT

Size of project: SMALL Cost of project: TO DATE \$34,680

PROVIDE SCHOOL CROSSING GUARDS

Work for which staff was responsible:

Contract Type: SCHOOL CROSSING GUARDS

The results/deliverables of the project: STILL PROVIDING

**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 HOLLYWOOD

Address: PO BOX 229405

City/State/Zip: HOLLYWOOD FL 33022

Contact Name: JANICE ENGLISH

Title: PROCUREMENT CONTRACT OFFICER

E-Mail Address: jenglish@hollywoodfl.org

Telephone: 954-921-3345

Fax: 954-921-3086

**Project Information:**

Name of Contractor Performing the work: KEMP GROUP INTERNATIONAL CORPORA

SCHOOL CROSSING GUARDS  
IN THE CITY OF HOLLYWOOD

Name and location of the project:

Nature of the firm's responsibility on the project:

PROVIDE SCHOOL CROSSING GUARDS

Project duration: OCT 2016

Completion (Anticipated) Date: PRESENT

Size of project: MEDIUM

Cost of project: TO DATE \$1,334,942

PROVIDE SCHOOL CROSSING GUARDS

Work for which staff was responsible:

Contract Type: SCHOOL CROSSING GUARDS

The results/deliverables of the project: STILL PROVIDING

**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 WEST PARK

Address: PO BOX 5710

City/State/Zip: WEST PARK FL 33083

Contact Name: LAVELLE JENRETTE

Title: ASSISTANT TO CITY MANAGER

E-Mail Address: ljenrette@cityofwestpark.org

Telephone: 954-989-2688ext 205 Fax: 954-689-4806

**Project Information:**

Name of Contractor Performing the work: KEMP GROUP INTERNATIONAL CORPOR/

SCHOOL CROSSING GUARDS  
IN THE CITY OF WEST PARK

Name and location of the project:

Nature of the firm's responsibility on the project:

PROVIDE SCHOOL CROSSING GUARDS

Project duration: AUG 2018 Completion (Anticipated) Date: PRESENT

Size of project: SMALL Cost of project: TO DATE \$91,434

PROVIDE SCHOOL CROSSING GUARDS

Work for which staff was responsible:

Contract Type: SCHOOL CROSSING GUARDS

The results/deliverables of the project: STILL PROVIDING

**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 COOPER CITY

Address: PO BOX 2909110

City/State/Zip: COOPER CITY FL 33329

Contact Name: KERRI ANNE FISHER

Title: PURCHASING AGENT

E-Mail Address: purchasing@coopercityfl.org

Telephone: 954-434-4300ext 297 Fax:

**Project Information:**

Name of Contractor Performing the work: KEMP GROUP INTERNATIONAL CORPORA

SCHOOL CROSSING GUARDS  
IN COOPER CITY

Name and location of the project:

Nature of the firm's responsibility on the project:

PROVIDE SCHOOL CROSSING GUARDS

Project duration: AUG 2018 Completion (Anticipated) Date: PRESENT

Size of project: SMALL Cost of project: TO DATE \$172,614

PROVIDE CROSSING GUARDS

Work for which staff was responsible:

Contract Type: SCHOOL CROSSING GUARDS

The results/deliverables of the project: STILL PROVIDING

**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 MIRAMAR

Address: 2300 CIVIC CENTER PLACE

City/State/Zip: MIRAMAR FL 33025

Contact Name: NATALIE RICHMOND

Title: PROCUREMENT ANALYST

E-Mail Address: nrichmond@miramarfl.gov

Telephone: 954-602-4353

Fax:

**Project Information:**

Name of Contractor Performing the work: KEMP GROUP INTERNATIONAL CORP

SCHOOL CROSSING GUARDS  
IN MIRAMAR

Name and location of the project:

Nature of the firm's responsibility on the project:

PROVIDED SCHOOL CROSSING GUARDS

Project duration: AUG 2005

Completion (Anticipated) Date: AUG 2016

Size of project: LARGE

Cost of project: \$4,411,147

PROVIDE SCHOOL CROSSING GUARDS

Work for which staff was responsible:

Contract Type: CROSSING GUARDS

The results/deliverables of the project: COMPLETED



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**Mailing: PO Box 471614\*Miami FL 33247**  
Office: 2111 SW 60 Way\*Miramar FL 33023

## KEMP GROUP INTERNATIONAL CORPORATION

Kemp Group International Corporation is a local Florida minority and women owned corporation. We have been providing school crossing guards since 1995. We have over 20 years' experience in providing school crossing guard services. We also provide security guards services and temporary personnel.

