

CITY OF FORT PIERCE BIDDER'S CHECKLIST


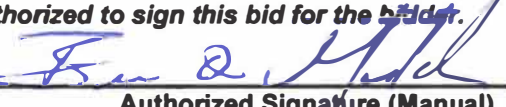
This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, 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>	_____
Include proof of proper insurance as stated in bid documents.	<u>X</u>	_____
Did you include a list of all materials and equipment to be used in providing the service?	<u>X</u>	_____
Is Drug-Free Workplace form signed and enclosed?	<u>X</u>	_____
Is Bid Response Form completed, signed and attached?	<u>X</u>	_____
If an alternative layout was proposed, did you include the drawings in your bid submittal?	<u>X</u>	_____
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked?	<u>X</u>	_____
W-9 Form completed, signed and attached?	<u>X</u>	_____
Is one complete reference form included?	<u>X</u>	_____
For Hard Copy Submissions Only: Are two (2) complete bid packages included (one original and one copy)	_____	_____
For Hard Copy Submissions Only: Bid envelope is marked accordingly Only.	_____	_____
Is each Bid Addendum (when issued) signed and included?	_____	_____

PLEASE SIGN AND RETURN WITH BID _____

[Handwritten Signature]

<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 style="text-align: center;">CITY OF FORT PIERCE</p>  <p style="text-align: center;">INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Gelencia Carter, 772-467-3102</p>	<p>Bid No: 2024-017</p>
<p>Mandatory Pre- Bid Conference Date: N/A</p>	<p>Bid Title: FORT PIERCE ANIMAL ADOPTION CENTER - VETERINARY CLINIC</p>
<p>Mandatory Pre-Bid Location: N/A</p>	<p>Bid Opening Location: Purchasing Division Conference Room, Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00PM, MONDAY, MARCH 4, 2024</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: <u>East Coast Modular Buildings, LLC</u></p> <hr/> <p>Mailing Address: <u>801 W Myers Blvd</u></p> <hr/>	<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 <u></u> Authorized Signature (Manual)</p>
<p>City, State, Zip Code: <u>Mascotte, FL 34753</u></p>	<p>Typed or Printed Name: <u>Brian O. Gromlich</u></p>
<p>Type of Entity (Select one): Corporation <u> X </u> Partnership <u> </u> Proprietorship <u> </u></p>	<p>Title: <u>MGRM</u></p>
<p>Incorporated in the State of: <u>FL</u> Year: <u>2008</u></p>	<p>Delivery in <u>110</u> days, After Receipt Order</p>
<p>Phone Number: <u>352 557 4975</u></p>	<p>Payment Terms: <u>Net 30 Days</u></p>
<p>Fax Number:</p>	<p>FEIN or SS Number: <u>27-0163954</u></p>
<p>E-Mail Address: <u>ecmb@eastcoastmodularbuildings.com</u></p>	<p>Local Business: <u> Y </u> <u>X</u> <u> N </u> MWBE: <u> Y </u> <u>X</u> <u> N </u></p>
<p>Bid Security is attached, when required, in the amount of \$ <u>N/A</u> 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>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/26/2024

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 PrimeGroup Insurance Services, Inc. 5215 W. Laurel St. Suite 100 Tampa FL 33607	CONTACT NAME: Kathleen Reynolds PHONE (A/C, No, Ext): (813) 284-4304 E-MAIL ADDRESS: kreynolds@primegroupins.com	FAX (A/C, No): (813) 885-4311	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED East Coast Modular Buildings LLC 801 West Myers Blvd. Mascotte FL 34753	INSURER A: White Pine Insurance Company		11932
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

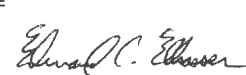
COVERAGES **CERTIFICATE NUMBER:** 23-24 PKG **REVISION NUMBER:**

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			WPCP004309	05/18/2023	05/18/2024	EACH OCCURRENCE \$ 1,000,000
							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
							\$
	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 (Ea 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 \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Fort Pierce is additional insured for General Liability per blanket form (attached) if required by written contract and subject to policy terms conditions, and exclusions.

