

**BID PROPOSAL FORM BID NO.2024-011**

**BID TO: CITY COMMISSION  
CITY OF MARGATE**

1. The undersigned bidder proposes and agrees, if this bid is accepted, to enter into an Agreement with the City in the form included in the Contract Documents to perform the Work as specified or indicated in said Contract Documents entitled:

**PROJECT BID 2024-011 NWFPSC IMPACT DOORS**

2. Bidder accepts all of the terms and conditions of the Contract Documents, including without limitation those in the Notice Inviting Bids and Instructions to Bidders, dealing with the disposition of the Bid Security.

3. The bid will remain open for the period stated in the Notice Inviting Bids unless otherwise required by law. Bidder will enter into an Agreement within the time and in the manner required in the Notice Inviting Bids and the Instructions to Bidders, and will furnish the insurance certificates, payment bond, and performance bond required by the Contract Documents.

4. It is the Contractor's responsibility to contact the City at (954) 935-5346 prior to the bid opening to determine if any addenda have been issued on the project. Bidder has examined copies of all the Contract Documents including the following addenda (receipt of all of which is acknowledged):

Number	ADDENDUM NO. 1	Date	
	ADDENDUM NO. 2		
	ADDENDUM NO. 3		

5. Bidder has familiarized himself with the nature and extent of the Contract Documents, Work, site, locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations), and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Bidder deems necessary.

6. This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization, or corporation. Bidder has not directly or indirectly induced or solicited any other bidder to submit a false or sham bid. Bidder has not solicited or induced any person, firm or corporation to refrain from bidding and bidder has not sought by collusion to obtain for itself any advantage over any other bidder or over the City.

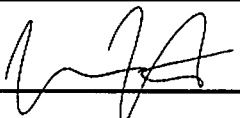
To all the foregoing, and including all Bid Schedule(s) and Information Required of Bidder contained in this Bid Form, said bidder further agrees to complete the Work required under the Contract Documents within the Contract Time stipulated in said Contract Documents, and to accept in full payment thereof the Contract Price based on the Total Bid Price(s) named in the aforementioned Bidding Schedule(s).

NAME OF FIRM: HRT Construction Group, LLC

ADDRESS: 11820 Miramar Parkway Unit 202 Miramar, FL 33025

NAME OF SIGNER William Hall  
(Print or Type)

TITLE OF SIGNER Project Manager

SIGNATURE:  DATE: 5/16/2024

TELEPHONE NO: 786.325.1884 or 305-951-5911 FACSIMILE NO: \_\_\_\_\_  
info@hrtconstructiongroup.com

**SCHEDULE OF BID PRICES – BID NO.2024-011**

**TO: CITY COMMISSION**

**CITY OF MARGATE**

**(Please fill in all blanks and return with your proposal.)**

In accordance with your request for proposals and the specifications contained herein, the undersigned proposes the following:

BIDDER AGREES TO PERFORM ALL THE WORK DESCRIBED IN THE CONTRACT DOCUMENTS FOR THE FOLLOWING UNIT PRICES OR LUMP SUMS. BIDS SHALL INCLUDE SALES TAX AND ALL OTHER APPLICABLE TAXES AND BIDDER UNDERSTANDS THAT THE EXTENDED TOTAL FOR EACH AND EVERY ITEM IS THE RESULT OF MULTIPLYING THE QUANTITY TIMES THE UNIT COST STATED IN FIGURES. ANY DISCREPANCY BETWEEN THE UNIT AND TOTAL, THE UNIT PREVAILS. CITY RESERVES THE RIGHT TO REMOVE ANY BID LINE ITEM(S) AS REQUIRED FOR BUDGET PURPOSES.

