

**DELIVER TO:**  
 City of Fort Pierce, Purchasing Division  
 Room 101  
 100 North U.S. #1  
 Fort Pierce, FL 34950

**MAIL TO:**  
 City of Fort Pierce Purchasing Division,  
 Room 101  
 P.O. Box 1480  
 Fort Pierce, FL 34954-1480

**CITY OF FORT PIERCE**



**INVITATION TO BID  
 and  
 BIDDER ACKNOWLEDGMENT**

**Bid Writer: Latonya Hubbard, 772-467-3102**

**Bid No: 2022-028**

**Site-Visit:**  
 By appointment only. Call (772) 464-1245

**Bid Title:**  
**FUEL DISPENSERS REPLACEMENT**

**Mandatory Site-Visit Location:**  
 1 Avenue A, Fort Pierce, FL 34950

**Bid Opening Location:**  
 Purchasing Division Conference Room, Room 101  
 100 North U.S. #1, 1st Floor  
 Ft. Pierce, Florida 34950

**Bid Due Date & Time:**  
 3:00PM, MONDAY, OCTOBER 03, 2022

If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.

**Bidder Name:**  
 \_\_\_\_\_

*I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.*

**Mailing Address:**  
 \_\_\_\_\_  
 \_\_\_\_\_

X \_\_\_\_\_  
 Authorized Signature (Manual)

**City, State, Zip Code:**

**Typed or Printed Name:**

**Type of Entity (Select one):**  
 Corporation \_\_\_\_\_  
 Partnership \_\_\_\_\_  
 Proprietorship \_\_\_\_\_

**Title:**

**Incorporated in the State of:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Delivery in \_\_\_\_\_ days, After Receipt Order**

**Phone Number:**

**Payment Terms: Net 30 Days**

**Fax Number:**

**FEIN or SS Number:**

**E-Mail Address:**

**Local Business: \_\_\_Y \_\_\_N MWBE: \_\_\_Y \_\_\_N**

**Bid Security is attached, when required, in the amount of \$ \_\_\_\_\_**  
 F.O.B. DESTINATION

**If returning as a "No Bid" state reason:**

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID**



## DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that \_\_\_\_\_ does:

*(Name of Business)*

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 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 proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after 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 employees community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

\_\_\_\_\_  
*Bidder's Signature*

\_\_\_\_\_  
*Date*



# REFERENCE CHECK FORM

**Bid No:** 2022-028                      **Title:** FUEL DISPENSERS REPLACEMENT

Bidder/Respondent Name: \_\_\_\_\_

Reference Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3102.

- When did this company work for you? From: \_\_\_\_\_ To: \_\_\_\_\_
- How would you describe the Contractor:

**Quality of Work:**

\_\_\_\_\_

\_\_\_\_\_

**Dependability:**

\_\_\_\_\_

\_\_\_\_\_

**Integrity of owner and employees:**

\_\_\_\_\_

\_\_\_\_\_

**What areas could he/she improve upon?**

\_\_\_\_\_

\_\_\_\_\_

Would you contract with this Contractor again?                      Yes     No     Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1  2  3  4  5

Add any information/comments that might help us evaluate their ability to perform for us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# REFERENCE CHECK FORM

**Bid No: 2022-028 Title: FUEL DISPENSERS REPLACEMENT**  
 Bidder/Respondent Name: \_\_\_\_\_  
 Reference Company Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3102.

- When did this company work for you? From: \_\_\_\_\_ To: \_\_\_\_\_
- How would you describe the Contractor:

**Quality of Work:**

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

**Dependability:**

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

**Integrity of owner and employees:**

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

**What areas could he/she improve upon?**

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

Would you contract with this Contractor again? Yes  No  Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1  2  3  4  5

Add any information/comments that might help us evaluate their ability to perform for us?  
 \_\_\_\_\_  
 \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>										
			-				-			

<b>Employer identification number</b>									
			-						

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



# BID RESPONSE FORM

<b>Bid Item</b>	<b>FUEL DISPENSERS' REPLACEMENT</b>		
<b>Bid Number</b>	<b>2022-028</b>	<b>Due Date &amp; Time</b>	<b>3:00PM, MONDAY, OCTOBER 03, 2022</b>

We, the undersigned, do hereby affirm that we have read and understand the enclosed bid requirements and specifications; and do submit this bid for the items listed below:

QUANTITY	ITEM DESCRIPTION	TOTAL
3	Removal and replacement of three (3) dual hose dispensers, fuel hose and nozzles One (1)gas dual hose and two (2) diesel dual hose slow and high speed	\$
1	Internal display board	\$
<b>TOTAL BID</b>		\$

Please respond to the following questions:

<b>This project will be completed within how many calendar days after the notice to proceed is issued?</b>	
<b>Work is guaranteed for how many years?</b>	
<b>Material are guaranteed for how many years?</b>	

**BID RESPONSE FORM**  
*continued*

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Typed Name & Title: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

(\*Please include Remit to address if different than address stated above)

Remit To: \_\_\_\_\_

\_\_\_\_\_

Check block below for applicable minority indicator:

- Asian Indian       Black Asian       Pacific       Hispanic
- Native American       Small Business Women Owned
- Small Disadvantage Business

## CITY OF FORT PIERCE BIDDER'S CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

**Check "Yes" or "No" to each of the following:**

	<b>YES</b>	<b>NO</b>
Is Invitation to Bid cover page (page 1) completed, signed and attached?	_____	_____
Include proof of proper licensing as stated in bid documents.	_____	_____
Include proof of proper insurance as stated in bid documents.	_____	_____
Did you include a list of all materials and equipment to be used in providing the service?	_____	_____
Is Drug-Free Workplace form signed and enclosed?	_____	_____
Is Bid Response Form completed, signed and attached?	_____	_____
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	_____	_____
W-9 Form completed, signed and attached?	_____	_____
Are two (2) complete reference forms included?	_____	_____
Are one (2) complete bid packages included (one original and one copies)?	_____	_____
Is each Bid Addendum (when issued) signed and included?	_____	_____
Bid envelope is marked accordingly.	_____	_____

**PLEASE SIGN AND RETURN WITH BID** \_\_\_\_\_