

DELIVER TO:

City of Fort Pierce, Purchasing Division
 Room 101
 100 North U.S. #1
 Fort Pierce, FL 34950

MAIL TO:

City of Fort Pierce Purchasing Division,
 Room 101
 P.O. Box 1480
 Fort Pierce, FL 34954-1480



**INVITATION TO BID
 and
 BIDDER ACKNOWLEDGMENT**

Bid Writer: Latonya Hubbard, 772-467-3102

Bid No: 2024-037

Mandatory Site-Visit:
 11:00 A.M., THURSDAY, JUNE 13, 2023

Bid Title: CDBG RESIDENTIAL
 REHABILITATION OF 318 N. 18TH STREET

Mandatory Site-Visit Location:
 318 N. 18TH STREET
 FORT PIERCE, FL 34947

Bid Opening Location:
 Purchasing Division Conference Room, Room 101
 100 North U.S. #1, 1st Floor
 Fort Pierce, Florida 34950

Bid Due Date & Time:
 3:00 PM, MONDAY, JUNE 24, 2024

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.

Bidder Name: GENTILE CORP.

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.

Mailing Address: 3160 TURTLE COVE

X Oscar Frozini
 Authorized Signature (Manual)

City, State, Zip Code: WEST PALM BEACH
 FL 33411

Typed or Printed Name:
 OSCAR FROZINI

Type of Entity (Select one):
 Corporation
 Partnership _____
 Proprietorship _____

Title: PRESIDENT/
 QUALIFIER

Incorporated in the State of: FL **Year:** 2006

Delivery in _____ **days, ARO**

Phone Number: 954 520 0548

Payment Terms: Net 30 Days

Fax Number:

FEIN or SS Number: 46,1976266

E-Mail Address: Gentile llc@comcast.net

Local Business: ___ Y ___ N **MWBE:** ___ Y ___ N

Bid Security is attached, when required, in the amount of \$ _____
 F.O.B. DESTINATION

If returning as a "No Bid" state reason:

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID

SECTION V REQUIRED FORMS

All forms included in this section must be included in your bid response.

SUMMARY OF REQUIRED FORMS

Form No. 1 – Drug Free Workplace Certification (1 page)

If your company does not have a Drug Free Workplace Program, you must mark this form N/A and return it with your bid package. If your company has a Program, sign and return the form.

Form No. 2 – Non-Collusion Form (1 page)

Each proposer shall execute an affidavit, in the form provided by the City, to the effect that he/she has not colluded with any other person, firm or corporation regarding any proposal submitted. Such affidavit shall be attached to the proposal form.

Form No. 3 – Public Entity Crimes (3 pages)

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 of CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

Form No. 4 – E-Verify Affidavit (1 page)

Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Consultant during the term of the contract; and shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.



DRUG~FREE WORKPLACE FORM

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

GENTILE 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.

Ornan Trozini

Proposer's Signature

June 20 2024

Date



NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF FL.

COUNTY OF Palm Beach

OSCAR FROZINI, being first duly sworn, deposes and says:

That he is PRESIDENT / QUALIFIER
(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.

GENTILE CORP.
(Firm Name)

By: Oscar Frozini

Title: PRESIDENT

Subscribed and sworn to before me this 20
day of June 2024.

Marybell Martinez
Notary Public

My Commission expires: (Seal)



PUBLIC ENTITY CRIMES AFFIDAVIT
SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted by City of Fort Pierce
by OSCAR FROZINI PRESIDENT (Print name of the public entity).
(Print individual's name and title)
for GENTILE CORP.
whose business address is 3160 TURTLE COVE WPB FL 33411
(If applicable) its Federal Employer Identification Number (FEIN) is 46-1976266

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet). Required as per the IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of a public entity crime: or

An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls

another person. A person who knowingly enters into a joint venture with a person who has been

- b. convicted of a public entity crime in Florida during the preceding 36 months shall
- c. be considered an affiliate. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

O.F. Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDEN I1F1ED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 F THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FWRIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Ornan Frozini

(Signature)

June 20 2024

(Date)

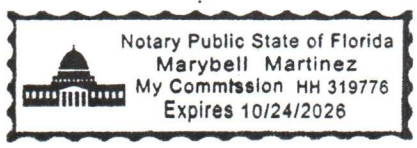
STATE OF Florida

COUNTY OF Palm Beach

PERSONALLY APPEARED BEFORE ME, the undersigned authority Oscar Frozini
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this
day 20 of June, 2024.