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DESCRIPTION	TOTAL COST
TOTAL COST FOR OPENING #1	\$ <u>\$18,420.07</u>
TOTAL COST FOR OPENING #2	\$ <u>\$18,420.07</u>
TOTAL COST FOR OPENING #3	\$ <u>\$18,420.07</u>
TOTAL COST FOR OPENING #4	\$ <u>\$18,420.07</u>
TOTAL COST FOR OPENING #5	\$ <u>\$18,420.07</u>
TOTAL COST FOR OPENING #6	\$ <u>\$16,972.88</u>
TOTAL COST FOR OPENING #7	\$ <u>\$18,420.07</u>
*REFER TO EXHIBIT #1 FOR LOCATIONS	
 TOTAL BASE BID	 \$ <u>\$127,493.31</u>
 CONTINGENCY (10% OF BASE BID)	 \$ <u>\$12,749.33</u>
 GRAND TOTAL FOR ALL ITEMS	 \$ <u>\$140,242.65</u>

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**ALL BIDS MUST BE SIGNED WITH THE VENDOR NAME AND BY AN OFFICER OR EMPLOYEE HAVING THE AUTHORITY TO BIND THE COMPANY OR FIRM BY SIGNATURE.**

**SAFETY DATA SHEETS ENCLOSED?** YES ✓ NO       

**SPECIFICATION SHEETS/BROCHURES?** YES ✓ NO       

**HAVE YOUR INSURANCE REPRESENTATIVE REVIEW THE SAMPLE INSURANCE CERTIFICATE TO ENSURE COMPLIANCE.**

**WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE VISA CREDIT CARD? PLEASE CHECK ONE** YES        NO ✓

## BIDDER'S GENERAL INFORMATION:

The bidder shall furnish the following information. Additional sheets shall be attached as required. Failure to complete Item Nos. 1, 3, and 7 (if required) will cause the bid to be non-responsive and may cause its rejection. In any event, no award will be made until all of the Bidder's General Information (i.e., items 1 through 7 inclusive) is delivered to the City.

- (1) CONTRACTOR'S name and address:

HRT Construction Group, LLC  
~~11820 Miramar Parkway Unit 202~~  
Miramar, FL 33025

- (2) CONTRACTOR'S telephone number: 786.325.1884 or 305-951-5911

- (3) CONTRACTOR'S license: Primary classification: General Contractor

State License Number: CGC1527561

Supplemental classifications held, if any: \_\_\_\_\_

Name of Licensee, if different from (1) above: \_\_\_\_\_

- (4) Name of person who inspected site of proposed Work for your firm:

Name: William Hall Date of Inspection: TBD

- (5) Name, address, and telephone number of Surety Company and agent who will provide the required bonds on this contract (if required): \_\_\_\_\_

- (6) ATTACH TO THIS BID the experience resume of the person who will be designated as Supervisor for this project.

- (7) **ATTACH TO THIS BID, a financial statement (If Required), references, and other information, sufficiently comprehensive to permit an appraisal of CONTRACTOR'S current financial condition.**
- (8) **Subcontractors: The Bidder further proposes that as part of their submittal there is attached a list of subcontracting firms or businesses who will be awarded subcontracts for portions of the work in the event the bidder is awarded the Contract.**

## REFERENCE SHEET BID NO.2024-011

In order to receive Bid Award consideration on the proposed bid, it is a requirement that this sheet be completed and returned with your bid/proposal. This information may be used in determining the bid award for this Project.

BIDDER (COMPANY NAME): HRT Construction Group, LLC

ADDRESS: 11820 Miramar Parkway Unit 202 Miramar, FL 33025

CONTACT PERSON: William Hall TITLE: Project Manager

TELEPHONE: 786.325.1884 or 305-951-5911 FACSIMILE: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: 5

ADDRESS OF NEAREST FACILITY: \_\_\_\_\_

LIST THREE (3) COMPANIES OR GOVERNMENTAL AGENCIES WHERE THESE PRODUCTS OR SERVICES HAVE BEEN PROVIDED IN THE LAST YEAR.

1. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

2. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

3. COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ TITLE: \_\_\_\_\_

**HRT PAST PROJECTS & REFERENCES FORM ATTACHED  
ON PAGE 32-34**

## HRT PAST PROJECTS & REFERENCES FORM

### WITHIN MIAMI DADE COUNTY

#### CITY OF MIAMI BEACH:

Name	Title	Entity
Marcela Rubio, MPA	HOME/SHIP Program Coordinator	City of Miami Beach OFFICE OF HOUSING & COMMUNITY SERVICES
Address	Phone	Email
1700 Convention Center Drive, Miami Beach, FL 33139	305-673-7260 ext. 6182	marcelarubio@miamibeachfl.gov
Location(s)/ Project(s)	Total Contract Value	Completion Date
(2) Project	\$29,000	Dec. 2020 & Nov. 2023
Scope of Work	Home Rehabilitation Programs	
Type of Job Performed: Project (#1) Plumbing upgrades and HVAC installation Project (#2) Impact windows and sliding door replacement		

#### City of Miami Gardens:

Name	Title	Entity
Brightny Dorelus	Project Manager	City of Miami Gardens
Address	Phone	Email
18605 NW 27th Avenue Miami Gardens, FL 33056	305.622.8000 x2802	bdorelus@miamigardens-fl.gov
Location(s)/ Project(s)	Total Contract Value	Completion Date
(9) Project residential	\$75,000	April 2023
Scope of Work	BEAUTIFICATION PROGRAM– RESIDENTIAL: Driveways & Sodding	
Type of Job Performed: Replacement of residential driveways and sodding		

#### City of North Miami:

Name	Title	Entity
Casneve Oupelle, FRA-RP	Project Director	City of North Miami CRA
Address	Phone	Email
735 NE 125 Street, Suite 100 North Miami, FL 33161	305-893-6511, Ext. 18055	coupelle@northmiamifl.gov
Location(s)/ Project(s)	Total Contract Value	Completion Date
(9) Project residential		On going (By Dec. 2023)
Scope of Work	Home Exterior Rehabilitation Programs	
Type of Job Performed: Replacement of residential driveways and sodding, install impact doors and windows. Exterior painting , re-roof and fencing		

**Miami Dade County:**

Name	Title	Entity
Angell, Shawn	Project Manager	Miami Dade County CAHSD
Address	Phone	Email
701 NW 1st Court, 10th Floor Miami, FL 33136	786-469-4600	<a href="mailto:shawn.angell@miamidade.gov">shawn.angell@miamidade.gov</a>
Location(s)	Contract Value	Completion Date
3060 NW 77th St, Miami, FL 33147		Aug. 2021
Scope of Work	Home Rehabilitation Programs	
Type of Job Performed: Kitchen remodel, bathroom rehab, HVAC, exterior painting, impact windows and minor repairs.		

**WITHIN BROWARD COUNTY****Town of Davie:**

Name	Title	Entity
Jael Perez	Neighborhood Resource Specialist	Town of Davie, Community Services Division
Address	Phone	Email
4700 SW 64th Avenue, Suite D, Davie, FL 33314	954-797-1152	Jael_Perez@davie-fl.gov
Location(s)/ Project(s)	Total Contract Value	Completion Date
(3) Projects	\$90,000	Sept. 2023
Scope of Work	Home Rehabilitation Programs	
Type of Job Performed: Kitchen & bathroom remodel, HVAC Change out, exterior painting, install impact doors and windows and minor repairs.		

**City of Hollywood:**

Name	Title	Entity
GRANTLAND ALLEN	Housing Inspector Community Development Services	City of Hollywood
Address	Phone	Email
2600 Hollywood Blvd Hollywood, FL 33022	954-921-3031	grallen@hollywoodfl.org
Location(s)/ Project(s)	Total Contract Value	Completion Date
(3) Projects	\$95,000	On going
Scope of Work	Home Rehabilitation Programs	
Type of Job Performed: Replacment of windows and doors (impact), exterior painting, re-roof replacement, and minor repairs.		



