

BID PROPOSAL FORM BID NO. 2018-015

**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:

**BID NO. 2018-015 GENERATOR ENCLOSURE REPLACEMENT
(CORAL GATE)**

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	_____	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 City.

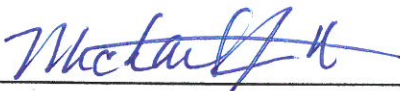
To all the foregoing, and including all Bid Schedule(s) and Information Required of Bidder contained in this Bid Form, said bidder further agrees to complete the Work required under the Contract Documents within the Contract Time stipulated in said Contract Documents, and to accept in full payment thereof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

NAME OF FIRM: ALL FLORIDA CONTRACTING SERVICES

ADDRESS: 3814 NW 126 AVENUE, CORAL SPRINGS, FL 33065

NAME OF SIGNER MICHAEL COX
(Print or Type)

TITLE OF SIGNER PRESIDENT

SIGNATURE:  DATE: 6-11-2018

TELEPHONE NO: 954-775-7767 FACSIMILE NO: 954-753-3122

SCHEDULE OF BID PRICES – BID NO. 2018-015

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:

All work required for a complete project is inclusive in unit prices, whether or not specifically referenced in the unit price description. The CONTRACTOR shall provide all labor, material, services, tools, supervision, manuals, and technical expertise needed to accomplish the Work described in this Bid.

	Description	Quantity	Unit	Unit Price	Amount
1.	Mobilization/Demobilization (includes supplying and connecting temporary generator)	1	LS	1	10,728
2.	Existing enclosure removal and disposal	1	LS	1	23,000
3.	New enclosure supply and installation	1	LS	1	83,000
4.	Re-installation/connection of all existing generator components, testing and start-up (including load bank testing)	1	LS		5,572
5.	City of Margate Building Department Permit Allowance ¹	1	LS	\$5,000.00	\$5,000.00
6.	Contingency Allowance ¹	1	LS	\$2,500.00	\$2,500.00
7.	Indemnification Allowance	1	LS	\$100.00	\$100.00

BID GRAND TOTAL \$

ONE HUNDRED TWENTY NINE THOUSAND NINE HUNDRED DOLLARS

129,900

¹ This item provides for reimbursement of the cost 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 this Allowance item at the end of the Work shall be retained by the CITY.

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 ✓

SPECIFICATION SHEETS/BROCHURES? YES _____ NO ✓

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

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:
ALL FLORIDA CONTRACTING SERVICES
3814 NW 126 AVENUE
CORAL SPRING, FL 33065
- (2) CONTRACTOR'S telephone number: 954-775-7767
- (3) CONTRACTOR'S license: Primary classification: ELECTRICAL
State License Number: EC 0002256
Supplemental classifications held, if any: STATE GC LICENSE, STATE PCC LICENSE
Name of Licensee, if different from (1) above: _____

- (4) Name of person who inspected site of proposed WORK for your firm:
Name: DOUGLAS Vecchio Date of Inspection: 6-6-2018
- (5) Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract (if required): GREY INSURANCE Co.
AGENT: FLORIDA SURETY BONDS, 620 WYMOORE RD # 200,
MAITLAND, FL 32751 888-786-2663
- (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) *INCOME STATEMENT ATTACHED*

- (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.

TAW POWER SYSTEMS - TESTING & LOAD BANK GENERATOR

BID BOND

*N/A
Cashier Check
Attached*

KNOW ALL MEN BY THESE PRESENTS:

That we _____ as Principal,
and _____ as Surety, are held and
firmly bound unto City of Margate, hereinafter called "City" in the sum of
(\$ _____) _____ 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 NO. 2018-015 GENERATOR ENCLOSURE REPLACEMENT
(CORAL GATE)**

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 _____ day of _____, 2018.

_____ (CONTRACTOR)	_____ (SURETY)
By: _____ (SIGNATURE)	By: _____ (SIGNATURE)

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 _____ DAY OF _____, 2018

NOTARY PUBLIC: _____

PERFORMANCE BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, _____ as Contractor and _____ as Surety, are held and firmly bound unto the **CITY OF MARGATE, FLORIDA** hereinafter called City in the sum of (\$ _____) _____ dollars, lawful money of the United States, for the payment of which well and truly to be made, we bind ourselves, our heirs, executors, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, said Contractor has been awarded and is about to enter into the annexed Agreement with said City to perform the Work as specified or indicated in the Bid Documents entitled:

**BID NO. 2018-015 GENERATOR ENCLOSURE REPLACEMENT
(CORAL GATE)**

NOW, THEREFORE, if the said Contractor shall fully and faithfully perform all the requirements of said Bid Documents required to be performed on its part, at the times and in the manner specified herein, inclusive of the one year maintenance period if necessary, then this obligation shall be null and void, otherwise it shall remain in full force and effect.

