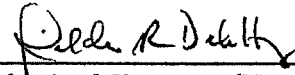
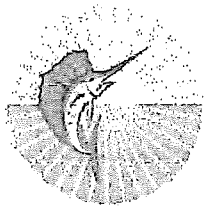


<p><b>DELIVER TO:</b>          City of Fort Pierce          100 North U.S. #1          Fort Pierce, FL 34950</p> <p><b>MAIL TO:</b>          City of Fort Pierce Procurement Dept.          P.O. Box 1480          Fort Pierce, FL 34954-1480</p>	<p><b>INVITATION TO BID</b></p> <p>and</p> <p><b>BIDDER ACKNOWLEDGMENT</b></p>
<p>Contact: Georgia Montgomery, 772-467-3748</p>	<p>Bid No: 2017-030</p>
<p>Mandatory Site Visit Date:          10:00AM, THURSDAY, OCTOBER 12, 2017</p>	<p>Bid Title: HOUSING REHABILITATION PROJECT FOR 1310 NORTH 27<sup>TH</sup> STREET</p>
<p>Mandatory Site Visit Location:          1310 NORTH 27<sup>TH</sup> STREET          FORT PIERCE, FL 34950</p>	<p>Bid Opening Location:          City of Ft. Pierce Procurement Dept.          100 North U.S. #1, 1st Floor          Ft. Pierce, Florida 34950</p>
<p>Bid Due Date &amp; Time:          3:00PM, WEDNESDAY, OCTOBER 25, 2017</p>	<p>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.</p>
<p>Bidder Name:          DE LA HOZ BUILDERS, INC</p> <p>Mailing Address:          258 DEL MONTE RD          SEBASTIAN, FL 32958</p>	<p><i>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.</i></p> <p>X           Authorized Signature (Manual)</p>
<p>City, State, Zip Code:          SEBASTIAN, FL 32958</p>	<p>Typed or Printed Name:          HILDA DE LA HOZ</p>
<p>Type of Entity (Circle One):  <input checked="" type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship</p>	<p>Title:          V-PRESIDENT</p>
<p>Incorporated in the State of: FL Year: 2007</p>	<p>Delivery in 60 days, ARO</p>
<p>Phone Number: 772-228-9723</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number: 772-589-8127</p>	<p>FEIN or SS Number:</p>
<p>E-Mail Address: hilda@de.la.hozbuilders.com</p>	<p>Local Business: <input checked="" type="radio"/> Y <input type="radio"/> N MWBE: <input checked="" type="radio"/> Y <input type="radio"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____          F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p><b>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</b></p>	



## DRUG~FREE WORKPLACE FORM

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

DE LA HOE BUILDES, INC

does:

*(Name of Business)*

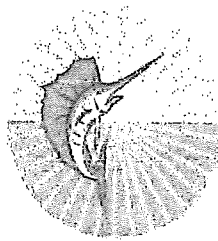
1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about 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.

*Faldu R Delatty*  
 Proposer's Signature

10-25-17

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)

<b>Bid Number:</b> <u>2017-030</u>	<b>Title:</b> <u>SHIP Housing Rehabilitation Project – 1310 N. 27<sup>th</sup> Street</u>
<b>Proposer/Respondent Name:</b> <u>DE LA HOZ BUILDERS, INC</u>	
<b>Reference Company Name:</b> <u>INDIAN RIVER COUNTY SHIP PROGRAM</u>	
<b>Telephone #:</b> <u>772-226-1870</u>	<b>Fax #:</b> _____
<b>Contact Name:</b> <u>DAWN BRADFORD</u>	<b>Email:</b> <u>dbradford@irc.gov.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.

The above company submitted a proposal to provide rehabilitation 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

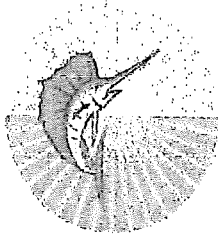
- On a scale of 1 to 5, how would you rate his/her work in general?      1      2      3      4      5

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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)

<b>Bid Number:</b> 2017-030	<b>Title:</b> SHIP Housing Rehabilitation Project – 1310 N. 27 <sup>th</sup> Street
<b>Proposer/Respondent Name:</b> DE LA HOZ BUILDERS, INC	
<b>Reference Company Name:</b> CITY OF PALM BAY GROWTH MANAGEMENT	
<b>Telephone #:</b> 321-733-3043	<b>Fax #:</b> 321-953-8920
<b>Contact Name:</b> LOUI DAMMS	<b>Email:</b> lori.damms@pbfl.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 rehabilitation 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?