Our major goal is professionalism; our greatest strength is that we are still fundamentally dedicated to reaching it for, every employee and every client. The management staff here at Kemp Group International Corporation is well qualified in providing school crossing guard services. We have the experience and the expertise to provide the best service to the City of Pembroke Pines. We are a reputable company and have been conducting business in accordance with all local laws and regulations.

As a service organization, our personnel are well trained and supervised. Our company enjoys an excellent reputation.

Kemp Group International Corporation is a team, with every person in the company a player, expected and needed to perform to their fullest capacity. One of our goals is remaining committed to quality service and strengthening the connection between its employees and clients.

We will provide qualified, competent, uniformed school crossing guards to the City of Pembroke Pines. The school crossing guards will be located throughout the city of Pembroke Pines as indicated. School crossing guards will monitor street crossings during the appointed times, provide safety to school children in designated crossings and escort children across the street.

The school crossing guards are there to help students cross safely, reinforce safe crossing skills and discourage unsafe behavior.

We shall provide a full range of management duties including planning, hiring incumbent personnel/recruit personnel, scheduling, maintaining records, and quality control.

All work under this contract shall be performed in a safe and hazard free manner. The environment and the public shall be protected at all times.

**PHONE: (954) 437-7294**

**FAX: (954) 437-8952**

**EMAIL: [kempgroupintl@aol.com](mailto:kempgroupintl@aol.com)**

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Christina Aderinokun, President is the principal who will bind the corporation contractually. Joseph Faluade, Manager, who will be the main point of contact, is authorized to make representations for Kemp Group International Corporation. They have a combined total of over forty years of experience with providing school crossing guard services.

Our supervisors are certified as trainers by the State of Florida Department of Transportation. Our goal is to ensure that we provide effective school crossing guards services. Our supervisors provide daily inspections for each shift to make sure that the posts are covered; guards are proper attire and have the necessary equipment to perform their jobs.

We are located in Broward County. The office address is 2111 SW 60 Way, Miramar FL 33023. The contact number is 954-437-7294 and the fax is 954-437-8952. The email address is [kempgroupintl@aol.com](mailto:kempgroupintl@aol.com).

