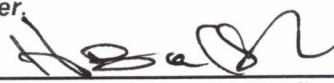
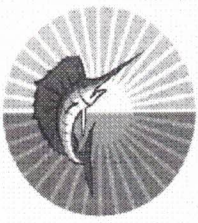


<p>DELIVER TO: City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p>INVITATION TO BID</p> <p>and</p> <p>BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Latonya Hubbard, 772-467-3102</p>	<p>Bid No: 2022-030</p>
<p>Mandatory Pre-Bid Conference: 10:00 AM, TUESDAY, OCTOBER 4, 2022</p>	<p>Bid Title: GENERAL CONTRACTOR SERVICES – HIGHWAYMEN MUSEUM</p>
<p>Mandatory Pre-Bid Conference Location: Jackie L. Caynon Building 1234 Avenue D Fort Pierce, FL 34950</p>	<p>Bid Opening Location: City of Ft. Pierce Purchasing Division Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, TUESDAY, OCTOBER 25, 2022</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: KIB Construction Corp</p> <p>Mailing Address: 1232 SW Abacus Ave Port Saint Lucie FL 34953</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: Port St Lucie, FL 34953</p>	<p>Typed or Printed Name: Herematie Baksh</p>
<p>Type of Entity (Circle One): <input checked="" type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship</p>	<p>Title: President</p>
<p>Incorporated in the State of: FL Year: 2018</p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: 772-224-6371</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number:</p>	<p>FEIN or SS Number: 83-3032740</p>
<p>E-Mail Address: kibconstcorp@gmail.com</p>	<p>Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____ N/A F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	



THE SUNRISE CITY

FORT PIERCE

PURCHASING DEPARTMENT
Florida

Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Contractor Covered Transactions

(1) The prospective contractor of the Recipient, KIB Construction 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.

KIB Construction Corp
(Contractor's Name)

City of Fort Pierce _____
(Recipient's Name)

[Signature]
(Authorized Signature)

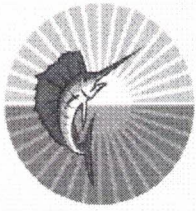
Date: _____

Herematie Baksh
(Print Name)

(Division Contract Number)

1232 Sw Abacus Ave
(Street and Address)

Port Saint Lucie, FL 34953
(City, State and Zip)



THE SUNRISE CITY
FORT PIERCE
 PURCHASING
 DEPARTMENT

Florida

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.

KIB Construction Corp

Name of Firm, Individual or Corporation

H. Baksh

Signature

President

Title

Inting Bao

Signature

Manager

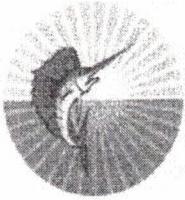
Title

Signature

Title

Signature

Title



THE SUNRISE CITY
FORT PIERCE
PURCHASING
DEPARTMENT

Florida

**NON-COLLUSION AFFIDAVIT
FOR PRIME BIDDER**

STATE OF Florida

COUNTY OF St Lucie

Herematie Baksh, being first duly sworn, deposes and says:

That ^{she} ~~he~~ is President
(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.

KIB Construction Corp
(Firm Name)

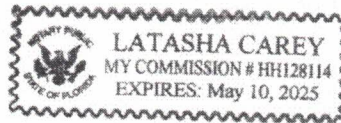
By: [Signature]

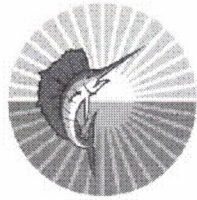
Title: President

Subscribed and sworn to before me this 25th
day of OCTOBER, 2022.

[Signature]
Notary Public

My Commission expires: (Seal)





DRUG~FREE WORKPLACE FORM

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

[Handwritten Signature]
Bidder's Signature

10-25-2022
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 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
KIB construction corp

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: 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.

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1232 Sw Abawus Ave, PSL FL 34953

6 City, state, and ZIP code

7 List account number(s) here (optional)

8 Requester's name and address (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 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.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

83	-	3032740
----	---	---------

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.

Sign Here

Signature of U.S. person ▶ **[Handwritten Signature]**

Date ▶ **10-25-2022**

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.

