

NAME OF FIRM: Stone Concept Miami Inc

ADDRESS: 1239 Robin Ave Miami Springs FL 33166

NAME OF SIGNER Ali Sarrafi  
(Print or Type)

TITLE OF SIGNER VP

SIGNATURE: Ali Sarrafi DATE: 05/29/18

TELEPHONE NO: 786-337-3425 FACSIMILE NO: —

# **SCHEDULE OF BID PRICES – BID NO. 2018-019**

**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:

\*\*\*\*\*

ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL COST
1	BONDS AND INSURANCE (±10%)	1	LS	\$ 16,466	\$ 16,466
2	MOBILIZATION	1	LS	\$ 6,174	\$ 6,174
3	MAINTENANCE OF TRAFFIC	1	LS	\$ 23,504	\$ 23,504
4	DEMOLITION (RETAINING CURB)	683	SF	\$ 7.00	\$ 4,781
5	BRICK PAVERS (REMOVAL AND TRANSPORT)	3,749	SF	\$ 6.00	\$ 22,494
6	3" DEEP EXCAVATION TO INSTALL THE PAVEMENT SECTION	937	CF	\$ 4.00	\$ 3,748
7	CONCRETE FOR CURBING	90	LF	\$ 26.00	\$ 2,340
8	ASPHALT CONSTRUCTION FDOT SP-9.5	99	Ton	\$ 225	\$ 22,275
9	CONCRETE FLOWABLE FILL (Broward County)	45	CY	\$ 248	\$ 11,160
10	LED SOLAR PEDESTRIAN CROSSINGS SIGNS	30	EA	\$ 5,200	\$ 156,000
11	LED SOLAR ROUNDABOUT SIGNS	6	EA	\$ 3,178	\$ 19,068
12	ALLOWANCE: PERMIT FEES*	1	LS	\$ 1,000.00	\$ 1,000.00
13	ALLOWANCE: CONTINGENCY*	1	LS	\$ 25,000.00	\$ 25,000.00
14	INDEMNIFICATION	1	LS	\$ 100.00	\$ 100.00

TOTAL BASE BID AMOUNT

\$ 314,110.00

(Sum of Items 1 through 14)

Three hundred Fourteen thousands  
one hundred and ten

*\*Allowance items provide for reimbursement of the costs of necessary but unforeseen Work elements, if authorized by the CITY. Payment shall reimburse the CONTRACTOR for direct costs incurred. Any question of whether an unforeseen Work element is required shall be decided by the CITY. Any amounts remaining in these Allowance items at the end of the Work shall be retained by the CITY.*

**NOTE: City of Margate permit fees shall not be waived and should be included in your bid proposal.**

\*\*\*\*\*

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.

MATERIAL SAFETY DATA SHEETS ENCLOSED? YES \_\_\_\_\_ NO X \_\_\_\_\_

SPECIFICATION SHEETS/BROCHURES? YES X \_\_\_\_\_ 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 X \_\_\_\_\_



**BID PROPOSAL FORM BID NO. 2018-019**

**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 Owner in the form included in the Contract Documents to perform the Work as specified or indicated in said Contract Documents entitled:

**CDBG Funded Replacement of Pedestrian Paver Crosswalks (14) and  
Installation of Regulatory Pedestrian Crosswalk and Roundabout Solar  
Powered LED Signs**

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

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 Owner.

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).



### 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:

Stone Concept Miami Inc  
1239 Robin ave Miami Springs FL 33166

- (2) CONTRACTOR'S telephone number: 786-337-3425

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

State License Number: CGC1520461

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: Ali Sarrafi Date of Inspection: 05/28/18

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

Alter Surety

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

Attached.

- (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. (**Not Required**)

N/A

- (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.