KEMP GROUP  
PO BOX 471614\*MIAMI FL 33247  
PH: (954) 437-7294 FAX: (954) 437-8952

References

Broward County Commission 115 S Andrews Ave, Rm 212 Fort Lauderdale FL 33301-4804 Contact: Stephon Ramoutar <a href="mailto:sramoutar@broward.org">sramoutar@broward.org</a> Phone: (954) 847-2671 Fax: (954) 357-8535 Email: <a href="mailto:purchasinginformation@broward.org">purchasinginformation@broward.org</a>	11/2018 – present School Crossing Guard
City of Hollywood PO Box 229045 Hollywood FL 33022-9045 Contact: Janice English, Procurement Contract Officer Phone: (954) 921-3345 Fax: (954) 921-3086 <a href="mailto:jenglish@hollywoodfl.org">jenglish@hollywoodfl.org</a>	10/1/2016 - present 9/5/2014 – 9/30/2016 8/24/2009 – 9/4/2014 School Crossing Guards
City of Pembroke Pines Public Svc Dpt/Procurement Div 8300 South Palm Drive Pembroke Pines FL 33025 Contact: Sgt Matthew Dolton, 9500 Pines Blvd Phone: (954) 431-2200 <a href="mailto:mdolton@ppines.com">mdolton@ppines.com</a> Contact: Purchasing Manager Phone: (954) 518-9020 Fax: (954) 518-8902 <a href="mailto:purchasing@ppines.com">purchasing@ppines.com</a>	11/2008 – present School Crossing Guards
City of West Park Florida PO Box 5710 West Park FL 33083-5710 Contact: Lavelle Jenrette, Assistant to City Manager Phone: (954) 989-2688 ext 209 <a href="mailto:jenrette@cityofwestpark.org">jenrette@cityofwestpark.org</a> Contact: Chris Wallace, Finance Director Phone: (954) 903-0712 ext 203 Fax: 954-689-4806 <a href="mailto:chriswallace@cityofwestpark.org">chriswallace@cityofwestpark.org</a> City Clerk, Phone: 954-989-2688 ext 205	8/15/2018 - present 10/8/2005 – 8/14/2018 School Crossing Guards
City of Cooper City PO Box 290910 Cooper City, FL 33329-0910 Contact: Denise Yoezle, Public Works Director Phone: (954) 434-2300 ext 306 <a href="mailto:dyoezle@coopcercityfl.org">dyoezle@coopcercityfl.org</a> Contact: Purchasing, Kerri Anne Fisher-Purchasing Agent Phone: (954) 434-4300 ext 2978 Fax: (954) 434-5009 <a href="mailto:purchasing@coopercityfl.org">purchasing@coopercityfl.org</a> (954) 434-5099	8/15/2018 - present 2/16/2004 – 8/14/2018 School Crossing Guards
City of Miramar 2300 Civic Center Place Miramar FL 33025 Procurement: (954) 602-3053 Fax: 954-602-4573 <a href="mailto:procurementdept@ci.miramar.fl.us">procurementdept@ci.miramar.fl.us</a> Contact: Natalie Richmond, Procurement Analyst Phone (954) 602-4353 <a href="mailto:nrichmond@miramarfl.gov">nrichmond@miramarfl.gov</a>	8/2011 -08/2016 8/2005 – 8/20/2011 School Crossing Guards
City of North Miami Beach Procurement Management Division 17011 NE 19 Ave, Rm 315 North Miami Beach FL 33162 Purchasing: (305) 948-2946 Fax: (305) 957-3522 <a href="mailto:Jill.lin@citynmb.com">Jill.lin@citynmb.com</a>	3/1/2004 – 8/2016 School Crossing Guards



KEMP GROUP  
PO BOX 471614\*MIAMI FL 33247

PH: (954) 437-7294 FAX: (954) 437-8952

Town of Davie Police Department 8/2013 – 06/2016  
1230 S Nob Hill Road 8/2006 – 6/2009  
Davie FL 33324 8/2003 – 7/2006, 1/1995 – 8/2003  
Contact: Lori Lysfjord, Phone: (954) 693-8268 School Crossing Guards  
Fax: (954) 693-8253 [llysfjord@davie-fl.gov](mailto:llysfjord@davie-fl.gov)  
Contact: Procurement, 6591 Orange Dr, Davie FL 33314  
Phone: (954) 797-1016 Fax: (954) 797-1049

City of Sunny Isles Beach 8/18/2008 – 6/9/2011  
Purchasing/Procurement School Crossing Guards  
18070 Collins Avenue  
Sunny Isles Beach, FL 33160  
[purchasing@sibfl.net](mailto:purchasing@sibfl.net)  
Phone: (305) 792-1953 Fax: (305) 792-1641

The DeMoya Group Inc 10/2007 – 12/2009  
14600 SW 136 St School Crossing Guards  
Miami FL 33186  
Contact: Alisa DeMoya, Phone: (305) 255-5713

Broward County Florida 2006  
PO Box 14740 Temporary Warehouse Laborer  
Ft Lauderdale FL 33302-4740 JO6CW1M  
Contact: M Kadzinski  
Phone: (954) 357-6064

City of Miami Gardens Florida 2/16/2004 – 11/12/2004  
1515 NW 167 St, Bldg 5 School Crossing Guard  
Miami Gardens, FL 33169  
Contact: Purchasing  
Phone: (305) 622-8000 Fax (305) 622-8001  
[pthompson@miamigardens-fl.gov](mailto:pthompson@miamigardens-fl.gov)

City of Aventura 8/2003-6/2004  
19200 West Country Club Drive School Crossing Guards  
Aventura, FL 33180  
Contact: City Clerk  
Phone: (305) 466-2895 Fax: (305) 466-8919  
[tsoroka@cityofaventura.com](mailto:tsoroka@cityofaventura.com)

The Family Center 11/1995-6/1997  
8480 SW 81 Avenue Security Guard - unarmed  
N Lauderdale FL 33068  
Contact: Elaine Rosenberg  
Phone: (954) 724-3925

## SCHOOL CROSSING GUARD UNIFORM DRESS CODE POLICY

All school crossing guards are issued personal protective equipment, which includes a retro-reflective safety vest, rain coat, stop paddle/sign and a whistle.