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: KIB Construction Corp
Reference Company Name: Martin County Housing Rehabilitation
Telephone Number: 772-288-5456 **Fax Number:** _____
Contact Name: Dawn Cobb **Email:** dcobb@martin.fl.us

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

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

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

Quality of Work:

Dependability:

Integrity of owner and employees:

What areas could he/she improve upon?

Would you contract with this Contractor again? Yes No Maybe

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

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



REFERENCE CHECK FORM

Bid No: 2022-030 **Title:** Highwaymen Museum – 1234 Avenue D
Bidder/Respondent Name: KIB Construction Corp
Reference Company Name: Indian River Housing Rehabilitation
Telephone Number: 863-899-6695 **Fax Number:** _____
Contact Name: Antonio Jenkins@guardiancrm.com **Email:** Antonio.Jenkins

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

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

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

Quality of Work:

Dependability:

Integrity of owner and employees:

What areas could he/she improve upon?

Would you contract with this Contractor again? Yes No Maybe

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

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



REFERENCE CHECK FORM

Bid No: 2022-030 **Title:** Highwaymen Museum – 1234 Avenue D
Bidder/Respondent Name: KIB Construction Corp
Reference Company Name: St Lucie County School Board
Telephone Number: 772-215-8275 **Fax Number:** _____
Contact Name: John Collins **Email:** John.collins@stlucieschools.org

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?

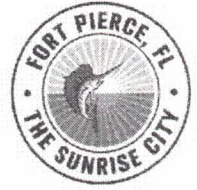
Would you contract with this Contractor again? Yes No Maybe

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



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

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	\$ 18,500.00
Remove and replace existing fence with proposed decorative fencing	\$ 165,840.00
Install generator	\$ 195,000.00
Pressure wash and paint the exterior building	\$ 1550.00
Install brick paver art garden (exterior)	\$ 44,500.00
Install LED track lighting – 1 st floor	\$ 11500.00
Replace exterior doors with PGT Impact – 1 st floor	\$ 16500.00
Renovate kitchen – 1 st floor	\$ 18500.00
Install wood shutters in kitchen (interior) – 1 st floor	\$ 1350.00
Remove & replace flooring – 1 st floor	\$ 31500.00
Replace windowsills – 1 st floor	\$ 1550.00
Repair, patch, prime, and paint walls – 1 st floor	\$ 14,200.00
Install custom window coverings – 1 st floor	\$ 4200.00
Install LED track lighting – 2 nd floor	\$ 22,450.00
Install custom window coverings – 2 nd floor	\$ 8400.00
Replace exterior doors with PGT Impact – 2 nd floor	\$ 9100.00
Remove & replace flooring – 2 nd floor	\$ 26,880.00
Repair, patch, prime, and paint walls – 2 nd floor	\$ 14,160.00
Remove cabinet and sink repair, patch, paint area – 2 nd floor	\$ 17,420.00
Replace windowsills – 2 nd floor	\$ 1350.00
TOTAL	\$ 624,390.00

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
0	

KIB Construction Corp

Recommended Page.

HVAC . The HVAC that is on the
The Scope of work is not Recommended
for this building. The 128 kw is
far too huge for this building and
the fixtures that is have to power
up.

A huge concrete pad with engineer
drawing is required for this 128 kw
generator .

A Load calculation is required to determine the
First Floor doors. - On the walk through it said we
were not changing the Front entry ^{kw.}
and the rear entry doors.
The Bid documents ask to replace
the three doors.

Our price Includes the replacement
of all three exterior doors with
PGI Storefront impact doors.

First Floor Flooring - For a more cost efficient
Flooring we would recommend waterproof
Vinyle Plank (LVT) above the existing
Tile flooring.

1st Floor Repair walls.- Our price is based on the repairs after all cut opens for Electricians, HUAC, Alarms and Sprinklers.

2nd Floor Flooring.- The floors can be more cost efficient by installing Waterproof Vinyl plank instead of wood grain Ceramic tiles.

Fencing.- Price is Base on 7' high decorative Aluminum fencing with a total of 45 Concrete post (columns) every 8' apart.