Available upon request

**BID BOND**

**KNOW ALL MEN BY THESE PRESENTS:**

That we Stone Concept Miami Inc. as Principal,  
and The Cincinnati Insurance Company as Surety, are held and  
firmly bound unto City of Margate, hereinafter called "City" in the sum of  
(\$ 5% of Amount Bid ) Five Percent of Amount Bid dollars,  
(not less than 5 percent of the total amount of the bid) for the payment of which sum,  
well and truly to be made, we bind ourselves, our heirs, executors, administrators,  
successors, and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, said Principal has submitted a bid to said City to perform the Work required  
under the bidding schedule of the City's Contract Documents entitled:

**Bid 2018-019**

**CDBG Funded Replacement of Pedestrian Paver Crosswalks (14) and Installation  
of Regulatory Pedestrian Crosswalk and Roundabout Solar Powered LED Signs**

**NOW THEREFORE**, if said Principal is awarded a contract by said City and, within the  
time and in the manner required in the "Notice Inviting Bids" and the "Instructions to  
Bidders" enters into a written Agreement on the form of the agreement bound with said  
Contract Documents, furnishes the required certificates of insurance, and furnishes the  
required Performance Bond, then this obligation shall be null and void, otherwise it shall  
remain in full force and effect. In the event suit is brought upon this bond by said City  
and City prevails, said Surety shall pay all costs incurred by said City in such suit,  
including a reasonable attorney's fee to be fixed by the court.

**SIGNED and SEALED**, this 30th day of May, 2018.

Stone Concept Miami Inc.

(CONTRACTOR)

The Cincinnati Insurance Company

(SURETY)

By: \_\_\_\_\_

(SIGNATURE)

By: [Signature]

(SIGNATURE)

Warren Alter, Attorney in Fact

STATE OF FLORIDA, COUNTY OF BROWARD:

BEFORE ME PERSONALLY APPEARED THE ABOVE, KNOWN TO ME TO BE THE PERSONS  
DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND  
ACKNOWLEDGED TO AND BEFORE ME THAT THEY EXECUTED SAID INSTRUMENT FOR  
THE PURPOSES THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL, THIS 30th DAY OF May, 2018

NOTARY PUBLIC: [Signature]





THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Jonathan Bursevich, David Satine, Warren Alter,

of Miami Lakes, FL

its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Twenty Million Dollars and 00/100 (\$20,000,000.00)

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6<sup>th</sup> day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7<sup>th</sup> day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 10<sup>th</sup> day of May, 2012.



STATE OF OHIO ) ss:  
COUNTY OF BUTLER )

THE CINCINNATI INSURANCE COMPANY

*Stephen A. Janta*  
Vice President

On this 10<sup>th</sup> day of May, 2012, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



*Mark J. Huller*  
MARK J. HULLER, Attorney at Law  
NOTARY PUBLIC - STATE OF OHIO

My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio.  
this 30<sup>th</sup> day of May 2018



*Scott R. Boen*  
Assistant Secretary

**REFERENCE SHEET – BID NO. 2018-019**

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): Stone Concept Miami Inc

ADDRESS: 1239 Robin ave Miami Springs FL 33166

CONTACT PERSON: Ali Sarrafi TITLE: VP

TELEPHONE: 786-337-3425 FACSIMILE: —

NUMBER OF YEARS IN BUSINESS: 13

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: Miami Dade Aviation Department

Address: MIA Phone: 305-876-7513

Contact Person: Alex Montalvo Title: Eng. 3

2. Company Name: Miami Dade Public Housing

Address: — Phone: 786-469-4125

Contact Person: Francisco Trujillo Title: PM

3. Company Name: City of coral Gables

Address: — Phone: 305-733-0252

Contact Person: Lis Ferrer Title: PM

## COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT

Bidder certifies that all material, equipment, etc. contained in this bid meets 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: 05/29/18



**CITY OF MARGATE  
STATEMENT OF NO BID**

**IF YOU DO NOT INTEND TO BID ON THIS PROPOSAL, RETURN THIS FORM  
TO ADDRESS WHERE BID IS TO BE SUBMITTED:**

I/We have declined to bid on your proposal No: 2018-019

Bid Description:

**Bid 2018-019**

**CDBG Funded Replacement of Pedestrian Paver Crosswalks (14) and Installation  
of Regulatory Pedestrian Crosswalk and Roundabout Solar Powered LED Signs**