All school crossing guards are issued white polo shirts with our company name on the front of the shirt and patches on the sleeves.

Upon being hired, we explain our dress code policy and they receive a printed hand out with the dress code policy as well as contact information, etc.

Dress code – white shirt, black pants, skirt/dress, and shorts (no hot pants, daisy dukes, etc.). Shorts are allowed 1 inch above the knee, no shorter.

Shoes – tennis shoes & lace ups (no strapless, slides, sandals, slippers, or high heels).

Kemp Group International Corporation



## **TRAINING & RE-CERTIFICATION FOR SCHOOL CROSSING GUARDS**

All persons employed as crossing guards shall receive proper training as required by the State of Florida Department of Transportation.

Training is conducted by a certified crossing guard trainer. The training includes classroom training (pass at least 75 percent of the written exam), practical training (perform each of the duties listed on the performance checklist satisfactorily) and supervised duty and observation at the guard's assigned post (satisfactorily perform all of the duties on the performance checklist in a minimum of two observations by the trainer). The crossing guards must successfully pass the final written test and the practical training skill examination with all satisfactory marks.

Upon successfully completing all training elements, the crossing guard will become certified and receive a certificate.

Crossing guards shall be re-certified as a crossing guard annually. This will be done by a refresher training to include a briefing on any changes, proper procedures and techniques and practical training.

It is very important that our crossing guards and supervisors are properly trained so that we provide safety for our children who walk to and from school.




State of Florida  
Department of Transportation  
Certificate of Completion

*This is to certify that*  
**Christina Oderinkun**  
*Has completed the required training  
and is now a certified*

**School Crossing Guard Trainer**

*on this day*  
August 25, 1995

  
Leigh E. Matusick  
Florida School Crossing Guard  
Program Administrator/Trainer

  
Frank Carlile  
Governor's Highway Safety Representative



State of Florida  
Department of Transportation  
Certificate of Completion

*This is to certify that*

Joseph Falzone

*Has completed the required training  
and is now a certified*

**School Crossing Guard Trainer**

*on this day*

August 25, 1995

Leigh E. Matusick  
Leigh E. Matusick  
Florida School Crossing Guard  
Program Administrator/Trainer

Frank Carlile  
Frank Carlile  
Governor's Highway Safety Representative



**STATE OF FLORIDA  
DEPARTMENT OF TRANSPORTATION**

FLORIDA SCHOOL CROSSING GUARD TRAINING PROGRAM

*This is to certify that*


Rocio Menendez

*has successfully completed the  
training and is a certified*


*Florida School Crossing Guard Trainer*

July 10, 2019

Date

  
Dana Crosby  
Program Administrator  
Florida School Crossing Guard Training Program



  
Kevin J. Thibault, P.E.  
Secretary of Transportation



STATE OF FLORIDA  
DEPARTMENT OF TRANSPORTATION  
FLORIDA SCHOOL CROSSING GUARD TRAINING PROGRAM

*This is to certify that*

*Joann E. Saunders*

*has successfully completed the training  
and is a certified*

*School Crossing Guard Trainer*

May 5, 2009

Date



*Carol Pulley*  
Carol Pulley  
Administrator/Trainer  
Florida School Crossing Guard Training Program

*Kevin J. Thibault*  
Kevin J. Thibault, P.E.  
Governor's Highway Safety Representative



STATE OF FLORIDA  
DEPARTMENT OF TRANSPORTATION  
FLORIDA SCHOOL CROSSING GUARD TRAINING PROGRAM

*This is to certify that*

*Paola Crisp*

*has successfully completed the training  
and is a certified*

*School Crossing Guard Trainer*

May 5, 2009

Date



*Carol Pulley*  
Carol Pulley  
Administrator/Trainer  
Florida School Crossing Guard Training Program

*Kevin J. Thibault*  
Kevin J. Thibault, P.E.  
Governor's Highway Safety Representative