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

October 19, 2017



CITY OF FORT PIERCE

HOUSING REHABILITATION PROJECT ~ 1310 NORTH 27<sup>TH</sup> STREET

BID NO. 2017-030

ADDENDUM NO. 1

The purpose of this addendum is to modify the specifications to include:

- Repair ceilings throughout home caused from leaking roof
- and
- To provide a *Revised Bid Form (see attached)*.

All other conditions of this bid remain the same.

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

Signature: *Rilda R De la Hoz*  
Manual

Signature: HILDA DE LA HOZ  
Typed or Printed

Company Name: DE LA HOZ BUILDERS, INC

Address: 258 DEL MONTE RD  
SEBASTIAN, FL 32958

Date: 10-25-17

/gc

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
CITY OF FORT PIERCE AND IT'S OFFICIALS AND OFFICERS PO BOX 1480 FORT PIERCE, FL 34954-1480	VARIOUS

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Policy Change  
Number 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IL 12 01 11 85

**POLICY CHANGES**

<b>POLICY NO.</b> 1000113216	<b>POLICY CHANGES EFFECTIVE</b> 04/01/2017	<b>COMPANY</b> Catlin Specialty Insurance Co
<b>NAMED INSURED</b> De La Hoz Builders, Inc.		<b>AUTHORIZED REPRESENTATIVE</b> N-Surance Outlets Inc.
<b>COVERAGE PARTS AFFECTED</b> General Liability		
<b>CHANGES</b>		
<p>In consideration of the premium previously charged, it is hereby understood that the policy is amended to read as follows:</p> <p>In consideration of the premium already charged, it is agreed and understood that the Additional Insured is added per forms CG 2010 and CG 24 04, attached.</p> <p>All other terms and conditions remain the same.</p> <p style="text-align: center;">Kaye Hermann 2550 Okeechobee Blvd, #D West Palm Beach, FL 33409</p>		



Authorized Representative

099773

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## SCHEDULE

**Name Of Person Or Organization:**

CITY OF FORT PIERCE  
AND IT'S OFFICIALS AND OFFICERS  
PO BOX 1480

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional Insured is required by a contract or agreement, the most we will pay on behalf of the additional Insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Vendor: DE LA HOZ BUILDERS, INC

Address: 257 DEL MONTE RD

City, State, Zip Code: SEBASTIAN, FL 32958

Email Address: hilda@delehozbuilders.com

Typed Name, Title: HILDA DE LA HOZ

Signature [Handwritten Signature] Date 10-25-17

Telephone # 772-228-9723 Fax # 772-589-8127

(\*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



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783

(850) 487-1395

DE LA HOZ, JOSE AUGUSTO  
DE LA HOZ BUILDERS INC  
258 DEL MONTE RD  
SEBASTIAN FL 32958

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

CGC1514151 ISSUED: 06/26/2016

CERTIFIED GENERAL CONTRACTOR  
DE LA HOZ, JOSE AUGUSTO  
DE LA HOZ BUILDERS INC

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date : AUG 31, 2018 L1606260001120

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

LICENSE NUMBER

CGC1514151

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



DE LA HOZ, JOSE AUGUSTO  
DE LA HOZ BUILDERS INC  
258 DEL MONTE RD  
SEBASTIAN FL 32958



ISSUED: 06/26/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606260001120



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/12/17

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).

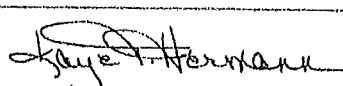
<b>PRODUCER</b> Freeway Insurance Florida #29 7377 Spring Hill Drive Spring Hill, FL 34606 Phone (352) 688-0109 Fax (352) 688-6050		<b>CONTACT NAME:</b> KAYE T. HERMANN <b>PHONE (A/C, No., Ext):</b> (352) 688-0109 <b>FAX (A/C, No.):</b> (352) 688-6050 <b>E-MAIL ADDRESS:</b> khermann@freewayinsurancefl.com	
<b>INSURED</b> DE LA HOZ BUILDERS, INC. 258 Del Monte Rd Sebastian, FL 32958		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> CATLIN SPECIALTY INSURANCE COMP.	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b> FCB & I FUND	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	1000104621	04/01/2017	04/01/2018	EACH OCCURRENCE \$ 1,000,000.00
	<input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
							MED EXP (Any one person) \$ 5,000.00
							PERSONAL & ADV INJURY \$ 1,000,000.00
							GENERAL AGGREGATE \$ 2,000,000.00
							PRODUCTS - COMP/OP AGG \$ 2,000,000.00
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		106-51352	01/16/2017	01/16/2018	<input checked="" type="checkbox"/> WC STATU. <input checked="" type="checkbox"/> OTH- TORY LIMITS ER
							E.L. EACH ACCIDENT \$ 1,000,000.00
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
**CERTIFIED GENERAL CONTRACTOR JOSE DE LAHOZ LICENSE #CGC1514151**  
 As required by written contract the City of Fort Pierce is additional insured per attached Additional Insured CG 20 10.  
 Waiver of Subrogation CG 24 04 has been attached in favor of "City of Fort Pierce."  
 Should any of the above described policies be cancelled before the expiration date, the Florida State law applies.

