



MEMORANDUM
from the
PROCUREMENT DEPARTMENT

TO: Elizabeth Woodruff, Manager Urban Redevelopment

THROUGH: Tony Barnes, Director of Purchasing

FROM: Georgia Montgomery, Purchasing Specialist

SUBJECT: Bid No. 2017-019 ~ SHIP Rehabilitation Project
(910 Rhode Island Avenue)

DATE: May 31, 2017

Attached are the tabulation sheet and a copy of each bid submittal for the above referenced bid. The file is available for review in the Procurement Department.

The invitation was sent to 861 vendors. Eight (8) vendors requested specifications with one (1) responding (12.5%) plus 0 "No Bid" (12.5% total response).

Please respond to the Procurement Department for recommendation of award. Expiration date is July 24, 2017. Commission approval must be completed by this date.

/gm

Attachment

cc: Karen Mike, Executive Assistant



CITY OF FORT PIERCE TABULATION OF BIDS

"Offers from the vendors listed herein are the only offers received timely as of the above opening date and time. All other offers submitted in response to this solicitation, if any, are hereby rejected as late."

BID ON:	SHIP REHABILITATION PROJECT 910 RHODE ISLAND AVENUE.
BID NUMBER:	2017-019
DATE:	5/25/17 @ 3:00 PM
RECOMMENDED AWARD:	Pending

RESPONSE
1 of 8 = 12.5 %
0 "No Bids"
Total = 12.5 %

VENDOR	TOTAL
Gentile Corp. Fort Pierce, FL	\$35,020.00

PLEASE NOTE:

- **COMMISSION MEETINGS ARE HELD THE FIRST AND THIRD MONDAY OF EVERY MONTH. CALL THE PURCHASING DEPARTMENT WEDNESDAY PRIOR TO THE MEETINGS FOR RECOMMENDATION OF AWARD.**

COPY

DELIVER TO: City of Fort Pierce 100 North U.S. #1 Fort Pierce, FL 34950 MAIL TO: City of Fort Pierce Procurement Dept. P.O. Box 1480 Fort Pierce, FL 34954-1480	INVITATION TO BID and BIDDER ACKNOWLEDGMENT
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Contact: Gelencia Carter, 772-467-3748	Bid No: 2017-019
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Mandatory Site Visit Date: 10:00AM, THURSDAY, MAY 4, 2017	Bid Title: HOUSING REHABILITATION PROJECT FOR 910 RHODE ISLAND AVE.
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Mandatory Site Visit Location: 910 Rhode Island Avenue Fort Pierce, FL 34950	Bid Opening Location: City of Ft. Pierce Procurement Dept. 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950
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Bid Due Date & Time: 3:00PM, WEDNESDAY, MAY 16, 2017	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.
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Bidder Name: Trenkile Corp Mailing Address: 3160 Juttle Cove West Palm Beach Florida 33411	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 <u>Oscar Trozini</u> Authorized Signature (Manual)
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City, State, Zip Code:	Typed or Printed Name: OSCAR TROZINI
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Type of Entity (Circle One): <u>Corporation</u> Partnership Proprietorship	Title: President
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Incorporated in the State of: FL Year: 2006	Delivery in 60 days, ARO
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Phone Number: (954) 520-0548 / (772) 312-6928	Payment Terms: Net 30 Days
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Fax Number: (772) 448-8967	FEIN or SS Number: 46-1976266
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E-Mail Address: trenkilellc@comcast.net	Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input type="checkbox"/> N
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Bid Security is attached, when required, in the amount of \$ _____ F.O.B. DESTINATION	If returning as a "No Bid" state reason:
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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, Eentile Corp,
(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.

Eentile Corp
(Contractor's Name)

City of Fort Pierce
(Recipient's Name)

Omar Frozini
(Authorized Signature)

Date: _____

OSCAR FROZINI
(Print Name)

President
(Title)

Division Contract Number

3160 turtle Cove
(Street and Address)

West Palm Beach FL 33411
(City, State, Zip)



DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that

Genfile Corp 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'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 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 employee's 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.