CERTIFICATE HOLDER City of Fort Pierce Procurement Department 100 North U.S. #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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SPEC SHEET

Date: February 22, 2024

Quote Number: SE-0131-2024

Size: 36 x 60 Description: 36X60 ANIMAL CLINIC FORT PIERCE 150MPH

<u>COMPONENT</u>	<u>SUB-COMPONENT</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
FRAME	OUTRIGGER	12' X 60' - 12"X11.8# I-Beam - Outriggers/Crossmembers @ 4ft O.C.	3
	AXLES	(5) 3-Brake & 2-Idler New 6000#	3
FLOOR	JOIST	2 X 8 @ 16" O/C (Double Rim Joist)	
	DECKING	3/4" T&G Sturd-I-Floor Plywood	
	INSULATION	R-30 Unfaced	
	COVERING	Sheet AHF DISTINCT- Roll (Coved)	
	COVERING	Floor Tile VCT 1/8" X 12" X 12"	
	MISC	Bottom Board Mobiflex - Simplex	
EXTERIOR WALL	STUDS	2 X 6 @ 16" O.C. W/ Dbl Top & Sgl Bottom Plate - 10' Tall (Ext Wall)	
	SHEATHING	7/16" OSB	
	SIDING	R-Panel - 29ga Painted W/ Housewrap	
	COVERING	5/8" Vinyl Covered Gypsum W/ Wrapped Battens, 10' (Ext Wall)	
	INSULATION	R-19 Kraft Fiberglass Batts	
INTERIOR WALL	STUDS	2 X 4 @ 16" O/C W/ Dbl Top & Sgl Bottom Plate - 10' Tall (Int)	
	INSULATION	R-13 Unfaced Int. Wall @ 10' Tall	
	COVERING	5/8" Vinyl Covered Gyp W/ Wrapped Battens, 10' Tall (Int.)	
	COVERING	4' Embossed FRP Over 5/8" Gypsum (VCG Above) - One Side of Wall	
	COLUMNS	2 X 4 X 10' Column - Concealed	
	COLUMNS	2 X 6 X 10' Column - Concealed	
INTERIOR TRIM			

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Date: February 22, 2024

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Size: 36 x 60 Description: 36X60 ANIMAL CLINIC FORT PIERCE 150MPH

<u>COMPONENT</u>	<u>SUB-COMPONENT</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
INTERIOR TRIM	COVE BASE	Wall Base Vinyl 4"	
ROOF	JOIST	2 X 8 @ 24" O.C.	
	MATE BEAM	3-Layer Plywood Beam - 24"	
	INSULATION	R-38 Kraft (Roofs)	
	DECKING	7/16" OSB Decking	
	COVERING	EPDM .045 White - (Multi Wides)	
	CEILING	2 X 2 T-Grid - Mineral Fiber - #770	
	MISC	Mansard	
WINDOW	WINDOW - CUSTOM	36X60 - Vinyl - Single Hung - Low E - VS	8
	BLINDS	Vinyl Mini-Blind	8
EXTERIOR DOOR	DOOR	Storefront door 36"X84" Non-impact	1
	DOOR	48X84" Commercial Door	2
	LOCKSET	Panic-Tell 8300-Keyed Lever	3
	HARDWARE	Closer - Tell 600 Series	3
INTERIOR DOOR	DOOR	36X80 Prefinished Imperial Oak - Solid Core - W/ Metal Jamb - 20-	11
	LOCKSET	Keyed - Grade 2 - Lever	3
	LOCKSET	Privacy - Grade 2 - Lever	1
	LOCKSET	Passage - Grade 2 - Lever	7
ELECTRICAL			

SPEC SHEET

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<u>COMPONENT</u>	<u>SUB-COMPONENT</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
ELECTRICAL	PANEL	1 Ph, Nema 1, Internal, 125 Amp	3
	RACEWAY	MC Cable 12/2 W/ Ground	
	LIGHT	Flat E-Panel-2 X 4-LED	34
	EXTERIOR LIGHTS	Exterior 26W LED With Photocell	2
	EXIT/EMERGENCY LIGHTS	Emergency Light - Dual Head	7
	EXIT/EMERGENCY LIGHTS	Emergency Light - Remote Head - Exterior	2
	EXIT/EMERGENCY LIGHTS	Exit/Emergency Light Remote Capable - Red	2
	SWITCH	20-Amp Single surgery room	1
	SWITCH	Occupancy Sensor Ceiling Mount	5
	SWITCH	Occupancy Sensor Wall Mount	7
	RECEPTACLE	20A - Duplex	34
	RECEPTACLE	20A - GFCI Protected Duplex	6
	RECEPTACLE	20A - WR GFCI Protected W/ While In Use Cover	1
	J-BOXES	Rough-in for card reader	3
	PHONE/DATA	2 X 4 J-Box W/ 3/4" Conduit Stub Out	7
	MISC	Cross Over	4
PLUMBING	PIPE	Pipe - Pex 3/4"	
	WATER CLOSET	Water Closet - Tank Type - Handicap - PEX	1
	LAVATORIES	Lavatory - Wall Hung - PEX	1
	KITCHEN SINKS	15" X 15" S.S. Bar Sink - PEX	5