PROVIDED, that any alterations in the Work to be done or the materials to be furnished, or changes in the time of completion, which may be made pursuant to the terms of said Bid Documents, shall not in any way release said Contractor or said Surety thereunder, nor shall any extensions of time granted under the provisions of said Bid Documents, release either said Contractor or said Surety, and notice of such alterations or extensions of the Agreement is hereby waived by said Surety.

SIGNED and SEALED, this _____ day of _____, 2018.

(CONTRACTOR)

(SURETY)

BY: _____ BY: _____
(SIGNATURE) (SIGNATURE)

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 _____ DAY OF _____, 2018.

NOTARY PUBLIC: _____

REFERENCE SHEET – BID NO. 2018-015

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): ALL FLORIDA CONTRACTING SERVICES

ADDRESS: 3814 NW 126 AVENUE, CORAL SPRINGS, FL 33065

CONTACT PERSON: MICHAEL COX TITLE: PRESIDENT

TELEPHONE: 954-775-7767 FACSIMILE: 954-753-3122

NUMBER OF YEARS IN BUSINESS: 9 1/2

ADDRESS OF NEAREST FACILITY: SAME AS ABOVE

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

1. Company Name: _____

Address: _____ Phone: _____

Contact Person: _____ Title: _____

2. Company Name: _____

Address: _____ Phone: _____

Contact Person: _____ Title: _____

3. Company Name: _____

Address: _____ Phone: _____

Contact Person: _____ Title: _____

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: Michael Cox DATE: 6-11-2018
MICHAEL COX

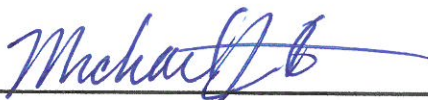
DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2018-015

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:


MICHAEL COX

DATE: 6-11-2018

OFFEROR'S QUALIFICATION STATEMENT BID NO. 2018-015

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: ALL FLORIDA CONTRACTING SERVICES

NAME: MICHAEL COX

Corporation
Partnership
Individual
Other

ADDRESS: 3814 NW 126 AVENUE, CORAL SPRINGS, FL 33065

TELEPHONE NO.: 954-775-7767

FACSIMILE NO.: 954-753-3122

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: ALL FLORIDA CONTRACTING SERVICES

The address of the principal place of business is:

3814 NW 126 AVENUE

CORAL SPRINGS, FL 33065

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

a. Date of Incorporation: 11-21-2008

b. State of Incorporation: FLORIDA

- c. President's name: MICHAEL COX
- d. Vice President's name: DOUGLAS Vecchio
- e. Secretary's name: TERRY DAUGHERTY
- f. Treasurer's name: MICHAEL COX
- 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: _____
- b. Name, address and ownership units of all partners:
- _____
- _____
- _____
- c. State whether general or limited partnership: _____

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

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? 9 1/2

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.

STATE ELECTRICAL LICENSE - EC0002256

STATE GENERAL LICENSE - CGC 1517560

STATE POLLUTANT STORAGE - PCC 1256894

8. Have you ever failed to complete any work awarded to you? ^{NO} If so, state when, where and why?

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).

MICHAEL COX, 5677 NW 117 AVE, CORAL SPRING, FL 33076 954-725-7767
(name) (address) (phone number)

DOUGLAS Veechio, 12131 NW 32 CT, CORAL SPRING, FL 33065 954-825-7741
(name) (address) (phone number)

TERRY DAUGHERTY, 11240 NW 36 ST, CORAL SPRING, FL 33065 954-328-2151
(name) (address) (phone number)

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

SEE ATTACHED RESUMES

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

DOUGLAS Veechio

MICHAEL COX

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: Michael Cox

State of Florida County of BROWARD

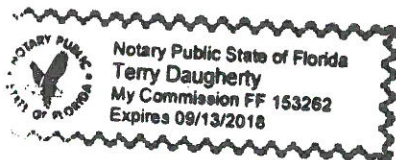
On this the 11 day of JUNE, 2018, before me, the undersigned Notary Public of the State of Florida, personally appeared

MICHAEL COX 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.