**City of Miramar:**

Name	Title	Entity
Andrew Azebeokhai	President/CEO	Community Revitalization Affiliates, Inc. (City of Miramar)
Address	Phone	Email
6151 Miramar Parkway, Suite 202 Miramar, Florida 33023	(954) 939-3271	andrew@crasouthfl.com
Location(s)/ Project(s)	Total Contract Value	Completion Date
(3) Projects	\$135,000	On going
Scope of Work	Home Rehabilitation Programs & Commerical Storefront beautification	
<b>Type of Job Performed:</b> <b>Residential:</b> Kitchen & bathroom remodel, HVAC Change out, exterior painting, install impact doors and windows and minor repairs. <b>Commerical:</b> Storefront beautification with stucco, painting, signage and impact/fire rated doors		

**City of Lauderhill:**

Name	Title	Entity
Kari, Civitas	Project Manager	Lauderhill's Grants Division Dept.
Address	Phone	Email
5581 W. Oakland Park Blvd., Lauderhill, FL 33313	(754) 227-9177	lauderhill.rehab@civitassc.com
Location(s)	Contract Value	Completion Date
(1) Projects	\$86,000	On going
Scope of Work	Home Rehabilitation Programs	
Type of Job Performed: Bathroom remodel, HVAC Change out, exterior painting, flooring, exterior door replacement, and minor repairs.		

**City of Sunrise:**

Name	Title	Entity
Stephanie Hahn	Grants Administrator	City of Sunrise Grants Division
Address	Phone	Email
1601 NW 136th Avenue, Building A, Sunrise, Florida 33323	Office: (954) 578-4767	shahn@sunrisefl.gov
Location(s)/ Project(s)	Total Contract Value	Completion Date
(3) Projects	\$59,000	Aug. 2023
Scope of Work	Home Rehabilitation Programs	
<b>Type of Job Performed:</b> Kitchen remodel, bathroom rehab, HVAC, exterior painting, impact windows/ doors and minor repairs.		

**COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT (O.S.H.A.)  
BID NO.2024-011**

Bidder certifies that all material, equipment, etc. contained in this bid meet all O.S.H.A. requirements. Bidder further certifies that if he/she is the successful bidder, and the material, equipment, etc., delivered is subsequently found to be deficient in any O.S.H.A. requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc. into compliance with the aforementioned requirements shall be borne by the bidder.

**OCCUPATIONAL HEALTH AND SAFETY DATA SHEET REQUIRED:**

In compliance with Chapter 442, Florida Statutes, any item delivered from a contract resulting from this bid must be accompanied by a SAFETY DATA SHEET (SDS). The SDS must include the following information:

- A. The chemical name and the common name of the toxic substance.
- B. The hazards or other risks in the use of the toxic substances, including:
  - 1. The potential for fire, explosion, corrosivity and reactivity;
  - 2. The known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
  - 3. The primary routes of entry and symptoms of overexposure.
- C. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- D. The emergency procedure for spills, fire, disposal, and first aid.
- E. A description in lay terms of the known specific potential health risks posed by the toxic substances intended to alert any person reading this information.
- F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

SIGNATURE: \_\_\_\_\_ DATE: 05/16/2024



## DRUG-FREE WORKPLACE PROGRAM FORM BID NO.2024-011

In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality, and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process. In the event that none of the tied vendors has a Drug-free Workplace program in effect, the City reserves the right to make final Decisions in the City's best interest. 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 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, Florida Statutes, 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 such 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 convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation. If bidder's company has a Drug-free Workplace Program, so certify below:

**AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.**

SIGNATURE OF BIDDER: \_\_\_\_\_

DATE: 05/16/2024

A large, stylized handwritten signature in blue ink, written over the signature line and extending towards the date field.

g. Name and address of Resident Agent: \_\_\_\_\_  
\_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

3. If Offeror is an individual or a partnership, answer the following:

- a. Date of organization: Jan. 29, 2019  
\_\_\_\_\_
- b. Name, address and ownership units of all partners:  
William Hall/ Project Manager 51%  
\_\_\_\_\_  
Francia Torres/ Project Control Manager 49%  
\_\_\_\_\_  
11820 Miramar Parkway Unit 202  
\_\_\_\_\_  
Miramar, FL 33025  
\_\_\_\_\_
- c. State whether general or limited partnership: LLC  
\_\_\_\_\_

4. If Offeror is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

\_\_\_\_\_  
NA  
\_\_\_\_\_  
\_\_\_\_\_

5. If Offeror is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

6. How many years has your organization been in business under its present business name?

5yr  
\_\_\_\_\_

- a. Under what other former names has your organization operated?