For the following reason:

- ☐ 1. Specifications are too tight, i.e. geared toward one brand or manufacturer only. (Explain reason below.)
- ☐ 2. Insufficient time to respond to invitation.
- ☐ 3. We do not offer this commodity/service or equivalent.
- ☐ 4. Our product/service schedule would not permit us to perform.
- ☐ 5. Unable to meet specifications.
- ☐ 6. Unable to meet bonding requirements.
- ☐ 7. Specifications unclear (Explain below).
- ☐ 8. Other (Specify below).

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional pages if required.

I/We understand that if the NO BID form is not executed and returned, our name may be deleted from the list of qualified bidders for the City of Margate.

COMPANY NAME: \_\_\_\_\_

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

TELEPHONE NO: \_\_\_\_\_ DATE: \_\_\_\_\_

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

## DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2018-019

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 have 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 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: On Sam DATE: 05/29/18

**OFFEROR'S QUALIFICATION STATEMENT BID NO. 2018-019**

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

SUBMITTED BY: Ali Sarrafi

Corporation  
Partnership  
Individual  
Other

NAME: Stone Concept Miami Inc

ADDRESS: 1239 Robin ave Miami Springs

TELEPHONE NO.: 786-337-3425

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.

The correct name of the Offeror is: Ali Sarrafi

The address of the principal place of business is:

1239 Robin ave  
Miami Springs FL 33166

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

a. Date of Incorporation: Feb 2005

b. State of Incorporation: FL

c. President's name: Hamid Sarrafi





6. How many years has your organization been in business under its present business name? 13 years

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.

Attached

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

N/A

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).

Hamid Sarrafi 1239 Robin ave 786-301-3798  
(name) (address) (phone number)

Ali Sarrafi 1239 Robin ave 786-331-3425  
(name) (address) (phone number)

\_\_\_\_\_  
(name) (address) (phone number)

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

Available upon request  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Ali Sarrafi - VP  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDED 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 Miami Dade

On this the 29 day of may, 2018, before me, the undersigned Notary Public of the State of Florida, personally appeared

Ali Sarrafi 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:



  
NOTARY PUBLIC, STATE OF FLORIDA

Ravinder Kaur  
(Name of Notary Public: Print,  
Stamp or Type as Commissioned.)

- ☒ Personally known to me, or  
☐ Produced identification:

(Type of Identification Produced)

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

OPTIONAL INFORMATION:

Type of Document: \_\_\_\_\_ Number of Pages: \_\_\_\_\_ Number of Signatures Notarized: \_\_\_\_\_

**BYRD ANTI LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS,  
AND COOPERATIVE AGREEMENTS**

**To be submitted with each bid or offer exceeding \$100,000**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) 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 an 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.
- (2) 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.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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 Contractor, Ali Sarraf, 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. §3801 *et seq.* apply to this certification and disclosure, if any.

Ali Sarraf  
Signature of Contractor's Authorized Official

Ali Sarraf, VP  
Name and Title of Contractor's Authorized Official

Date 05/29/18



**STATEMENT OF COMPLIANCE - SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND LABOR SURPLUS AREA FIRMS**

The undersigned Contractor hereby swears under penalty of perjury that Contractor took the following affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms were used when possible:

- (1) Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- (2) Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- (3) Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises;
- (4) Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; and
- (5) Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce.

Dated May 29, 20 18

Stone Concept Miami  
Contractor

By [Signature]  
(Signature)

By Ali Sarrafi, VP  
(Name and Title)

STATE OF FL )  
 ) SS.  
COUNTY OF Miami Dade

The foregoing instrument was acknowledged before me this 29 day of may, 20 18, by Ali Sarrafi who is personally known to me or who has produced as identification and who did/did not take an oath. WITNESS my hand and official seal, this 29 day of may, 20 18.