Terry Daugherty
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:



(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: _____



NON-COLLUSIVE AFFIDAVIT FOR BID NO 2018-015

State of FLORIDA)

County of BROWARD)

MICHAEL COX being first duly sworn, deposes and says that:

He/she is the OFFICER, (Owner, Partner, Officer, Representative or Agent) of A.F.C.S., 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:

Jana Thom

Witness

Charles T. T. T.

Witness

By

Michael Cox

MICHAEL COX

Printed Name

PRESIDENT

Title

ACKNOWLEDGMENT
NON-COLLUSIVE AFFIDAVIT FOR BID NO 2018-015

State of Florida
County of BROWARD

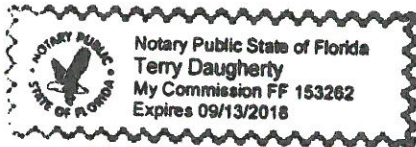
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MICHAEL COX and
(Name(s) of individual(s) who appeared before notary)

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:



Terry Daugherty
NOTARY PUBLIC, STATE OF FLORIDA

(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

**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, ALL FLORIDA CONTRACTING INC., 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.

Michael Cox
Signature of Contractor's Authorized Official

MICHAEL Cox - President
Name and Title of Contractor's Authorized Official

Date 6-11-18

N/A.

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 _____, 20____

Contractor

By _____

(Signature)

By _____

(Name and Title)

STATE OF _____

)

) SS.

COUNTY OF _____

)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ 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 ____ day of _____, 20____.

(NOTARY SEAL)

(Signature of person taking acknowledgment)

(Print Name of officer taking acknowledgment)

(Title or rank)

My Commission expires:
(Serial number, if any)



Doug Vecchio *Superintendent*

Professional Experience

Doug worked with MGI for 16 years and 7 years with AFCS in the construction industry with the last 16 years as a superintendent/Project Manager. Doug's skills range from planning, estimating, project managing and overall responsibility of field crews. Doug has a wide array of experience in the commercial and industrial construction field including form-work, concrete pads, tie beams, columns, wet decks, rigging, excavating, heavy equipment, and trenching. In addition, Doug is proficient with the installation of all size generators including electrical, exhaust work, shroud, remote radiators, flex, thimbles and piping.

Equipment & Product Expertise

Use of heavy equipment used for civil and substation work. Heavy equipment to include backhoes, track-hoes, boom trucks, loaders, fork-lifts and boom lifts. Proficient in generator and fuel managements systems, piping, pumps, and dispensing equipment. Computer literate in Microsoft Office Products including Microsoft Project, Excel, and Word.

Training Courses

Florida class "B" license, Environ Piping Systems, Containment Solutions, OSHA 10 Hour Training program 2013. Florida Correctional Institutions Security Clearance, FDOT Safety Seminar, Covanta Power Corp. Safety program. Forklift operator training. Scaffolding Competent person training. Fall Protection Competent person training.



Michael Cox
President

**Professional
Experience**

Mike has a Bachelors Degree in Electrical Engineering and spent 7 years with ABB Services. During the 7 years, Mike spent 4 years as an Engineer, 1 year as a Manager in Training and 2 years as a successful Service Center Manager. Mike spent the past 12 years with MGI ending as a Vice President and General Manager. Mike has been the President of AFCS for the past 7 years. In addition, Mike holds a State Electrical License, State Pollutant Storage License and a State General Contracting license.

**Equipment
Expertise**

Testing, repairing, refurbishment, and installing electrical power equipment, namely circuit breakers, transformers, switches, cables etc. In addition, Mike has extensive experience with project management, relay testing, and computers. Peachtree and Quickbooks Accounting.

**Product
Know - How**

ABB/ITE, Westinghouse, GE, Siemens Allis, Federal Pacific OEM's etc. (All makes & models)

**Training
Courses**

Advanced Relay Training, ABB Transformer School, ABB Circuit Breaker Installation and Maintenance Course, Sales and Management Workshop, Dale Carnegie Sales Course, Hazardous Waste & Communications, Vacuum Circuit Breaker Training. OSHA courses 2013. License continuing education courses.



Tom Christian
Electrical Engineer

**Professional
Experience**

Tom has a Bachelor Degree in Electrical Engineering and has spent 37 years as a field engineer. His experience includes 10 years with ABB as a Senior Electrical Engineer and 3 months as temporary Manager of Kansas City Service Center. Tom also spent 7 years with GE as a field engineer, manager of 2 Utility companies in the Bahamas, and ran projects throughout the world

**Equipment
Expertise**

Testing and installing electrical power equipment, namely circuit breakers, transformers, switches, cables etc. In addition, Tom has extensive experience with project management, relay testing, and A/C and D/C variable speed drives.

