

**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

**INVITATION TO BID**

and

**BIDDER ACKNOWLEDGMENT**

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

**Bid No:** 2022-030

**Mandatory Pre-Bid Conference:**  
10:00 AM, TUESDAY, OCTOBER 4, 2022

**Bid Title:** GENERAL CONTRACTOR SERVICES – HIGHWAYMEN MUSEUM

**Mandatory Pre-Bid Conference Location:**  
JACKIE L. CAYNON BUILDING  
1234 AVENUE D  
FORT PIERCE, FL 34950

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

**Bid Due Date & Time:**  
3:00 PM, TUESDAY, OCTOBER 25, 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:**  
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**Mailing Address:**  
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*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.*

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

**City, State, Zip Code:**

**Typed or Printed Name:**

**Type of Entity (Circle One):**

Corporation Partnership Proprietorship

**Title:**

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

**Delivery in** \_\_\_\_\_ **days, ARO**

**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**



## Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

### Contractor Covered Transactions

(1) The prospective contractor of the Recipient, \_\_\_\_\_,  
(Contractor's Name)  
certifies by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.

(2) Where the Recipient's contractor's is unable to certify to the above statement, the prospective contractor shall attach an explanation to this form.

\_\_\_\_\_  
(Contractor's Name)

City of Fort Pierce \_\_\_\_\_  
(Recipient's Name)

\_\_\_\_\_  
(Authorized Signature)

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

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Division Contract Number)

\_\_\_\_\_  
(Street and Address)

\_\_\_\_\_  
(City, State and Zip)



## DECLARATION OF INTEREST

Each respondent shall execute a Declaration of Interest in substantially the following form:

The undersigned, as Respondent, declares that the only persons interested in this Statement of Qualifications submitted in response to this Invitation to Bid are named herein, that no other person or entity has any interest in this Statement of Qualifications or any Bid which may arise out of the Statement, that this Statement of Qualifications is submitted without connection or arrangement with any other person and that this Statement of Qualifications is true and correct and is in every respect fair, in good faith, and without collusion or fraud.

The Respondent further declares that he/she/it has complied in every respect with all of the instructions to respondents, that he/she/it has read the Request for Qualifications and any addenda [which addenda shall be listed in the declaration] which may be issued and that he/she/it has satisfied himself/herself fully with regard to all matters and conditions with respect to the Bid.

\_\_\_\_\_  
Name of Firm, Individual or Corporation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title



THE SUNRISE CITY  
**FORT PIERCE**  
PURCHASING  
DEPARTMENT

*Florida*



**NON-COLLUSION AFFIDAVIT  
FOR PRIME BIDDER**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, deposes and says:

That he is \_\_\_\_\_  
(a partner or officer of the firm, etc.)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the City of Fort Pierce, of the County of St. Lucie, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

\_\_\_\_\_  
(Firm Name)

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

Title: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_  
day of , \_\_\_\_\_ 2022.

\_\_\_\_\_  
Notary Public

My Commission expires: (Seal)

\_\_\_\_\_



## 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*

## Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>Requestor's name and address (optional)</p>

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

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
OR					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 2%; border: none;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 71%; border: 1px solid black; height: 20px;"></td> </tr> </table>	-		-		
-		-			

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.*



# REFERENCE CHECK FORM

**Bid No:** 2022-030                      **Title:** Highwaymen Museum – 1234 Avenue D

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.

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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:** 2022-030                      **Title:** Highwaymen Museum – 1234 Avenue D

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# BID RESPONSE FORM

<b>Bid Item</b>	<b>GENERAL CONTRACTOR SERVICES – HIGHWAYMEN MUSEUM</b>		
<b>Bid Number</b>	<b>2022-030</b>	<b>Due Date &amp; Time</b>	<b>TUESDAY, OCTOBER 25, 2022 3:00PM</b>

The offeror agrees to furnish the following items or services to the City of Fort Pierce/FPRA at the place specified, in accordance with specifications herein at the prices quoted below:

ITEM DESCRIPTION	TOTAL
Remove and replace existing HVAC systems	\$
Remove and replace existing fence with proposed decorative fencing	\$
Install generator	\$
Pressure wash and paint the exterior building	\$
Install brick paver art garden (exterior)	\$
Install LED track lighting – 1 <sup>st</sup> floor	\$
Replace exterior doors with PGT Impact – 1 <sup>st</sup> floor	\$
Renovate kitchen – 1 <sup>st</sup> floor	\$
Install wood shutters in kitchen (interior) – 1 <sup>st</sup> floor	\$
Remove & replace flooring – 1 <sup>st</sup> floor	\$
Replace windowsills – 1 <sup>st</sup> floor	\$
Repair, patch, prime, and paint walls – 1 <sup>st</sup> floor	\$
Install custom window coverings – 1 <sup>st</sup> floor	\$
Install LED track lighting – 2 <sup>nd</sup> floor	\$
Install custom window coverings – 2 <sup>nd</sup> floor	\$
Replace exterior doors with PGT Impact – 2 <sup>nd</sup> floor	\$
Remove & replace flooring – 2 <sup>nd</sup> floor	\$
Repair, patch, prime, and paint walls – 2 <sup>nd</sup> floor	\$
Remove cabinet and sink repair, patch, paint area – 2 <sup>nd</sup> floor	\$
Replace windowsills – 2 <sup>nd</sup> floor	\$
<b>TOTAL</b>	<b>\$</b>

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE

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

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

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

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

Typed Name, Title: \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

(\*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 Proposer in the preparation of their proposal response. Included in this checklist are important requirements, which is the responsibility of each Proposer 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 Proposer to read and comply with the Request for Proposal in its entirety.

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

	<b>YES</b>	<b>NO</b>
Is Request for Proposal cover page (page 1) completed, signed and attached?	_____	_____
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	_____	_____
Include proof of proper licensing as stated in proposal documents.	_____	_____
Include proof of proper insurance and if we are selected, agree to meet the City's insurance requirements, as stated in proposal documents.	_____	_____
Proposal envelope is marked accordingly.	_____	_____
Is each Addendum (when issued) signed and included?	_____	_____

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