\_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Indicate registration, license numbers or certificate numbers for the businesses or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration.

CGC1527561

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

N/A

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9. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided, and to which you refer (government owners are preferred as references).

William Hall	11820 Miramar Parkway Unit 202	786.325.1884
(Name)	(Address)	(Phone Number)
	11820 Miramar Parkway Unit 202	
	Miramar, FL 33025	305-951-5911
Francia Torres		
(Name)	(Address)	(Phone Number)

(Name)	(Address)	(Phone Number)
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10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

William Hall/ Project Manager

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Francia Torres/ Project Control Manager

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11. State the name(s) of the individual(s) who will have personal supervision of the work:

William Hall/ Project Manager

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THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDING THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY OFFEROR TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE OFFEROR'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE OWNER TO REJECT THE PROPOSAL, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.

Signature: \_\_\_\_\_

State of Florida

County of Broward

On this the 15 day of May, 2024, before me by means of      physical presence or x online notarization, the undersigned Notary Public of the State of Florida, personally appeared William Hall and

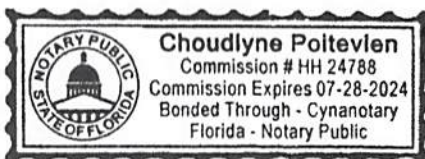
(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

NOTARY PUBLIC  
SEAL OF OFFICE:

x CPM  
NOTARY PUBLIC, STATE OF FLORIDA

Choudlyne Poltevien  
(Name of Notary Public: Print,  
Stamp or Type as Commissioned.)



- ☐ Personally known to me, or  
☐ Produced identification:  
FL. Driver Licence  
(Type of Identification Produced)  
☐ DID take an oath, or ☐ DID NOT take an oath

NON-COLLUSIVE AFFIDAVIT FOR

State of Florida )

County of Broward )

William Hall being first duly sworn, deposes  
and says that:

He/she is the Project Manager (Owner, Partner, Officer,  
Representative or Agent) of HRT Construction Group, LLC, the Offeror that  
has submitted the attached Proposal;

He/she is fully informed regarding the preparation and contents of the attached  
Proposal and of all pertinent circumstances regarding such Proposal;

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

Neither the said Offeror nor any of its officers, partners, owners, agents,  
representatives, employees or parties in interest, including this affiant, have in any way  
colluded, conspired, connived or agreed, directly or indirectly, with any other Offeror,  
firm, or person to submit a collusive or sham Proposal in connection with the Work for  
which the attached Proposal has been submitted; or to refrain from bidding in  
connection with such Work; or have in any manner, directly or indirectly, sought by  
agreement or collusion, or communication, or conference with any Offeror, firm, or person  
to fix the price or prices in the attached Proposal or of any other Offeror, or to fix any  
overhead, profit, or cost elements of the Proposal price or the Proposal price of any other  
Offeror, or to secure through any collusion, conspiracy, connivance, or unlawful  
agreement any advantage against (Recipient), or any person interested in the proposed  
Work;

The price or prices quoted in the attached Proposal are fair and proper and are not tainted  
by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Offeror  
or any other of its agents, representatives, owners, employees or parties in interest,  
including this affiant.

Signed, sealed, and delivered in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

By 

William Hall

\_\_\_\_\_  
Printed Name

Project Manager

\_\_\_\_\_  
Title

**OFFEROR'S QUALIFICATION STATEMENT BID NO.2024-011**

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter:

SUBMITTED TO: City of Margate  
(Purchasing Division)

ADDRESS: 5790 Margate Blvd.  
Margate, FL 33063

CIRCLE ONE: Corporation Partnership Individual Other ☒ LLC

SUBMITTED BY: HRT Construction Group, LLC

NAME: William Hall

ADDRESS: 11820 Miramar Parkway Unit 202 Miramar, FL 33025

TELEPHONE NO.: 786.325.1884 or 305-951-5911

FACSIMILE NO.: \_\_\_\_\_

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business. (Attach corporate documents from the State of Florida (sunbiz.org) to this statement.)

