

**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:** Madison White, 772-467-3102

**Bid No:** 2024-038

**Mandatory Site-Visit:**  
 10:00 A.M, THURSDAY, JUNE 13, 2024

**Bid Title:** SHIP Residential Rehabilitation – 720 MAPLE AVE

**Mandatory Site-Visit Location:**  
 720 MAPLE AVE,  
 FORT PIERCE, FL 34982

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

**Bid Due Date & Time:**  
 10:00 AM, FRIDAY, JULY 5, 2024

If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this division as soon as possible.

**Bidder Name:**  
 Blue CS Construction LLC

*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:**  
 2800 Georgia Ave, Suite A4

X   
 Authorized Signature (Manual)

**City, State, Zip Code:**  
 West Palm Beach, FL 33405

**Typed or Printed Name:**  
 Dariana Alarcon

**Type of Entity (Select one):**  
 Corporation  X  
 Partnership \_\_\_\_\_  
 Proprietorship \_\_\_\_\_

**Title:** Owner/President

**Incorporated in the State of:** FL **Year:** 2020

**Delivery In** 60 **days, ARO**

**Phone Number:** 678) 761- 3790

**Payment Terms:** Net 30 Days

**Fax Number:**

**FEIN or SS Number:** 84-4689509

**E-Mail Address:** info@pro-constructionsolutions.com

**Local Business:** Y X N **MWBE:** X Y N

**Bid Security is attached, when required, in the amount of \$** 65,700.00  
 F.O.B. DESTINATION

**If returning as a "No Bid" state reason:**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/17/2024

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).

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> (855) 222-5919 <b>FAX (A/C. No):</b> <b>E-MAIL ADDRESS:</b> support@nextinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> BLUE CS CONSTRUCTION LLC 2800 Georgia Ave Apt A4 West Palm Beach, FL 33405	<b>INSURER A:</b> Next Insurance US Company      16285	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 147397822      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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:			NXT4X3QDWV-00-GL	01/17/2024	01/17/2025	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Errors and Omissions			NXT4X3QDWV-00-GL	01/17/2024	01/17/2025	Each Occurrence: \$25,000.00 Aggregate: \$50,000.00

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Proof of Insurance.

<b>CERTIFICATE HOLDER</b> City of Fort Pierce 100 North U.S. #1 Fort Pierce, FL 34950	<b>LIVE CERTIFICATE</b>  Click or scan to view	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**REVISED**  
**BID RESPONSE FORM**

<b>Bid Item</b>	<b>SHIP REHABILITATION –720 MAPLE AVENUE</b>		
<b>Bid Number</b>	2024-038	<b>Due Date &amp; Time</b>	3:30 PM, 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
Renovate master bathroom	\$10,000.00
Renovate 2nd bathroom	\$ 8,000.00
Replace kitchen sink and faucet	\$ 850.00
Replace garbage disposal	\$ 500.00
Replace main entry door	\$ 1,600.00
Replace entry light and rear porch light	\$ 350.00
Replace rear exterior door – sliding door	\$ 3,500.00
Replace pitch roof	\$ 18,700.00
Repair/Replace fascia and soffit	\$ 2,000.00
Replace 7 windows – impact	\$ 9,500.00
Replace HVAC (gas furnace)	\$ 7,000.00
Replace garage door opener	\$ 700.00
Replace/repair garage door screen	\$ 700.00
Permits	\$ 2,500.00
<b>TOTAL</b>	<b>\$65,700.00</b>



## DRUG-FREE WORKPLACE FORM

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

Blue CS Construction 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 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.

*Dariana Alarcon*

Proposer's Signature

06/19/2024

Date



# NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF Georgia

COUNTY OF Gwinnett

Dariana Alarcon, being first duly sworn, deposes  
and says:

That he is a partner of the firm.  
(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.

Blue CS Construction LLC  
(Firm Name)

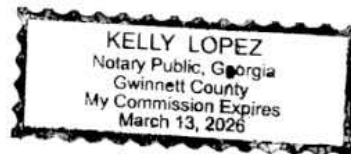
By: Dariana Alarcon

Title: Owner/Manager

Subscribed and sworn to before me this 19th  
day of June 2024.