(NOTARY SEAL)



[Signature]  
(Signature of person taking acknowledgment)

Ravinder Kaur  
(Print Name of officer taking acknowledgment)

\_\_\_\_\_  
(Title or rank)

My Commission expires: May 18, 2020  
(Serial number, if any)



### BIDDER'S INITIAL SECTION 3 GOALS

1. The Bidder agrees to comply with Section 3 of the Housing and Urban Development Act of 1968.
2. The Bidder estimates that there will be \_\_\_\_\_ new employees hired during the performance of this contract. Furthermore, should this contract be let to the Bidder, the Bidder agrees to delineate work force needs (skilled, semi-skilled, unskilled, labor and trainees) by category.
3. Of these new employees, the Bidder plans to hire at least \_\_\_\_\_% (percent) from the Section 3 Covered Area (Broward County).

I, Ai Sarafi (please print), as an Authorized Officer of the Bidder, do hereby acknowledge that we are aware of the requirements under Section 3 of the Housing and Urban Development Act of 1968 and will abide by them. We further agree to abide by this Affirmative Action Plan to the greatest extent feasible and realize that should we be awarded the contract, Broward County Community Development Division will monitor the project to assure compliance with this plan.

Company Name: Stone Concept Miami Inc

Business Address: 1239 Robin ave Miami Springs

20-2363215  
Employer Federal ID #

Ai Sarafi  
Printed Name

Ai Sarafi  
Signature

05/29/18  
Date

**\*\* Please Note Section 3 Clause**

**SECTION 3**  
**ELIGIBLE JOBS AVAILABILITY FORM**

\_\_\_\_\_  
(Name of Contractor)

\_\_\_\_\_  
(Contract No.)

\_\_\_\_\_  
(Location)

Available Entry Level Jobs

Salary Level

Maximum Duration of Employment

- 1.
- 2.
- 3.

The undersigned agrees to accept referrals from Workforce One and to interview referrals for the above-designated positions.

(If incorporated sign here)

ATTEST

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

\_\_\_\_\_  
Secretary

By \_\_\_\_\_

(CORPORATE SEAL)

(If not incorporated sign here)

WITNESSES:

\_\_\_\_\_  
CONTRACTOR

By \_\_\_\_\_

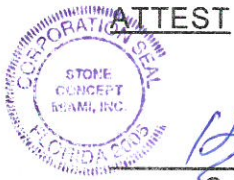
**SECTION 3**  
**UNAVAILABILITY CERTIFICATION**

I, Ali Sarafi, VP  
(Title)

of Stone Concept Miami Inc  
(Prime Contractor)

Certify that the undersigned does not have any entry-level jobs available. However, should such jobs become available during the project period, the undersigned agrees to accept referrals from Workforce One to interview these referrals for the available positions.

(If incorporated sign here)



**ATTEST**

[Signature]  
Secretary

(CORPORATE SEAL)

(If not incorporated sign here)

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

Stone Concept Miami  
CONTRACTOR

By [Signature]

\_\_\_\_\_  
CONTRACTOR

By \_\_\_\_\_



# ALI SARRAFI

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## OBJECTIVE

To obtain a challenging position with a progressive company that will effectively utilize my acquired customer service and sales experience.

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## QUALIFICATIONS

Posses' excellent interpersonal skills, team player, very detail oriented and highly motivated individual. Trustworthy, ethical and committed to superior performance. Also, Certified General Contractor license and home inspector license holder.

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## EXPERIENCE

April 2008 – Present Stone Concept Miami Inc.

***Vice President***

Provide project bid estimate and schedule. Carried out field inspection and project management to ensure of work performance and quality.

June 2007 – April 2008 Hajjar & Associates

***Field Inspector***

- Providing feedback to Dade County to ensure the project improvement in accordance with scope of work. Prepared daily report for Dade County, Arranged schedules for workers, and performed daily inspection to ensure the quality of labor work.