For cost recommendation we can eliminate the Concrete columns.

Prices also include gates & to secure the stairway.

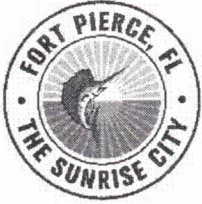
Vendor: KIB Construction Corp
Address: 1232 SW Abacus Ave
City, State, Zip Code: Port St Lucie, FL 34953
Email Address: kibconstcorp@gmail.com
Typed Name, Title: Herematie Baksh / President
Signature [Handwritten Signature] Date 10-25-2022
Telephone # 772-224-6371 Fax # _____

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

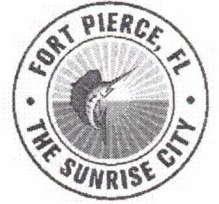
Remit To: _____

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

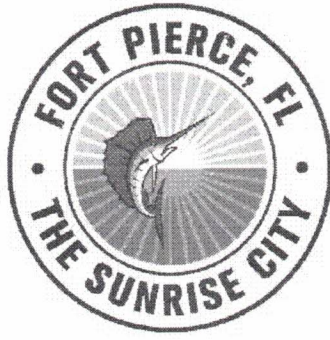


This checklist is provided to assist each Proposer in the preparation of their proposal response. Included in this checklist are important requirements, which is the responsibility of each Proposer to submit with their response in order to make their response fully compliant. This checklist is only a 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:

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

PLEASE SIGN AND RETURN WITH BID 



APPENDIX

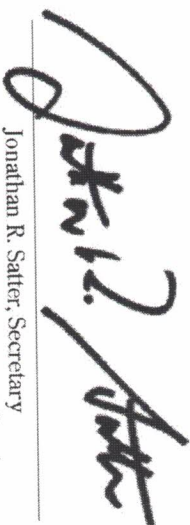
1. Grant Award Agreement Between the State of Florida, Department of State and the City of Fort Pierce
2. Sample Lump Sum Contract

State of Florida

Woman & Minority Business Certification

kib construction corp

Is certified under the provisions of
287 and 295.187, Florida Statutes, for a period from:
06/03/2021 to 06/03/2023



Jonathan R. Salter, Secretary
Florida Department of Management Services





Ron DeSantis, Governor

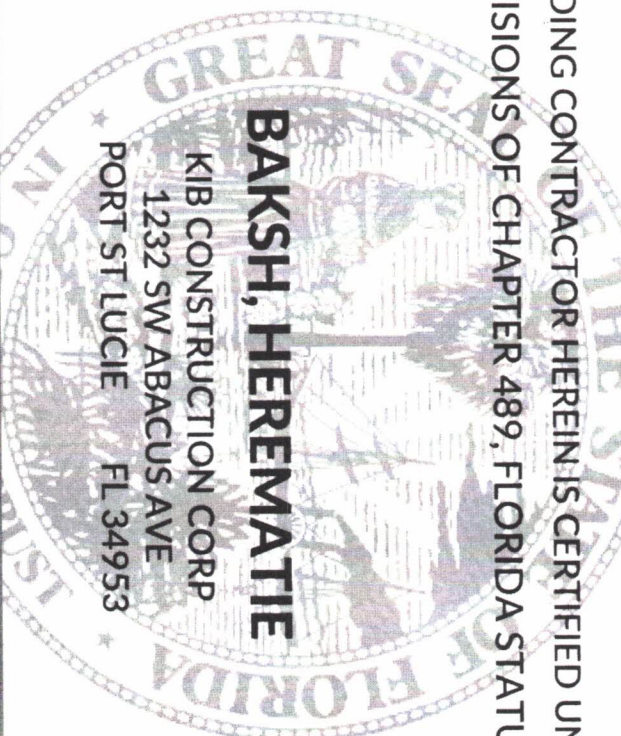
Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE BUILDING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



BAKSH, HEREMATIE

KIB CONSTRUCTION CORP
1232 SW ABACUS AVE
PORT ST LUCIE FL 34953

LICENSE NUMBER: CBC1263036

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