## Supplier: **Kemp Group International Corporation**

### CONTACT INFORMATION FORM

IN ACCORDANCE WITH “PD-20-03” titled “School Crossing Guards” 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: **KEMP GROUP INTERNATIONAL CORPORATION**

STREET ADDRESS: **2111 SW 60 WAY**

CITY, STATE & ZIP CODE: **MIRAMAR FL 33023**

#### PRIMARY CONTACT FOR THE PROJECT:

NAME: **JOE FALUADE** TITLE: **MANAGER**

E-MAIL: **kempgroupintl@aol.com**

TELEPHONE: **954-437-7294** FAX: **954-437-8952**

#### AUTHORIZED APPROVER:

NAME: **CHRISTINA ADERINOKUN** TITLE: **PRESIDENT**

E-MAIL: **kempgroupintl@aol.com**

TELEPHONE: **954-437-7294** FAX: **954-437-8952**

SIGNATURE: **CHRISTINA ADERINOKUN**

#### B) Proposal Checklist

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"/>

Sec 1.5.6 FDOT Training Certificates	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 Vendor Preference Certification	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"/>

### **C) Proposal Form**

*The vendor must provide their pricing through the designated lines items listed on the BidSync website.*

LINE #	DESCRIPTION	Per Hour Rate
Line #1	School Crossing Guard	<a href="#">Price to be Submitted Via BidSync</a>
Line #2	School Crossing Guard Supervisor	<a href="#">Price to be Submitted Via BidSync</a>

Supplier: **Kemp Group International Corporation**



City of Pembroke Pines

Attachment B

**NON-COLLUSIVE AFFIDAVIT**

BIDDER is the **OFFICER**,  
(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 **CHRISTINA ADERINOKUN**

Title **PRESIDENT**

Name of Company **KEMP GROUP INTERNATIONAL  
CORPORATION**



Supplier: **Kemp Group International Corporation**



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:

**KEMP GROUP INTERNATIONAL CORPORATION  
2111 SW 60 WAY  
MIRAMAR FL 33023**

PROPOSER'S License Number: **P01000102726**

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

Number of years your organization has been in business **19**

State the number of years your firm has been in business under your present business name **19**

State the number of years your firm has been in business in the work specific to this solicitation: **24**

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

**CHRISTINA ADERINOKUN, 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.

**KEMP SERVICES INC**

At what address was that business located?

**2111 SW 60 WAY  
MIRAMAR FL 33023**

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).

**NO**

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.

**NONE**

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).

**NONE**

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.

**NONE**

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.

**NONE**

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.

**YES**

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:

**WE ARE/HAVE PROVIDE SERVICES TO THE CITY OF MIRAMAR, COOPER AND THE CITY OF HOLLYWOOD.**

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.

**KEMP GROUP INTERNATIONAL CORPORATION**  
(Company Name)

**CHRISTINA ADERINOKUN**  
(Printed Name/Signature)

**Supplier: Kemp Group International Corporation**

**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 COMMISSIONS**

Address: **115 S ANDREWS AVE RM 212**

City/State/Zip: **FORT LAUDERDALE FL 33301**

Contact Name: **STEPHON RAMOULAR** Title: **PURCHASING AGENT**

E-Mail Address: **sramoutar@broward.corg**

Telephone: **954-847-2671** Fax: **954-357-8535**

**Project Information:**

Name of Contractor Performing the work: **KEMP GROUP INTERNATIONAL CORPORATION**

Name and location of the project: **SCHOOL CROSSING GUARDS  
UNINCORPORATED FORT LAUDERDALE**

Nature of the firm's responsibility on the project: **PROVIDE SCHOOL CROSSING GUARDS**

Project duration: **NOV 2018** Completion (Anticipated) Date: **PRESENT**

Size of project: **SMALL** Cost of project: **TO DATE \$34,680**

Work for which staff was responsible: **PROVIDE SCHOOL CROSSING GUARDS**

Contract Type: **SCHOOL CROSSING GUARDS**

The results/deliverables of the project: **STILL PROVIDING**

**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 HOLLYWOOD**

Address: **PO BOX 229405**

City/State/Zip: **HOLLYWOOD FL 33022**

Contact Name: **JANICE ENGLISH** Title: **PROCUREMENT CONTRACT OFFICER**

E-Mail Address: **jenglish@hollywoodfl.org**

Telephone: **954-921-3345** Fax: **954-921-3086**

**Project Information:**

Name of Contractor Performing the work: **KEMP GROUP INTERNATIONAL CORPORATION**

Name and location of the project: **SCHOOL CROSSING GUARDS  
IN THE CITY OF HOLLYWOOD**