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## EDUCATION

August 2005 – April 2007 Miami Dade College

***Associates in Art***

August 2009 – April 2012 Florida International University

***Civil Engineering***

August 2012 – August 2016 Florida International University

***Construction Management***

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## REFERENCES

Available upon request

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD**

LICENSE NUMBER	
CGC1520461	

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2018



SARRAFI, ALI  
STONE CONCEPT MIAMI, INC  
1239 ROBIN AVENUE  
MIAMI SPRINGS FL 33166



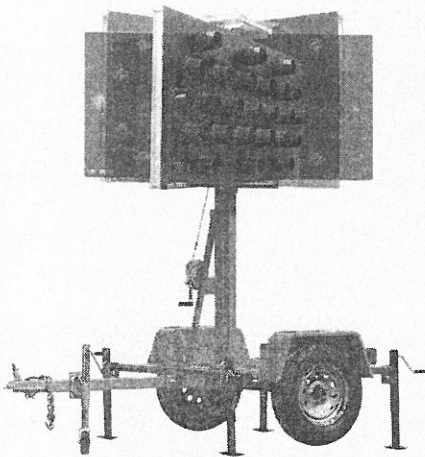
ISSUED: 08/24/2016

DISPLAY AS REQUIRED BY LAW

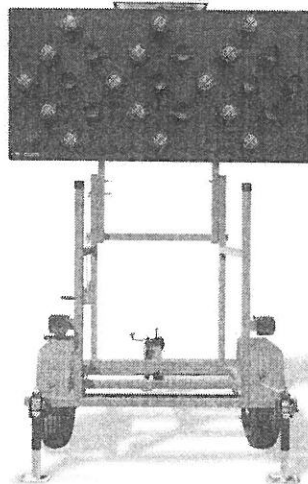
SEQ # L1608240002878

## Product Line-Up

Arrow Boards



Trailer Mounted 360° 15 or 25 Lamp

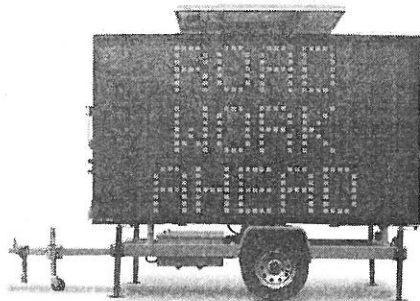


Trailer Mounted 15 or 25 Lamp



Vehicle Mount 15 or 25 Lamp

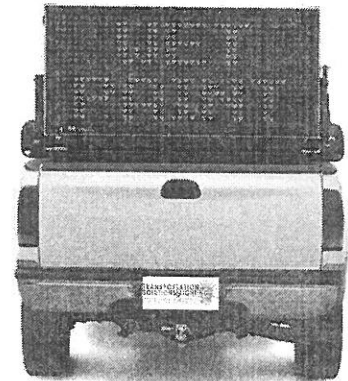
Message Boards



**Message Boards:**  
• Various Sizes  
• 10", 12" and 18" Characters  
• Full Matrix and 3 Line

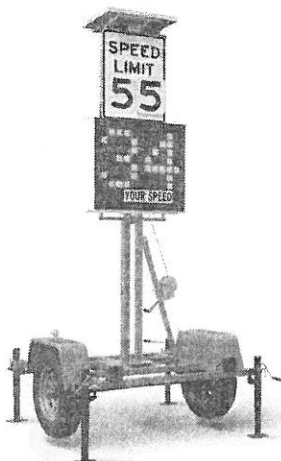


Mini Messenger - 1 line

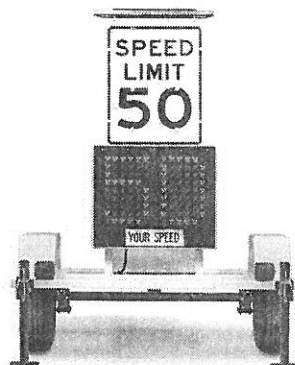


Vehicle Mount - 2 line and 3 line

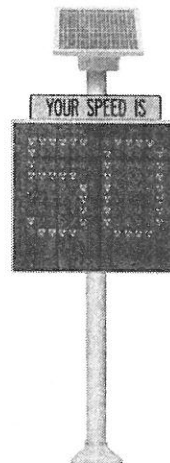
Radar Displays



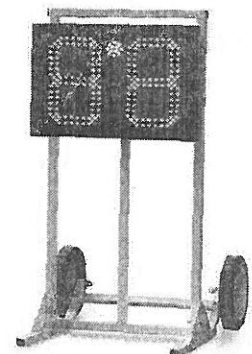
Portable Trailers  
with Winch System



Portable Fixed Display Trailers



Pole-Mounted Display



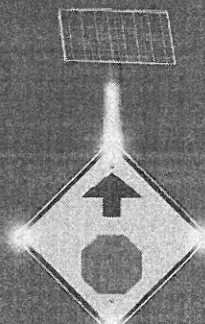
Dolly-Mounted Display

Used and Rental Units Available

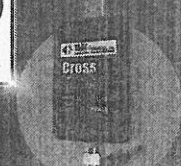
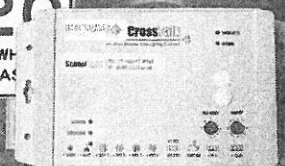