Marybell Martinez
(NOTARY PUBLIC)



My Commission Expires: _____



E-VERIFY AFFIRMATION STATEMENT

Description: CDBG RESIDENTIAL REHABILITATION – 318 N. 18TH STREET

Pursuant to Section 448.095, Florida Statutes, Contractor/Proposer/Responder acknowledges and agrees:

- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Proposer/Responder to perform employment duties during the term of the Contract, and
- (b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) assigned by Contractor/Proposer/Respondent to perform work pursuant to the Contract to register with and use the E-Verify System to verify the work authorization status of all persons employed by the subcontractor during the term of the Contract, and
- (c) if Contractor/Proposer/Responder enters into a contract with a subcontractor, Contractor/Proposer/Responder shall obtain an affidavit from every subcontractor stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien and the Contractor/Proposer/Responder shall maintain a copy of such affidavit for the term of the Contract, and
- (d) the Contractor/Proposer/Bidder shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

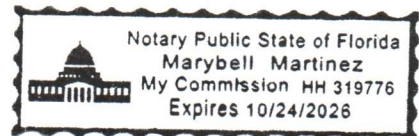
Contractor/Proposer/Bidder Company Name: Gentile Corp.
 Authorized Company Person's Signature: Oscar Frozini
 Authorized Company Person's Title: PRESIDENT/QUALIFIER
 Date: June 20 2024

STATE OF FLORIDA
 COUNTY OF Palm Beach

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 20 day of June, 2024 by Oscar Frozini, who is personally known or produced identification (ID produced: _____).

Signature: Marybell Martinez (Seal)
 NOTARY PUBLIC

My Commission Expires: 10/24/2026





REFERENCES

BID NO. 2024-037

CDBG RESIDENTIAL REHABILITATION OF 318 N. 18th STREET

Contact Person & Title	OLIVIA ELLISON - AICP
Email Address	oellison@pbqfl.com
Phone No.	561.799-4235
Company Name	City of Palm Beach Gardens
Mailing Address	10500 N. Military Tr
City, State, Zip	Palm Beach Gardens FL 33410
Type of commercial work contracted	Housing Rehab
Contact Person & Title	ANDREW STOOPS - Grants Coord
Email Address	astoops@wellingtonfl.gov
Phone No.	561-753 2435
Company Name	Village of Wellington
Mailing Address	12300 Forest Hill Blvd.
City, State, Zip	Wellington, FL 33414
Type of commercial work contracted	Housing Rehabs

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:
Gentile 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:
3160 Turtle Cove

6 City, state, and ZIP code:
West Palm Beach, FL 33411

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

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

4	6	-	1	9	7	6	2	6	6
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ Ornan Frozini Date ▶ June 20

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.

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?	✓	
Include proof of proper insurance as stated in bid documents.	✓	
Are all of the Required forms complete and included?	✓	
Is Bid Response Form completed, signed, and attached?	✓	
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked?	✓	
Did you submit your bid electronically?	✓	
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.		
Have you made sure your corporate address matches your Sunbiz information ?	✓	
Is each Bid Addendum (when issued) signed and included?	✓	

PLEASE SIGN AND RETURN WITH BID Ornan Frozine

June 14, 2024

CITY OF FORT PIERCE

BID NO. 2024-037

CDBG – RESIDENTIAL REHABILITATION – 318 N 18TH STREET

ADDENDUM NO. 1



The purpose of this addendum is to modify the bid due date, provide clarification for the Insurance Requirements, make revisions to the scope of work and provide a revised bid response form.