Quon Trosini
Proposer's Signature
5/24/17
Date



THE SUNRISE CITY
FORT PIERCE
 PURCHASING
 DEPARTMENT

Florida

100 North U.S.1, P.O. Box 1480
 Fort Pierce, Florida, 34954-1480

Phone: 772-467-3748
 Fax: 772-467-3848

REFERENCE CHECK FORM
 (Please print or type)

Bid Number: 2017-019	Title: SHIP Housing Rehabilitation Project
Proposer/Respondent Name: Gentile Corp	
Reference Company Name: St Lucie County Housing and Community Services	
Telephone #: (372) 462-1777	Fax #: (372) 462-2853
Contact Name: Jennifer Hance	Email: hancej@stlucieco.org

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

The above company submitted a proposal to provide janitorial services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772)467-3848.

- 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?



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 Fort Pierce, Florida, 34954-1480

Phone: 772-467-3748
 Fax: 772-467-3848

REFERENCE CHECK FORM
 (Please print or type)

Bid Number: <u>2017-019</u>	Title: <u>SHIP Housing Rehabilitation Project</u>
Proposer/Respondent Name: <u>Gentile CORP</u>	
Reference Company Name: <u>Port St Lucie Police Department</u>	
Telephone #: <u>(772) 878-2793</u>	Fax #: <u>(772) 873-0520</u>
Contact Name: <u>Mary Beth Lee</u>	Email: <u>MaryBeth.lee@cityofPal.com</u>

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

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- 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?



THE SUNRISE CITY
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Florida

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 Fort Pierce, Florida, 34954-1480

Phone: 772-467-3748
 Fax: 772-467-3848

REFERENCE CHECK FORM
 (Please print or type)

Bid Number: <u>2017-019</u>	Title: <u>SHIP Housing Rehabilitation Project</u>
Proposer/Respondent Name: <u>Gentile CDD</u>	
Reference Company Name: <u>City of Holly Wood Department of Community Development</u>	
Telephone #: <u>(954) 921-3271</u>	Fax #: <u>(954) 921-3390</u>
Contact Name: <u>CJAY MILAN</u>	Email: <u>Cmilan@hollywoodfl.org</u>

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

The above company submitted a proposal to provide janitorial services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772)467-3848.

- 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



Bid Item	SHIP HOUSING REHABILITATION PROJECT FOR 910 RHODE ISLAND AVENUE		
Bid Number	2017-019	Due Date & Time	3:00PM, WEDNESDAY, MAY 16, 2017

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

ITEM DESCRIPTION	TOTAL
Roof <i>O.F</i>	\$ 13,900 ⁰⁰
Gutter System	\$ 2,400 ⁰⁰
Window In-Fill	\$ 9,990 ⁰⁰
Exterior Doors	\$ 2,900 ⁰⁰
A/C Service	\$ 990 ⁰⁰
Repair Ceilings in Kitchen and Bathroom	\$ 1,500 ⁰⁰
Paint exterior of Home	\$ 3,250 ⁰⁰
<i>Total</i>	\$ 35,020 ⁰⁰

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
1	MAY 12, 2017

Vendor: Gentile CORP
 Address: 3160 Turtle Cove
 City, State, Zip Code: West Palm Beach, FL 33411
 Email Address: Gentilellc@comcast.net
 Typed Name, Title: OSCAR FROZINI, President
 Signature Oscar Frozini Date 5/24/17
 Telephone # (954) 570-0548 Fax # (772) 448-8967

(*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

May 12, 2017



BID NO. 2017-019

HOUSING REHABILITATION PROJECT FOR 910 RHODE ISLAND AVENUE

ADDENDUM NO. 1

The purpose of this addendum is to schedule another Mandatory Site-Visit:

10:00 AM, WEDNESDAY, MAY 17, 2017

Also, to extend the **Bid due date** from 3:00PM, Wednesday, May 16, 2017 to:

3:00 PM, THURSDAY, MAY 25, 2017

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: Oscar Frozini Manual

Signature: Oscar Frozini / OSCAR FROZINI Typed or Printed

Company Name: Lentilo Corp

Address: 3160 turtle cove

West Palm Beach Fl, 33411

Date: 5/24/17

/gc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/25/2017

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 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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER G S Insurance Services LLC 1056 Hypoluxo Rd Lantana FL 33462 INSURED Gentle 3160 Turtle Cove West Palm Beach FL 33411	CONTACT NAME: Melanie Shepherd PHONE (A/C, No, Ext): 561-296-1771 FAX (A/C, No): 561-296-1772 E-MAIL ADDRESS: gsinservice@aol.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: United Specialty INSURER B: INSURER C: 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 SUBR N/S/D, WVE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		DCG00337	09/24/2016	09/24/2017	EACH OCCURRENCE \$ 1,000,000
	A GEN'L AGGREGATE LIMIT APPLIES PER: POLICY: FLD 1000 OTHER: 1000 AUTOMOBILE LIABILITY: ANY AUTO: SCHEDULED AUTOES HIRE/AUTOES: UNLICENSED AUTOES	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				
	UMBRELLA LIAB: OCCUR EXCESS LIAB: CLAIMS MADE OPD: RETENTION \$					COVERED BODILY INJ (Ea acc ident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, specify below: DESCRIPTION OF OPERATIONS below	Y/N				PER STATUTE: COMP/ER \$ FL EACH ACCIDENT \$ FL DISEASE - EA EMPLOYEE \$ FL DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER City of Fort Pierce 100 N US Hwy 1 Fort Pierce FL 34950	CANCELLATION 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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/25/2017

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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 277-1520 X4806	FAX (A/C, No): (727) 797-0704
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A:	Frank Winston Crum Insurance Company	11600
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER: 374126	REVISION NUMBER:
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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 INSRD	EXPIR Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADY INALRY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC201700000	01/01/2017	01/01/2018	X PER STATUTE <input type="checkbox"/> OTH. EN E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-FA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Effective 04/27/2015, coverage is for 100% of the employees of FrankCrum leased to Gentile Corp. (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

CERTIFICATE HOLDER	CANCELLATION
City of Fort Pierce Building Department 100 N. US Highway 1 Fort Pierce, FL 34950-4205	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

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

LICENSE NUMBER	
CGC1521508	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

FROZINI, OSCAR P
GENTILE CORP
3160 TURTLE COVE
WEST PALM BEACH FL 33411



ISSUED: 08/25/2014 DISPLAY AS REQUIRED BY LAW SEQ # L1408250001868

RICK SCOTT, GOVERNOR KEN LAWSON, SECRETARY

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

LICENSE NUMBER	
CGC1504314	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2016

FROZINI, OSCAR P
GENTILE LLC
3160 TURTLE COVE
WEST PALM BEACH FL 33411



ISSUED: 08/25/2014 DISPLAY AS REQUIRED BY LAW SEQ # L1408250001867



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County
Serving you.

P.O. Box 3353, West Palm Beach, FL 33402-3353
www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****
3160 TURTLE COVE
WEST PALM BEACH, FL 33411

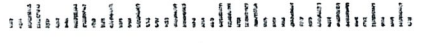
TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	
22-0061 GENERAL CONTRACTOR	FROZINI OSCAR P	CGC1504314	B15.846948 - 07.17.15	\$27.50	B40123

This document is valid only when receipted by the Tax Collector's Office.

**STATE OF FLORIDA
PALM BEACH COUNTY
2015/2016 LOCAL BUSINESS TAX RECEIPT**

B3 - 451

GENTILE CORP
GENTILE corp
3160 TURTLE COVE ST
WEST PALM BEACH, FL 33411-6468



**LBTR Number: 200704482
EXPIRES: SEPTEMBER 30, 2016**

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and MUST be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

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:

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Bid Response Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is W-9 Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper licensing as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper insurance as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bid envelope is marked accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Drug-Free Work Place form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Debarment form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are three (3) complete bid packages included (one original and two copies)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is each Bid Addendum (when issued) signed and included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE SIGN AND RETURN WITH BID

Duan Trujillo