**Product
Know - How**

ABB/ITE, Westinghouse, GE, Siemens Allis, Federal Pacific, Cutler Hammer, Sace etc. (All makes & models)

**Training
Courses**

Advanced Relay Training, GE Transformer School, GE medium and high voltage Circuit Breaker Installation and Maintenance Course, PCB – Hazardous waste management, GE - D/C drives ABB - A/C & D/C drives, Nuclear –level one certified



REFERENCES

City of Sunrise 777 Sawgrass Corporate Pkwy Sunrise, FL 33325	Bob Romeo Senior Engineer 954-888-6060 rromeo@sunrisefl.gov
City of Plantation 401 NW 70 Terrace Plantation FL 33137	Brett Miller 954-826-7634 WWTP Plant Maint. Superintendant bmiller@plantation.org
Shortbrothers Construction 4611 S. University Drive, Suite 244 Davie, Florida 33328	Pierre Girard 954-347-1167 Owner shortbrothers@comcast.net
City of Miami Fire Department 1151 NW 7 th Street Miami, FL 33136	Troy Sutton 954-557-3473 Facility Maintenance tasutton@miamigov.com
Eaton Corporation 8609 Six Forks Road Raleigh, NC 27615	John A. Smith 813-313-9296 Senior Engineer johnasmith@eaton.com
Quest Engineering & Construction 10103 SW 164 th Place Miami, FL 33196	Guillermo (Willy) Alegria 305-992-7252 President willy@qceflorida.com
TAW Power Services 1500 NW 15 th Avenue, Pompano Beach, FL 33069	John Potts 954-234-4226 John.potts@tawinc.com
ACF PowerGen 9311 Solar Drive Tampa, FL 33619	Brian Ledford 813-781-6047 General Manager b.ledford@acfpower.com
JWR Construction Services 1311 W. Newport Ctr. Drive Deerfield Beach, FL 33442	Sterling Fordham 954-444-7865 Senior Project Manager sfordham@jwrconstruction.cc
City of Tamarac 6011 Nob Hill Road Tamarac, FL 33321	John Doherty 954-597-3706 Assistant Director / City Engineer John.doherty@tamarac.org
Close Construction 301 NW 4 th Avenue Okeechobee, FL 34972	Chris Rossi 863-634-4320 Senior Estimator chrisrossi@closeconstruction.us



GENERATOR PROJECTS

Name of the Project # 1	Fire Station 92 Generator Replacement
Date when Project # 1 Started	December 2015
Date when Project # 1 was completed	January 2016
Name of entity for which services were provided to: Price:	City of Sunrise Contract Amount: \$ 227,363
Updated contact name, phone and email for Project Manager where services were provided to:	Jin Huo, 954-888-6049, jhuo@sunrisefl.gov , Engineer: Oscar Martinez, 954-522-4123, oscar@wza-architects.com
Provide detail information about the scope of work you firm provided during this project.	<ul style="list-style-type: none"> • Removal of 100 KW Generator and auto transfer switch from indoor room at Fire Station 92 • Build out room to house new generator • Install new 100 KW generator and new 800 amp transfer switch • Install new 1000 gallon LP tank underground • Miscellaneous electric, lighting, doors, side walks, bollards etc.

Name of the Project # 2	Broward County Pump Station 462 Generator Replacement
Date when Project # 2 Started	March 2015
Date when Project # 2 was completed	September 2016
Name of entity for which services were provided to: Price:	Broward County Water & Wastewater Services Contract Amount: \$ 461,598
Updated contact name, phone and email for Project Manager where services were provided to:	Jorge Orozco, 954-831-3239, cell: 954-553-8002, jorozco@broward.org
Provide detail information about the scope of work you firm provided during this project.	<ul style="list-style-type: none"> • Removal of existing 450KW indoor unit at pump station 462 and 800 amp auto transfer switch • Installation of new 450 KW Kohler generator and new Lakeshore transfer switch • Replace existing 50 gallon day tank with new • Controls, painting, site work, misc. electric



Name of the Project # 3	Assurant HVAC and Generator Upgrades
Date when Project # 3 Started	October , 2013
Date when Project # 3 was completed	January 2015
Name of entity for which services were provided to: Price:	Assurant, Inc. GC: Shortbrothers Construction Contract Amount: \$ 1,279,268
Updated contact name, phone and email for Project Manager where services were provided to:	Pierre Girard, 954-347-1167, 954-693-7807, shortbrothers@comcast.net
Provide detail information about the scope of work you firm provided during this project.	<ul style="list-style-type: none"> • Form and pour pad for (3) 500KW generators • Install (3) 500 KW generators and paralleling gear • Install (2) 4000 amp auto transfer switches • Complete building lighting system • Duct bank and civil work • Power metering work