# Sign Alerts 24/7 Systems

## 24/7 Stop/Caution Solar Sign Alerts Systems



## Timer Activated Systems



CrossTalk

CrossLink

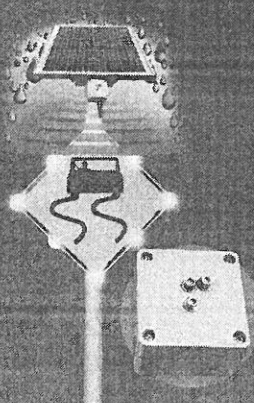
## Remote Activated Systems



Key Fob Remote



Push Button Activation



Moisture Sensor

## Sensor Activated Systems

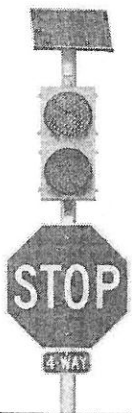


High Water Sensor

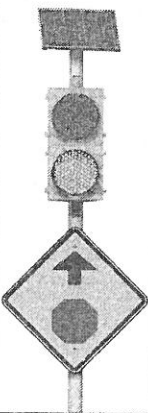


Motion Sensor

## Beacons



24/7 Stop/Caution



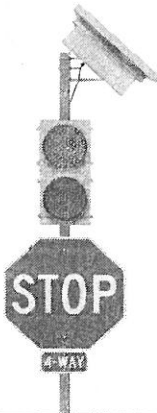
School Zone



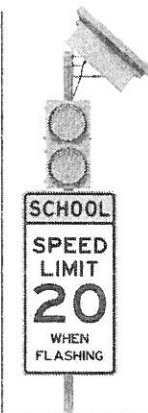
Sensor/Remote Activation



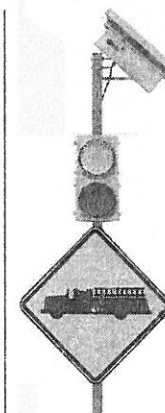
## ECO Beacons



Stop/Caution



School Zone



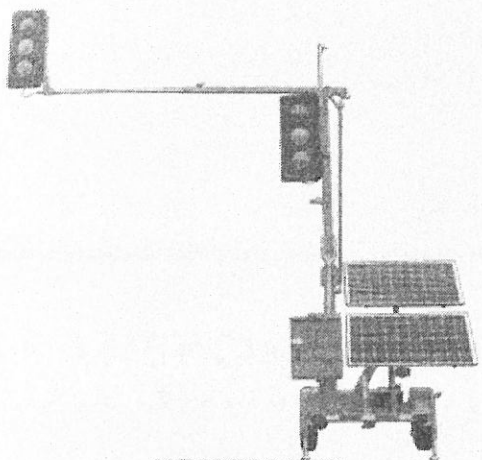
Sensor/Remote Activation



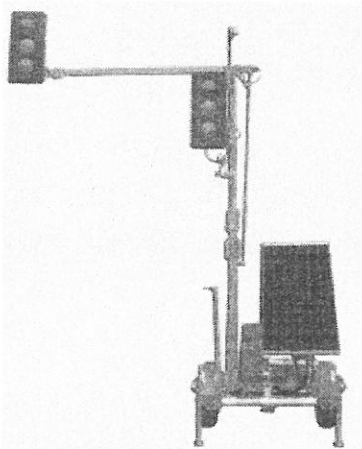
TRANSPORTATION SOLUTIONS & LIGHTING