- The bid due date has been changed from Monday, June 24, 2024 to **3:00PM, Thursday, June 20, 2024.**
- Insurance Requirements. Please be advised we **do not accept CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW.** If you are awarded the contract, you **MUST** comply with insurance requirements stated in Section 2 of the original bid document. There are **NO EXCEPTIONS.**
- The Statement of Work, Section IV, page 18, was revised during the schedule mandatory site-visit, see attached.
- Revised Bid Response Form, see attached. This form should be used for submitting your bid.

All other conditions of this bid remain the same.

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

Signature: Oscar Frozini
Manual

Signature: OSCAR FROZINI
Typed or Printed

Company Name: GENTILE CORP.

Address: 3160 TURTLE COVE
WEST PALM BEACH FL 33411

Date: June 20 2024

/lh

REVISED
STATEMENT OF WORK

This project should be bid on according to the housing rehabilitation specifications. 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.

1. SCOPE OF WORK

This project should be bid according to the housing rehabilitation specifications set forth below. Project Bid must be all inclusive.

- Replace Roof
- Replace/fascia and soffit
- Replace main entry door
- Replace rear door and utility room door
- Master bathroom-Replace sink, Replace vanity light, Install grab rails
- Replace 17 windows – impact and sills on all
- Misc electrical repairs
- Replace HVAC
- Misc drywall repairs (include paint)
- Remove Furnace
- Install door hot water closet / door to air handler
- Permits

PLEASE NOTE:

- **Any roof work will require separate permit.**
- **The homeowner is responsible for boxing up and protecting any breakables. Owner is to supply and is also responsible for needed utilities to complete rehab.**



REVISED BID RESPONSE FORM

Bid Item	CDBG RESIDENTIAL REHABILITATION –318 N. 18th STREET		
Bid Number	2024-037	Due Date & Time	3:00PM, THURSDAY, JUNE 20, 2024

This project should be bid on according to the housing rehabilitation specifications. 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 COST
Replace Roof	\$ 25,000
Replace/Fascia and soffit	\$ 3,400
Repair main entry door	\$ 1,000
Replace rear door and utility room door	\$ 3,200
Master bathroom <ul style="list-style-type: none"> • Replace sink • Replace vanity light • Install grab rails 	\$ 6,000
Replace 17 windows-impact and sills on all	\$ 19,000
Misc electrical repairs	\$ 1,500
Replace HVAC	\$ 7,200
Misc drywall repairs (include paint)	\$ 2,000
Remove Furnace	\$ 800
Install door hot water closet/door to air handler	\$ 1,800
Permits	\$ 900
TOTAL	\$ 71,800

Please respond to the following questions:

This project will be completed within how many calendar days after the notice to proceed is issued.	60 days
Work is guaranteed for how many years?	1 yr. on labor
Materials are guaranteed for how many years?	25 yr. Roof Shingles

Vendor: GENTILE CORP.

Address: 3160 TURTLE COVE

City, State, Zip Code: WEST PALM BEACH, FL 33411

Email Address: Gentilellc@comcast.net

Typed Name & Title: OSCAR FROZINI PRESIDENT / QUALIFIER

Signature: Oscar Frozini Date: June 20 2024

Telephone No.: 954 520 0548 Fax No.: _____

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

Remit To: _____

Check block below for applicable minority indicator:

MINORITY	CHECK BOX
Asian Indian	
Black	
Asian Pacific	
Hispanic	✓
Native American	
Small Business	
Women Owned	
Small Disadvantage Business	

June 20, 2024



CITY OF FORT PIERCE

BID NO. 2024-037

CDBG RESIDENTIAL REHABILITATION OF 318 N.18TH STREET

ADDENDUM NO. 2

The purpose of this addendum is to extend bid due date from 3:00 PM, Thursday, June 20, 2024 to:

3:00 P.M., THURSDAY, JUNE 27, 2024

All other conditions of this bid remain the same.

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

Signature: Ornan Frozini
Manual

Signature: OSCAR FROZINI
Typed or Printed

Company Name: GENTILE CORP.

Address: 3160 TURTLE COVE
WEST PALM BEACH FL 33411

Date: June 25 2024

/lh

