

September 12, 2018



CITY OF FORT PIERCE

HOLIDAY LIGHTING FOR MARINA SQUARE

BID NO. 2018-050

ADDENDUM NO. 1

The purpose of this addendum is to extend the bid due date from 3:00 P.M. Thursday, September 13, 2018 to:

**3:00 P.M., THURSDAY, SEPTEMBER 20, 2018**

All other conditions of this bid remain the same.

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

Signature:   
Manual

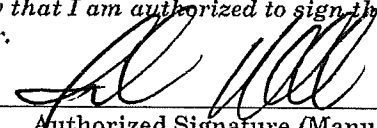
Signature: John Noll  
Typed or Printed

Company Name: John Noll LLC dba Ligting By Design

Address: 1922 Grantham Court  
Wellington, FL 33414

Date: 9/18/2018

/gc

<b>DELIVER TO:</b> City of Fort Pierce Purchasing Division, Room 101 100 North U.S. #1 Fort Pierce, FL 34950  <b>MAIL TO:</b> City of Fort Pierce P.O. Box 1480 Fort Pierce, FL 34954-1480 Attn: Purchasing Division, Room 101	<b>INVITATION TO BID</b>  <b>and</b>  <b>BIDDER ACKNOWLEDGMENT</b>
<b>Bid Writer:</b> Latonya Hubbard, (772) 467-3748	<b>Bid No:</b> 2018-050
<b>Mandatory Pre-Bid Conference:</b> N/A	<b>Bid Title:</b> HOLIDAY LIGHTING FOR MARINA SQUARE
<b>Mandatory Pre-Bid Conference Location:</b>  N/A	<b>Bid Opening Location:</b> City of Ft. Pierce Purchasing Div. 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950
<b>Bid Due Date &amp; Time:</b>  3:00 PM, THURSDAY, SEPTEMBER 13, 2018	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.
<b>Bidder Name:</b> John Noll LLC dba Lighting by Design <hr/> <b>Mailing Address:</b> 1922 Grantham Court <hr/> <hr/> <hr/>	<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>  X  Authorized Signature (Manual)
<b>City, State, Zip Code:</b> Wellington, FL 33414	<b>Typed or Printed Name:</b> John Noll
<b>Type of Entity (Circle One):</b> <input checked="" type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship	<b>Title:</b> President
<b>Incorporated in the State of:</b> Florida <b>Year:</b> 2014	<b>Delivery in</b> _____ <b>days, ARO</b>
<b>Phone Number:</b> 561-714-4233	<b>Payment Terms:</b> Net 30 Days
<b>Fax Number:</b>	<b>FEIN or SS Number:</b> 47-1380140
<b>E-Mail Address:</b> john@johnnoll.com	<b>Local Business:</b> ___Y <input checked="" type="checkbox"/> N <b>MWBE:</b> ___Y <input checked="" type="checkbox"/> N
<b>Bid Security is attached, when required, in the amount of \$</b> _____ <b>F.O.B. DESTINATION</b>	<b>If returning as a "No Bid" state reason:</b>
<b>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</b>	



# BID RESPONSE FORM



Bid Item	HOLIDAY LIGHTING FOR MARINA SQUARE		
Bid Number	2018-050	Due Date & Time	3:00 pm, Thursday September 20, 2018

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:

*Lump Sum Total* \$ \$156,927.00 for 3 years ((52,309.00 per year 2018,2019,2020)

### PURCHASING CARD PROGRAM

(Please Check One)

- Do you accept the Purchasing Card (Visa)?  Yes  No
- Percentage of discount off bid price when payment is made with Visa: \_\_\_\_\_

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
1	9/12/2018

Vendor: John Noll LLC dba Lighting by Design

Address: 1922 Grantham Court

City, State, Zip Code: Wellington, FL 33414

Email Address: john@johnnoll.com

Typed Name, Title: John Noll, President

Signature  Date 9/18/18

Telephone # 561-714-4233 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

## 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>John Noll LLC</b>	
	2 Business name/disregarded entity name, if different from above <b>Lighting by Design</b>	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <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 <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>S</b> <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small> <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (Codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) <b>1922 Grantham Court</b>	Requester's name and address (optional) <b>City of Fort Pierce                  Attn: Purchasing Department                  PO Box 1480                  Fort Pierce, FL 34954</b>
	6 City, state, and ZIP code <b>Wellington, FL 33414</b>	
	7 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 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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
or	
Employer identification number	
4 7 - 1 3 8 0 1 4 0	

### 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 ▶ <b>9/18/2018</b>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### 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? on page 2.*
- By signing the filled-out form, you:
- 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
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**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\*\***

1922 GRANTHAM CT  
 WELLINGTON, FL 33414

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
81-0185 HOLIDAY DECORATING SERVICE	NOLL JOHN JR		B18.500736 - 07/26/18	\$33.00	B40123899

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

**STATE OF FLORIDA  
 PALM BEACH COUNTY  
 2018/2019 LOCAL BUSINESS TAX RECEIPT**

B2 - 2716

LIGHTING BY DESIGN  
 JOHN NOLL LLC  
 1922 GRANTHAM CT  
 WELLINGTON, FL 33414

**LBTR Number: 200710837  
 EXPIRES: SEPTEMBER 30, 2019**

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.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) <b>09/19/2018 1:26 PM</b>
--