SPEC SHEET

Date: February 22, 2024

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<u>COMPONENT</u>	<u>SUB-COMPONENT</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>
PLUMBING	FLOOR DRAIN	Floor Drain W/ Trap Guard	6
	WATER HEATERS	20-Gal - Elec. Water Heater - 2500 Watt - Single Element - PEX	1
	ACCESSORIES	Grab-Bars - Set	1
	ACCESSORIES	Mirror - 18" X 36" S.S. Trim	1
	ACCESSORIES	Toilet Tissue Dispenser Bobrick B2888 - Double Roll	1
	MISC	Hose Bibb	1
	MISC	Banjo Strainer	1
HVAC	A/C - WALL MOUNT	3.0 Ton - Dehum - 10KW Heat Strip - W/PGM T-Stat - Bard or Marvair or Equal	3
	VENTILATION OPTIONS	CRV - 2-1/2 To 3 Ton End Mount	3
	DUCT	Fiberglass / Flex Supply Air Duct	
	DUCT	Fiberglass / Flex Return Air Duct	
	EXHAUST FANS	90 CFM - Ceiling Mount	1
	EXHAUST FANS	180 CFM - Ceiling Mount	5
FURNISHINGS	CABINETS	Custom Laminate Countertop	30
	CABINETS	Custom Stained Wood Base Cabinet	30
	CABINETS	Custom Stained Wood O/H Cabinets	10
SKIRTING	SKIRTING	SKIRTING 3'X9' METAL SHEETS	23
MISC	MISC	Close-Up	



DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that
East Coast Modular Buildings, LLC

does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employees community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Bidder's Signature

2/18/24

Date



BID RESPONSE FORM

Bid Item	FORT PIERCE ANIMAL ADOPTION CENTER – VETERINARY CLINIC		
Bid Number	2024-017	Due Date & Time	3:00PM, MONDAY, MARCH 04, 2024

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.

Bruce & Milled

DESCRIPTION	LUMP SUM TOTAL
Labor, delivery, blocking, leveling, seam out and tie down of the Modular Building size 36 X 60.	\$ 253,238.00

Please respond to the following questions:

Did you proposal an alternative layout? If yes please include with your submittal.	Yes
This project will be completed within how many calendar days after the notice to proceed is issued?	110
Work is guaranteed for how many years?	1 year factory
Material are guaranteed for how many years?	1 year factory

Vendor: East Coast Modular Buildings, LLC
Address: 801 W Myers Blvd
City, State, Zip Code: Mascotte, FL 34753
Email Address: ecmb@eastcoastmodularbuildings.com
Typed Name & Title: Brian O. Gromlich MGRM
Signature:  Date: 2/18/24
Telephone No.: 352 557 4975 Fax No.: _____