The correct name of the Offeror is: HRT Construction Group, LLC

The address of the principal place of business is:

11820 Miramar Parkway Unit 202  
Miramar, FL 33025

2. If Offeror is a corporation, answer the following:

a. Date of Incorporation: N/A

b. State of Incorporation: N/A

c. President's name: N/A

d. Vice President's name: N/A

e. Secretary's name: N/A

f. Treasurer's name: N/A



ACKNOWLEDGMENT  
NON-COLLUSIVE AFFIDAVIT FOR

State of Florida  
County of Broward

On this the 15 day of May, 2024, before me by means of      physical presence  
or X online notarization, the undersigned Notary Public of the State of Florida, personally  
appeared

William Hall

(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that  
he/she/they executed it.

WITNESS my hand  
and official seal.

NOTARY PUBLIC  
SEAL OF OFFICE:



X   
NOTARY PUBLIC, STATE OF FLORIDA

Choudlyne Poitevien  
(Name of Notary Public: Print,  
Stamp, or Type as Commissioned)

☐ Personally known to me, or  
☒ Produced identification

FL Driver Licence  
(Type of Identification Produced)

☐ DID take an oath, or ☐ DID NOT take an oath

### SCRUTINIZED COMPANIES CERTIFICATION

I hereby swear or affirm that as of the date below this company is not listed on a Scrutinized Companies list created pursuant to 215.4725, 215.473, or 287.135, Florida Statutes. Pursuant to 287.135, Florida Statutes I further affirm that:

1. This company is not participating in a boycott of Israel such that it is not refusing to deal, terminating business activities, or taking other actions to limit commercial relations with Israel, or persons or entities doing business in Israel or in Israeli-controlled territories, in a discriminatory manner.
2. This Company does not appear on the Scrutinized Companies with Activities in Sudan List where the State Board of Administration has established the following criteria:
  - a. Have a material business relationship with the government of Sudan or a government- created project involving oil related, mineral extraction, or power generation activities, or
  - b. Have a material business relationship involving the supply of military equipment, or
  - c. Impart minimal benefit to disadvantaged citizens that are typically located in the geographic periphery of Sudan, or
  - d. Have been complicit in the genocidal campaign in Darfur.
3. This Company does not appear on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List where the State Board of Administration has established the following criteria:
  - a. Have a material business relationship with the government of Iran or a government- created project involving oil related or mineral extraction activities, or
  - b. Have made material investments with the effect of significantly enhancing Iran's petroleum sector.
4. This Company is not engaged in business operations in Cuba or Syria.

VENDOR/COMPANY NAME: HRT Construction Group, LLC

SIGNATURE: \_\_\_\_\_

PRINTED NAME: William Hall

TITLE: Project Manager DATE: 5/15/2024

The scrutinized company list is maintained by the State Board of Administration and available at <http://www.sbafla.com/>

**CITY OF MARGATE  
E-VERIFY FORM**

Project Name:	BID 2024-011 NWFPSC IMPACT DOORS
Project No.:	2024-011

ACKNOWLEDGEMENT

**Definitions:**

"Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration.

"Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

Effective January 1, 2021, public and private employers, contractors and subcontractors will begin required registration with, and use of the E-verify system in order to verify the work authorization status of all newly hired employees. Vendor/Consultant/Contractor 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 Vendor/Consultant/Contractor to perform employment duties within Florida during the term of the contract; and
- b) All persons (including subvendors/subconsultants/subcontractors) assigned by Vendor/Consultant/Contractor to perform work pursuant to the contract with the Department. The Vendor/Consultant/Contractor 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 with the City of Margate; and
- c) Should vendor become successful Contractor awarded for the above-named project, by entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination and shall be liable for any additional costs incurred by the City as a result of the termination.

COMPANY CONTACT INFORMATION

Company Name:	HRT Construction Group, LLC
Authorized Signature:	
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Title	Project Manager
Date:	5/15/2024
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