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> <b>GEICO Insurance Agency, Inc.</b> <b>1 GEICO Blvd</b> <b>Fredericksburg, VA 22412</b>		<b>CONTACT NAME:</b> <b>GEICO Insurance Agency, Inc.</b> <b>PHONE (A/C. No. Ext):</b> <b>8008413000</b> <b>FAX (A/C. No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> <b>JOHN NOLL LLC DBA: LIGHTING BY DESIGN</b> <b>1922 GRANTHAM COURT</b> <b>WELLINGTON, FL 33414</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A: NATIONAL LIABILITY &amp; FIRE INSURANCE</b> <b>20052</b> <b>INSURER B: COMPANY</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

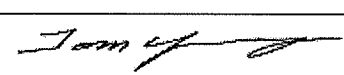
**COVERAGES**      **CERTIFICATE NUMBER:** **390,697**      **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMPOP AGG	\$
								\$
A	<b>AUTOMOBILE AUTHORITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			<b>73APG081165-01</b>	<b>02/14/2018 10:06 AM</b>	<b>02/14/2019 12:01 AM</b>	COMBINED SINGLE LIMIT (Ea accident)	\$ <b>100,000</b>
							BODILY INJURY (Per Person)	\$ <b>N/A</b>
							BODILY INJURY (Per accident)	\$ <b>N/A</b>
							PROPERTY DAMAGE (Per accident)	\$ <b>N/A</b>
							PIP Limit - \$10,000	<b>Covered</b>
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LAB</b> <input type="checkbox"/> CLAIMS-MADE  <b>DED</b> <b>RETENTION \$</b>						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE	OTH-ER
							E. L. EACH ACCIDENT	\$
							E. L. DISEASE - EA EMPLOYEE	\$
							E. L. DISEASE - POLICY LIMIT	\$
								\$
								\$

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

**Vehicle Schedule: see attached**

<b>CERTIFICATE HOLDER</b> <b>CITY OF FORT PIERCE ATTN: PURCHASING DEPARTMENT</b> <b>PO BOX 1480</b> <b>FORT PIERCE, FL 34954</b>	<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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## Vehicle Schedule

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam. Deductible	In-Tow Limit	Cargo Limit
2003 CHEVROLET EXPRESS CARGO 1GCFG25X931204091						
2003 CHEVROLET EXPRESS CARGO 1GCFG25X531225049						
2003 FORD F-150 1FTRX17L13NA13775						
2005 FORD F-150 1FTRF12235NC10614						



THE SUNRISE CITY  
**FORT PIERCE**  
 PURCHASING  
 DEPARTMENT  
*Florida*

**DRUG~FREE WORKPLACE FORM**

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

John Noll LLC dba Lighting By Design

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.

  
 \_\_\_\_\_  
*Proposer's Signature*

9/18/2018

*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: <u>2018-050</u> Title: <u>HOLIDAY LIGHTING FOR MARINA SQUARE</u> Proposer/Respondent Name: <u>John Noll LLC dba Lighting By Design</u> Reference Company Name: <u>GRS Management</u> Telephone #: <u>561-641-8554</u> Fax #: _____ Contact Name: <u>Leslie Distefano</u> Email: <u>LDistefano@grsmgt.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 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?

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



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:** 2018-050 **Title:** HOLIDAY LIGHTING FOR MARINA SQUARE  
**Proposer/Respondent Name:** John Noll LLC dba Lighting By Design  
**Reference Company Name:** Link Outdoor Lighting  
**Telephone #:** (407) 876-5566 **Fax #:** \_\_\_\_\_  
**Contact Name:** Chuck Link **Email:** chuck@linkoutdoorlighting.com

**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?

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



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: <u>2018-050</u> Title: <u>HOLIDAY LIGHTING FOR MARINA SQUARE</u>	
Proposer/Respondent Name: <u>John Noll LLC Idea Lighting by Design</u>	
Reference Company Name: <u>Let There Be Lights, Inc.</u>	
Telephone #: <u>(561) 248-9637</u>	Fax #: _____
Contact Name: <u>Dave Lockey</u>	Email: <u>masterilluminator@comcast.net</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.

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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?

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

## 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?	<u>  x  </u>	<u>      </u>
Is Bid Response Form completed, signed and attached?	<u>  x  </u>	<u>      </u>
Is W-9 Form completed, signed and attached?	<u>  x  </u>	<u>      </u>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<u>  x  </u>	<u>      </u>
Include proof of proper licensing as stated in Bid documents.	<u>  x  </u>	<u>      </u>
Include proof of proper insurance as stated in Bid documents.	<u>  x  </u>	<u>      </u>
Bid envelope is marked accordingly.	<u>  x  </u>	<u>      </u>
Is Drug-Free Work Place form signed and enclosed?	<u>  x  </u>	<u>      </u>
Is Debarment form signed and enclosed?	<u>  x  </u>	<u>      </u>
Are three (3) complete Bid packages included (one original and two copies)?	<u>  x  </u>	<u>      </u>
Is each Bid Addendum (when issued) signed and included?	<u>  x  </u>	<u>      </u>

PLEASE SIGN AND RETURN WITH BID