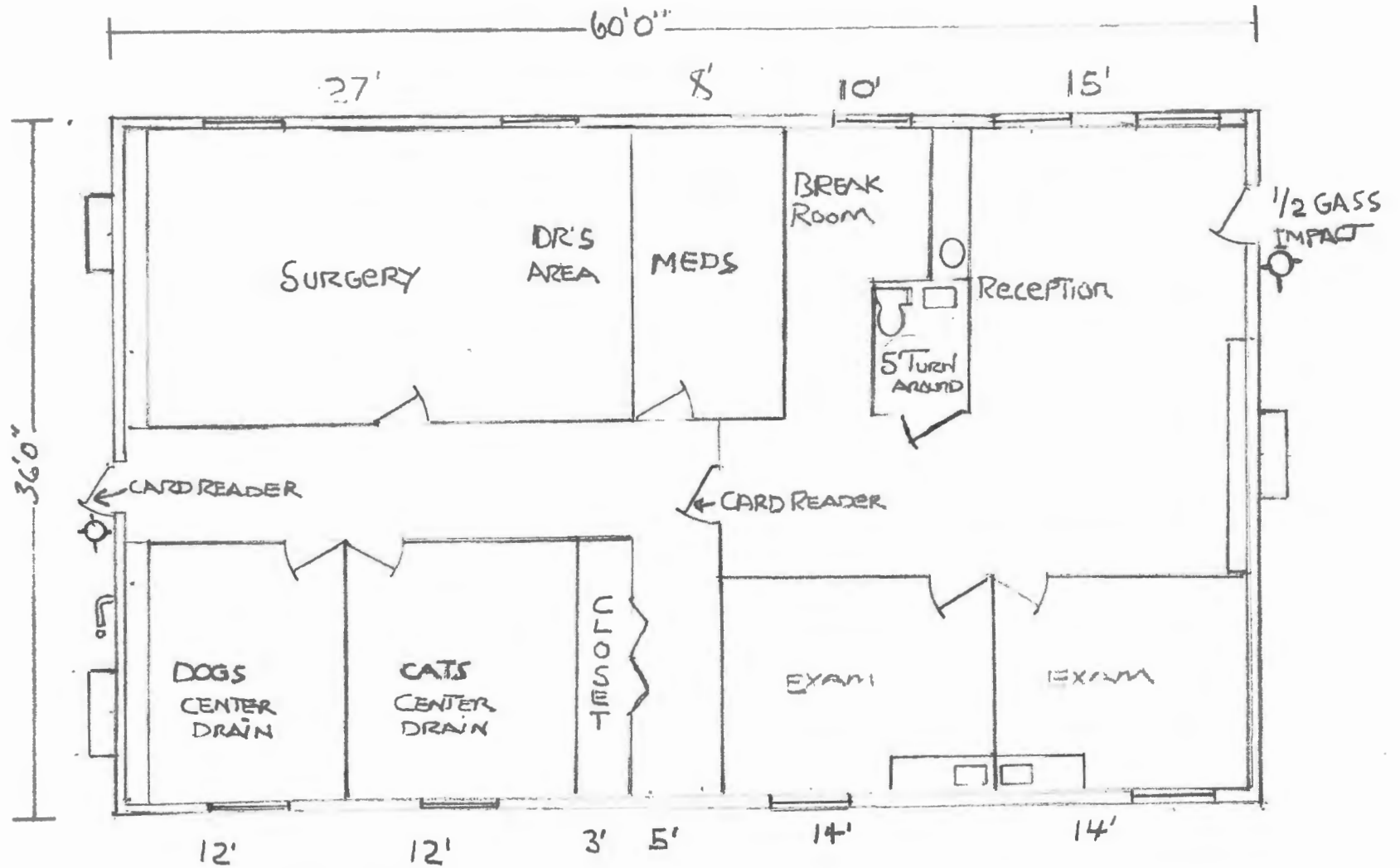
(*Please include Remit to address if different than address stated above)

Remit To: _____

Check below for applicable minority indicator:

- | | | | |
|--------------------------|-----------------|-------------------------------------|-----------------------------|
| <input type="checkbox"/> | Asian Indian | <input checked="" type="checkbox"/> | Small Business |
| <input type="checkbox"/> | Asian Pacific | <input type="checkbox"/> | Women Owned |
| <input type="checkbox"/> | Black | <input type="checkbox"/> | Small Disadvantage Business |
| <input type="checkbox"/> | Hispanic | | |
| <input type="checkbox"/> | Native American | | |

36'x60' BLDG. SIZE



1/8 inch Scale / Nominal

EAST COAST MODULAR
BUILDINGS - 10-12-23

**Request for Taxpayer
 Identification Number and Certification**

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

Name (as shown on your income tax return)
East Coast Modular Buildings, LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
801 W Myers Blvd

City, state, and ZIP code
Mascotte, FL 34753

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN) 27-0163954

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

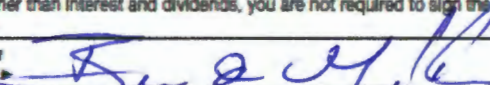
Employer identification number								
				-				

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.

Sign Here Signature of U.S. person:  Date: **2/18/24**

General Instructions

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

Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



THE SUNRISE CITY

FORT PIERCE

PURCHASING
DEPARTMENT

Florida

REFERENCES

BID NO. 2024-017

FORT PIERCE ANIMAL ADOPTION CENTER – VETERINARY CLINIC

Bidder shall submit as a part of the bid package, three (3) Customer references with name of the customer, address, contact person, and telephone number.

Name Hope Preparatory Academy	
Contact: Khrystyna Tremaine	
Address: 13806 SR 33	
Groveland, FL 34736	
Telephone: 321-261-6632	
Email: kmccoy@gohopechurch.com	
Name Blue Water Industries	
Contact: Steve Tillquist	
Address: 200 W Forsyth St., Suite 1200	
Jacksonville, FL 32202	
Telephone: 904-860-7900	
Email: stillquist@bluewaterindustries.com	
Name Independence Recycling	
Contact: Greg Moro	
Address: 1150 Duncan Road	
Punta Gorda, FL 33983	
Telephone: 239-707-0777	
Email: gmoro@indrec.com	