Nature of the firm's responsibility on the project: **PROVIDE SCHOOL CROSSING GUARDS**

Project duration: **OCT 2016** Completion (Anticipated) Date: **PRESENT**

Size of project: **MEDIUM** Cost of project: **TO DATE \$1,334,942**

Work for which staff was responsible: **PROVIDE SCHOOL CROSSING GUARDS**

Contract Type: **SCHOOL CROSSING GUARDS**

The results/deliverables of the project: **STILL PROVIDING**

**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 WEST PARK**

Address: **PO BOX 5710**

City/State/Zip: **WEST PARK FL 33083**

Contact Name: **LAVELLE JENRETTE** Title: **ASSISTANT TO CITY MANAGER**

E-Mail Address: **ljenrette@cityofwestpark.org**

Telephone: **954-989-2688ext 209** Fax: **954-689-4806**

**Project Information:**

Name of Contractor Performing the work: **KEMP GROUP INTERNATIONAL CORPORATION**

Name and location of the project: **SCHOOL CROSSING GUARDS  
IN THE CITY OF WEST PARK**

Nature of the firm's responsibility on the project: **PROVIDE SCHOOL CROSSING GUARDS**

Project duration: **AUG 2018** Completion (Anticipated) Date: **PRESENT**

Size of project: **SMALL** Cost of project: **TO DATE \$91,434**

Work for which staff was responsible: **PROVIDE SCHOOL CROSSING GUARDS**

Contract Type: **SCHOOL CROSSING GUARDS**

The results/deliverables of the project: **STILL PROVIDING**

**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 COOPER CITY**

Address: **PO BOX 2909110**

City/State/Zip: **COOPER CITY FL 33329**

Contact Name: **KERRI ANNE FISHER** Title: **PURCHASING AGENT**

E-Mail Address: **purchasing@coopercityfl.org**

Telephone: **954-434-4300ext 2978** Fax:

**Project Information:**

Name of Contractor Performing the work: **KEMP GROUP INTERNATIONAL CORPORATION**

Name and location of the project: **SCHOOL CROSSING GUARDS  
IN COOPER CITY**

Nature of the firm's responsibility on the project: **PROVIDE SCHOOL CROSSING GUARDS**

Project duration: **AUG 2018** Completion (Anticipated) Date: **PRESENT**

Size of project: **SMALL** Cost of project: **TO DATE \$172,614**

Work for which staff was responsible: **PROVIDE CROSSING GUARDS**

Contract Type: **SCHOOL CROSSING GUARDS**

The results/deliverables of the project: **STILL PROVIDING**

### **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 MIRAMAR**

Address: **2300 CIVIC CENTER PLACE**

City/State/Zip: **MIRAMAR FL 33025**

Contact Name: **NATALIE RICHMOND** Title: **PROCUREMENT ANALYST**

E-Mail Address: **nrichmond@miramarfl.gov**

Telephone: **954-602-4353** Fax:

#### **Project Information:**

Name of Contractor Performing the work: **KEMP GROUP INTERNATIONAL CORP**

Name and location of the project: **SCHOOL CROSSING GUARDS  
IN MIRAMAR**

Nature of the firm's responsibility on the project: **PROVIDED SCHOOL CROSSING GUARDS**

Project duration: **AUG 2005** Completion (Anticipated) Date: **AUG 2016**

Size of project: **LARGE** Cost of project: **\$4,411,147**

Work for which staff was responsible: **PROVIDE SCHOOL CROSSING GUARDS**

Contract Type: **CROSSING GUARDS**

The results/deliverables of the project: **COMPLETED**



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

**LOBBYING**

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

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit **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 subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

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

  
\_\_\_\_\_  
Signature of Contractor's Authorized Official  
**KEMP GROUP INTERNATIONAL  
CORPORATION**  
\_\_\_\_\_  
Contractor / Name of Company