<b>CERTIFICATE HOLDER</b> CITY OF FORT PIERCE AND IT'S OFFICIALS AND OFFICERS PO BOX 1480 FORT PIERCE, FL. 34954-1480 Ph: 772-467-3748	<b>CANCELLATION</b> 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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# Revised BID RESPONSE FORM



<b>Bid Item</b>	<b>SHIP HOUSING REHABILITATION PROJECT FOR 1209 RAYMOND AVENUE</b>		
<b>Bid Number</b>	2017-030	<b>Due Date &amp; Time</b>	3:00PM, WEDNESDAY, OCTOBER 25, 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
Add new HVAC	\$ 5,744.00
Repair damaged roof, as needed.	\$ 1,925.00
Replace broken window panes, as needed.	\$ 401.00
Add screen door (comparable to rear screen door) at front entrance.	\$ 634.00
Adjust screen door at rear entrance.	\$ 209.00
Add new door knobs and door locks on rear entrance screen door.	\$ 185.00
Remove telephone box at rear of home.	\$ 128.00
Replace falling ceiling in master bathroom.	\$ 1,620.00
Replace shower unit in guest bathroom.	\$ 6,314.00
Prep and paint exterior of home.	\$ 1,925.00
Repair ceilings caused by leaking roof	\$ 898.00
<b>Total</b>	<b>\$ 19,983.00</b>

**The Bidder hereby acknowledges receipt of the following addenda:**

ADDENDUM NO.	ADDENDUM DATE
1	10-19-17

## CITY OF FORT PIERCE BIDDER'S CHECKLIST

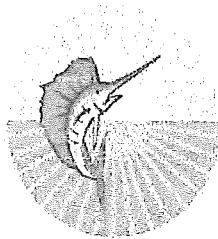
This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, 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 <u>Invitation to Bid</u> 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**

*Patricia R. DeH...*



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)

<b>Bid Number:</b> <u>2017-030</u>	<b>Title:</b> <u>SHIP Housing Rehabilitation Project – 1310 N. 27<sup>th</sup> Street</u>
<b>Proposer/Respondent Name:</b> <u>DE LA HOE BUILDEES, INC</u>	
<b>Reference Company Name:</b> <u>ST LUCIE COUNTY SHIP PROGRAM</u>	
<b>Telephone #:</b> <u>772-462-1290</u>	<b>Fax #:</b> <u>772-462-2855</u>
<b>Contact Name:</b> <u>JENNIFER HANCE</u>	<b>Email:</b> <u>hancej@stlucieco.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 rehabilitation 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?

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





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

### Contractor Covered Transactions

- (1) The prospective contractor of the Recipient, DE LA HOZ BUILDERS, INC,  
(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.

DE LA HOZ BUILDERS, INC  
(Contractor's Name)

City of Fort Pierce  
(Recipient's Name)

Raldo R. Delu H  
(Authorized Signature)

Date: 10-25-17

HILDA DE LA HOZ  
(Print Name)

V. PRESIDENT  
(Title)

Division Contract Number

258 DEL MONTE RD  
(Street and Address)

SEBASTIAN, FL 32958  
(City, State, Zip)



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**

(850) 487-1395

DE LA HOZ, JOSE AUGUSTO  
DE LA HOZ BUILDERS INC  
258 DEL MONTE RD  
SEBASTIAN FL 32958

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

CGC1514151 ISSUED 06/26/2016

**CERTIFIED GENERAL CONTRACTOR  
DE LA HOZ, JOSE AUGUSTO  
DE LA HOZ BUILDERS INC**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date: AUG 31, 2018 L1606260001120

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

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

<b>LICENSE NUMBER</b>	
CGC1514151	

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



DE LA HOZ, JOSE AUGUSTO  
DE LA HOZ BUILDERS INC  
258 DEL MONTE RD  
SEBASTIAN FL 32958



ISSUED: 06/26/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606260001120