Kelly J Lopez  
Notary Public

My Commission expires: (Seal)



03/13/2026

W

**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  
(Print name of the public entity).  
by Dariana Alarcon - General Contractor  
(Print individual's name and title)

for Blue CS Construction LLC

whose business address is 2800 Georgia Avenue West Palm Beach, FL 33405

(If applicable) its Federal Employer Identification Number (FEIN) is 84-4689509

(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.)**

  X   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.

  X   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.

  X   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 IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF 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, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

*Dariana Alarcon*

06/19/2024 (Signature)

(Date)

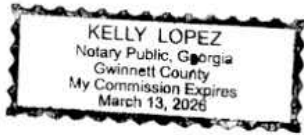


STATE OF Georgia

COUNTY OF Gwinnett

PERSONALLY APPEARED BEFORE ME, the undersigned authority Dariana Alarcon  
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this  
day 19th of June, 20 24.



*Kelly J Lopez*  
**(NOTARY PUBLIC)**

My Commission Expires: 03/13/2026



# E-VERIFY AFFIRMATION STATEMENT

Description: SHIP RESIDENTIAL REHABILITATION – 720 MAPLE AVE

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: Blue CS Construction LLC

Authorized Company Person's Signature: *Dariana Alarcon*

Authorized Company Person's Title: Owner/Manager

Date: 06/19/2024

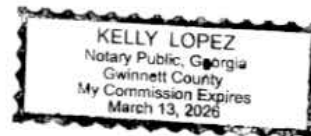
STATE OF FLORIDA  
COUNTY OF Gwinnett

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this 19th day of June, 20 24 by Dariana Alarcon, who is  personally known or  produced identification (ID produced: Drivers License: 059828182).

Signature *Kelly J Lopez* (Seal)

NOTARY PUBLIC

My Commission Expires: 03/13/2026





## REFERENCES

**BID NO. 2024-038**

### SHIP RESIDENTIAL REHABILITATION – 720 MAPLE AVE

Contact Person & Title	Don Arreguin
Email Address	info@FPR-US.com
Phone No.	847-913-5929
Company Name	First Priority Restoration Inc.
Mailing Address	4300 Ford St #109,
City, State, Zip	Fort Myers, FL 33916
Type of commercial work contracted	Reconstruction, Remediation & Roof
Contact Person & Title	Peter Smith
Email Address	Peter.smith@kdihomes.com
Phone No.	407-808-8803
Company Name	KDI Homes LLC
Mailing Address	1417 Sadler Rd
City, State, Zip	Fernandina Beach, FL 32094
Type of commercial work contracted	New Construction & Reconstruction

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Blue Cs Construction LLC</b>	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. <b>2800 Georgia Avenue APT A-4</b>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <b>WEST PALM BEACH, FL 33405</b>		
	<b>7</b> 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 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
8	4	-	4	6	8	9	5	0	9

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## 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.

<b>Sign Here</b>	Signature of U.S. person	Date <b>05/15/2024</b>
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## 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](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**Bid Response Form**  
**Page 2 of 2**

**Vendor:** Blue CS Construction LLC

**Address:** 2800 Georgia Ave Suite A4

**City, State, Zip Code:** West Palm Beach, FL 33405

**Email Address:** info@pro-constructionsolutions.com

**Typed Name & Title:** Dariana Alarcon - Owner/President

**Signature:** *Dariana Alarcon* **Date:** 06/19/2024

**Telephone No.:** 678) 761-3790 **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	X
Native American	
Small Business	X
Women Owned	X
Small Disadvantage Business	X

**June 14, 2024**

**CITY OF FORT PIERCE**

**BID NO. 2024-038**

**SHIP REHABILITATION – 720 MAPLE AVENUE**

**ADDENDUM NO. 1**

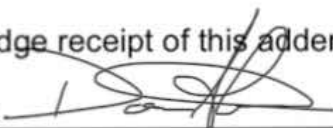


The purpose of this addendum is to modify the bid due date, provide clarification for the Insurance Requirements, make revisions to the scope of work and provide a revised bid response form.

- The bid due date has been changed from Monday, July 5, 2024 to **3:30PM, 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:   
Manual

Signature: Dariana Alarcon  
Typed or Printed

Company Name: Blue CS Construction LLC

Address: 2800 Georgia Ave Suite A4, West APlm Beach, FL 33405

Date: 06/19/2024

/lh