800.216.4044 toll-free • 800.216.4044 fax  
www.tsandl.us • sales@tsandl.us

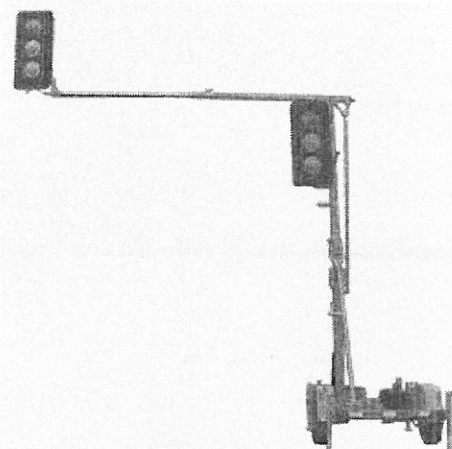
## OUR PRODUCTS



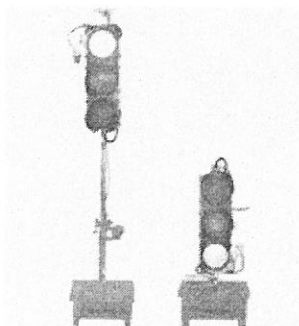
**HEAVY DUTY**  
15' mast arm is  
perfect for larger  
intersections



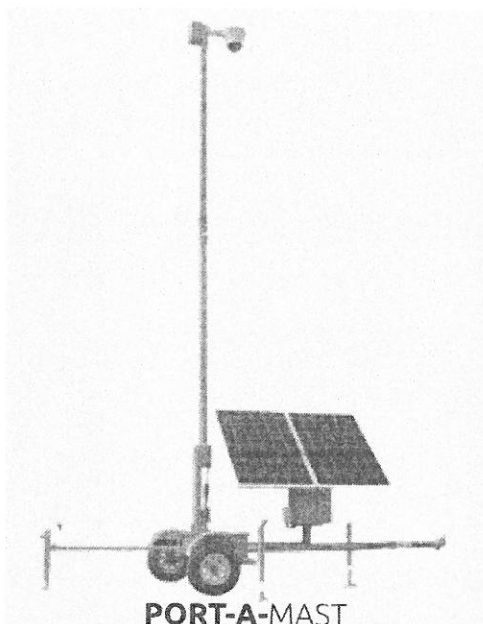
**LIGHT DUTY**  
Engineered for fast  
deployment and ease  
of use in work-zones.



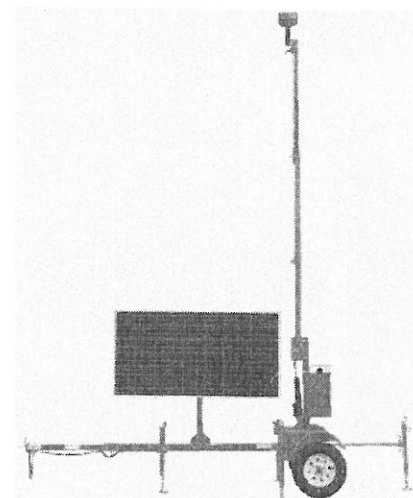
**KNOCKDOWN**  
Quickly replaces  
a knocked down  
permanent signal.



**POP-UP JUNIOR**  
For controlling private  
drives. Can stand alone or  
integrate with trailers.



**PORT-A-MAST**  
Portable solar power  
available with up to a 35'  
mast for mounting equipment.



**STOP BAR LIGHT**  
Hovers directly over the  
stop bar allowing motorists  
to know where to stop.