Name of the Project # 4	People's Trust Insurance Generator Installation
Date when Project # 4 Started	October , 2014
Date when Project # 4 was completed	January 2015
Name of entity for which services were provided to:	People's Trust Insurance GC: JWR Construction Contract: \$ 467,350
Updated contact name, phone and email for Project Manager where services were provided to:	Sterling Fordham, 954-444-7865 sfordham@jwrconstruction.cc
Provide detail information about the scope of work you firm provided during this project.	<ul style="list-style-type: none"> • Form and pour pad for (1) 600KW generators • Install (31) 600 KW generator • Install (3) auto transfer switches • Install Switchgear • Duct bank and civil work • Miscellaneous electrical work

Name of the Project # 5	Equinix Data Center Generator Installation
Date when Project # 5 Started	October , 2013
Date when Project # 5 was completed	August 2014
Name of entity for which services were provided to:	Equinix Data Center Quest Engineering
Updated contact name, phone and email for Project Manager where services were provided to:	Willy Alegria, 305-992-7252 willy@qceflorida.com
Provide detail information about the scope of work you firm provided during this project.	<ul style="list-style-type: none"> • Install (2) 1 MW generators, fuel tank, and exhaust 130' up side of building

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/21/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CBIZ Insurance Services, Inc. 3945 W. Atlantic Ave Delray Beach, FL 33445 561 278-0448	CONTACT NAME: Sue Newport Glielmi PHONE (A/C, No, Ext): 561-900-1628 FAX (A/C, No): 561-900-1928 E-MAIL ADDRESS: sglielmi@cbiz.com																					
INSURED All Florida Contracting Services, LLC Attn: Michael Cox 3814 NW 126th Ave. Coral Springs, FL 33065	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td>INSURER A :</td><td>Evanston Insurance Co.</td><td>35378</td></tr> <tr> <td>INSURER B :</td><td>Insurance Company of the West</td><td>27847</td></tr> <tr> <td>INSURER C :</td><td>Wesco Insurance Co.</td><td>25011</td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Evanston Insurance Co.	35378	INSURER B :	Insurance Company of the West	27847	INSURER C :	Wesco Insurance Co.	25011	INSURER D :			INSURER E :			INSURER F :		
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COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$5,000 <input checked="" type="checkbox"/> BLANKET AI & WOS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	3C08005	03/19/2018	03/19/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 EBL \$1,000,000
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Blanket AI <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> WOS	X	X	CPPCAQ3002354	03/29/2018	03/29/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	MKLVEUL102355	03/19/2018	03/19/2019	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	N/A	WFL504028200	03/19/2018	03/19/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$500,000 E.I. DISEASE - EA EMPLOYEE \$500,000 E.I. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured and Waiver of Subrogation applies when required by written contract or agreement.

CERTIFICATE HOLDER**CANCELLATION**

City of Margate
 Water Department
 901 NW 66th Avenue
 Margate, FL 33063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

J. Keith Rowan, Jr.

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

LICENSE NUMBER

EC0002256

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

COX, MICHAEL J
ALL FLORIDA CONTRACTING SERVICES LLC
3814 NW 126TH AVENUE
CORAL SPRINGS FL 33065



ISSUED: 08/21/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608210003998

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

PCC1256894

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

COX, MICHAEL J
ALL FLORIDA CONTRACTING SERVICES LLC
3814 NW 126TH AVENUE
CORAL SPRINGS FL 33065



ISSUED: 08/17/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1608170003027

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CGC1517560

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

COX, MICHAEL J
ALL FLORIDA CONTRACTING SERVICES LLC
3814 NW 126TH AVENUE
POMPANO BEACH FL 33065



0066051

11-24

CASHIER'S CHECK

6605102233

Office AU # 1210(8)

Remitter: MICHAEL COX

Operator I.D.: u618653

u544078

June 12, 2018

PAY TO THE ORDER OF ***CITY OF MARGATE***

Six thousand four hundred ninety-five dollars and no cents

\$6,495.00

Payee Address:

Memo: 2018-015

WELLS FARGO BANK, N.A.
5902 CORAL RIDGE DR
CORAL SPRINGS, FL 33076
FOR INQUIRIES CALL (480) 394-3122

VOID IF OVER US \$ 6,495.00

Richard Levy
CONTROLLER