**CHRISTINA ADERINOKUN, PRESIDENT**

\_\_\_\_\_  
Printed Name and Title of Contractor's Authorized Official  
**10/21/2020**  
\_\_\_\_\_  
Date

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**DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

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

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

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

  
\_\_\_\_\_  
Signature of Contractor's Authorized Official  
**KEMP GROUP INTERNATIONAL  
CORPORATION**  
\_\_\_\_\_  
Contractor / Name of Company

**CHRISTINA ADERINOKUN, PRESIDENT**

\_\_\_\_\_  
Printed Name and Title of Contractor's Authorized Official  
**10/21/2020**  
\_\_\_\_\_  
Date





## **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;





☐ 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: KEMP GROUP INTERNATIONAL CORPORATION


AUTHORIZED OFFICER NAME / SIGNATURE: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "KEMP", written over a horizontal line.

**E-Verify System Certification Statement  
for the Employment Eligibility Verification Program  
of the U.S. Department of Homeland Security**

The State of Florida, Executive Order 11-116, requires the City, as a party to any State-funded contracts, to participate in the Employment Eligibility Verification administered by the U.S. Department of Homeland Security ("DHS"). Any Vendor performing work pursuant to the State funded contract issued by the City is required to use the E-Verify Program to confirm employment eligibility of its current and prospective employees. The undersigned Vendor hereby certifies that it will enroll and participate in the E-Verify Program, in accordance with the terms and conditions governing the use of the program by:

- (1) Verifying the employment eligibility of all persons employed during the contract term by the contractor to perform the work under this contract.
- (2) Enrolling in the E-Verify Program within thirty (30) days of the effective date of this contract by obtaining a copy of the "Edit Company Profile" page and make such record available to within seven days of request from the City.
- (3) Requiring all persons, including subcontractors, assigned by the Contractor to perform work under this contract to enroll and participate in the E-Verify Program within ninety (90) days of the effective date of this contract or within ninety (90) days of the effective date of the contract between the Contractor and the subcontractor, whichever is later. The Contractor shall obtain from the subcontractor a copy of the "Edit Company Profile" screen indicating enrollment in the E-Verify Program and make such record available to the City within seven calendar days from the City's request.
- (4) Displaying the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
- (5) Initiate E-Verify verification procedures for new employees within 3 business days after the actual work start date of each new hire and thereafter shall respond appropriately to any additional requests from DHS or Social Security Administration (SSA).
- (6) Maintain records of its participation and compliance with the provisions of the E-Verify Program and make such records available within seven days of City's request.



Signature of Contractor's Authorized Official

**CHRISTINA ADERINOKUN, PRESIDENT**

Printed Name and Title of Contractor's Authorized Official

**KEMP GROUP INTERNATIONAL CORPORATION**

Contrator / Name of Company

**10/21/2020**

Date



# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021

DBA:  
Business Name: KEMP SECURITY INTERNATIONAL CORP

Receipt #: 329-28896  
Business Type: ALL OTHERS (SECURITY GUARD SERVICE)

Owner Name: CHRISTINE A ADERINOKUN  
Business Location: 2111 SW 60 WAY  
MIRAMAR

Business Opened: 01/04/1995  
State/County/Cert/Reg: B9300027  
Exemption Code:

Business Phone: 954-986-2720

Rooms

Seats

Employees

5

Machines

Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

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

Mailing Address:

KEMP GROUP  
INTERNATIONAL CORPORATION  
P O BOX 471614  
MIAMI, FL 33247

Receipt #1CP-19-00008488

Paid 08/18/2020 33.00

08/17/2020 Effective Date

2020 - 2021



## LOCAL VENDOR PREFERENCE CERTIFICATION

### SECTION 1 GENERAL TERM

#### LOCAL PREFERENCE

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

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

OR;

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

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

#### COMPARISON OF QUALIFICATIONS

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

### SECTION 2 AFFIRMATION


#### LOCAL PREFERENCE CERTIFICATION:

- ☐ Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor. In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- ☒ Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor. In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.
- ☐ Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

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

COMPANY NAME: KEMP GROUP INTERNATIONAL CORPORATION

PRINTED NAME / AUTHORIZED SIGNATURE:

  
Christina Aderino-Kun





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

1. This sworn statement is submitted KEMP GROUP INTERNATIONAL CORPORATION  
(name of entity submitting sworn statement)  
whose business address is 2111 SW 60 WAY, MIRAMAR FL 33023  
and (if applicable) its Federal Employer Identification Number (FEIN) is  
65-0902392. (If the entity has no FEIN, include the Social Security  
Number of the individual signing this sworn statement: \_\_\_\_\_.)
2. My name is CHRISTINA ADERINOKUN 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), 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 ADERINOKUN

Bidder's Name

KEMP GROUP INTERNATIONAL CORPORATION

Company Name

Signature

10/21/2020

Date





**SCRUTINIZED COMPANY CERTIFICATION  
PURSUANT TO FLORIDA STATUTE § 287.135.**

I, CHRISTINA ADERINOKUN, PRESIDENT, on behalf of KEMP GROUP INTERNATIONAL CORPORATION,  
Print Name and Title Company Name

certify that KEMP GROUP INTERNATIONAL CORPORATION :  
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.

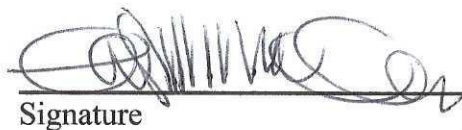
Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing 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 ADERINOKUN, PRESIDENT

Print Name / Title

  
Signature

KEMP GROUP INTERNATIONAL CORPORATION

Company Name

# State of Florida

## Woman & Minority Business Certification

### Kemp Group International Corporation

Is certified under the provisions of  
287 and 295.187, Florida Statutes, for a period from:

11/04/2019

11/04/2021

*Jonathan R. Satter*

Jonathan R. Satter, Secretary  
Florida Department of Management Services



Office of Supplier Diversity  
4050 Esplanade Way, Suite 380  
Tallahassee, FL 32399  
850-487-0915  
[www.dms.myflorida.com/osd](http://www.dms.myflorida.com/osd)





## 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.**

## KEMP GROUP INTERNATIONAL CORPORATION

Company Name

**CHRISTINA ADERINOKUN**

Authorized Signer Name

  
Authorized Signature



(OFFICE USE ONLY) Vendor number:

## Vendor Information Form

Operating Name (Payee)	KEMP GROUP INTERNATIONAL CORPORATION		
Legal Name (as filed with IRS)	KEMP GROUP INTERNATIONAL CORPORATION		
Remit-to Address (For Payments)	PO BOX 471614		
	MIAMI FL 33247		
Remit-to Contact Name:	CHRISTINA ADERINOKUN	Title:	PRESIDENT
Email Address:	KEMPGROUPINTL@AOL.COM		
Phone #:	(954) 437-7294	Fax #	(954) 437-8952
Order-from Address (For purchase orders)	2111 SW 60 WAY		
	MIRAMAR FL 33023		
Order-from Contact Name:	JOE FALUADE	Title:	MANAGER
Email Address:	KEMPGROUPINTL@AOL.COM		
Phone #:	(954) 437-7294	Fax #	(954) 437-8952
Return-to Address (For product returns)	2111 SW 60 WAY		
	MIRAMAR FL 33023		
Return-to Contact Name	JOE FALUADE	Title:	MANAGER
Email Address:	KEMPGROUPINTL@AOL.COM		
Phone #:	(954) 437-7294	Fax #	(954) 437-8952
Payment Terms:	NET 30		

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

☒ Corporation

Federal ID Number:

650902392

☐ Sole Proprietorship/Individual

Social Security No.:

☐ Partnership

☐ Health Care Service Provider

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

☐ Other (Specify):

Name & Title of Applicant CHRISTINA ADERINOKUN, PRESIDENT

Signature of Applicant

Date

10/21/2020





## 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: KEMP GROUP INTERNATIONAL CORPORATION

PRINTED NAME / AUTHORIZED SIGNATURE: 



# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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.

**KEMP GROUP INTERNATIONAL CORPORATION**

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.

**2111 SW 60 WAY**

Requester's name and address (optional)

6 City, state, and ZIP code

**MIRAAMR FL 33023**

7 List account number(s) here (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

65 - 0902392

## 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 **10/21/2020**

## 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.