



**INVITATION TO BID  
and  
BIDDER ACKNOWLEDGMENT**

**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

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

**Bid No:** 2025-023

**Mandatory Site-Visit:**  
10:00 A.M, THURSDAY, MARCH 6, 2025

**Bid Title:** CDBG Residential Rehabilitation –  
2803 Avenue M

**Mandatory Site-Visit Location:**  
2803 AVENUE M,  
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, WEDNESDAY, MARCH 19, 2025

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:**

*Rich's Handyman Service*

*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:**

*802 N 29th st*

x *Junette Eliassaint Fresdone*  
Authorized Signature (Manual)

**City, State, Zip Code:**

*Fort Pierce, FL 34947*

**Typed or Printed Name:**

*Junette Eliassaint Fresdone*

**Type of Entity (Select one):**

Corporation \_\_\_\_\_

Partnership \_\_\_\_\_

Proprietorship

**Title:**

*COO*

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

**Delivery in** \_\_\_\_\_ **days, ARO**

**Phone Number:** *863-697-1777*

**Payment Terms:** Net 30 Days

**Fax Number:**

**FEIN or SS Number:** *85-3121260*

**E-Mail Address:** *jeliassaint@RespireDevelopment.com*

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

**Bid Security is attached, when required, in the amount of \$** \_\_\_\_\_

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

F.O.B. DESTINATION

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/19/2025

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> Verify Insurance Services, LLC DBA Thimble Insurance Services 174 West 4th Street, Suite 204 New York, NY 10014 <a href="https://support.thimble.com/">https://support.thimble.com/</a>	<b>CONTACT NAME:</b> THIMBLE <a href="https://support.thimble.com/">https://support.thimble.com/</a>
	<b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> support@thimble.com
<b>INSURED</b> Bespoke Development, LLC 802 N 29th St, Fort Pierce, FL, 34947 JEliassaint@bespokedevelopment.info	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #
	<b>INSURER A:</b> National Specialty Insurance Company 22608
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
<b>INSURER F:</b> <a href="https://www.thimble.com/check-policy-status/">https://www.thimble.com/check-policy-status/</a>	

**COVERAGES** **CERTIFICATE NUMBER:** \_\_\_\_\_ **REVISION NUMBER:** \_\_\_\_\_

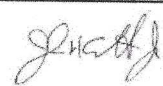
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 SUBR INSD 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: _____	Y	Y	IBL-PKT2TH4JN	04/15/2024 11:37 AM EDT	04/15/2025 11:37 AM EDT	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
						MED EXP (Any one person) \$ 5,000	
						PERSONAL & ADV INJURY \$ 2,000,000	
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	<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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <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 \$	

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

**WARNING: THE GL POLICY IS NOT A COMPLETION BOND. IT PROVIDES COVERAGE FOR BODILY INJURY, PROPERTY DAMAGE, AND PERSONAL AND ADVERTISING INJURY. IT DOES NOT GUARANTEE THE COMPLETION OF WORK BY A CONTRACTOR.**

(con't on form Acord 101)

<b>CERTIFICATE HOLDER</b> City of Fort Pierce/Grants Administration Division Attn: Purchasing Division P.O. Box 1480 Fort Pierce FL 34954-1480	<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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Verify Insurance Services, LLC DBA Thimble Insurance Services		NAMED INSURED Bespoke Development, LLC 802 N 29th St, Fort Pierce, FL, 34947 JEliaSaint@bespokedevelopment.info	
POLICY NUMBER IBL-PKT2TH4JN		EFFECTIVE DATE: 04/15/2024 11:37 AM EDT	
CARRIER National Specialty Insurance Company	NAIC CODE 22608		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: Acord 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations (con't)

Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-PKT2TH4JN until 04/15/2026 11:37 AM EDT



## City of Fort Pierce

Fort Pierce, FL 34950  
772-467-3065

## Certificate of Use

**Business Name:** Bespoke Development LLC  
DBA: Rich's Handyman Service

**Business Location:** 802 N 29TH ST  
Fort Pierce, FL 34947

**Owner:** Richard Fresolone

**License Number:** CU-2025-000047

**Issued Date:** 1/21/2025

**Expiration Date:** 1/21/2026

**Approved Business Use:** State Certified Residential Contractor

**Mailing Address:** 802 N 29TH ST  
Fort Pierce, FL 34947

**License Type:** Certificate of Use

**Classification:** Home-based Certificate of Use

**Fees Paid:** \$125.00

Linda W. Cox, City Clerk

This certificate does not warrant that the holder is competent to perform in the business, but that the holder has provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law. This certificate becomes null and void if business name, location, ownership or address is changed. All certificates automatically expire if not renewed within 60 days of expiration date shown.

**TO BE POSTED IN A CONSPICUOUS PLACE**



# REVISED BID RESPONSE FORM

<b>Bid Item</b>	<b>CDBG RESIDENTIAL REHABILITATION – 2803 AVENUE M</b>		
<b>Bid Number</b>	2025-023	<b>Due Date &amp; Time</b>	3:00PM, WEDNESDAY, MARCH 19, 2025

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
Repair bathroom – ADA compliant	\$ 10,000
Replace main entry door	\$ 5,700
Replace 2 exterior doors	\$ 4,000
Replace patch/flat roof	\$ 21,000
Misc. wood trim/drywall repair (include bullet hold impression)	\$ 1,500
Replace garage door and opener	\$ 7,000
Replace 12-impact windows	\$ 14,400
Replace wall condition/engineer (rear porch)	\$ 9,600
Replace 2 sliding doors – impact	\$ 9,029.72
Replace 2 interior doors	\$ 2,500
Install doorbell	\$ 1,200
Remove wood siding with stucco	\$ 10,100
Replace front entry light fixture	\$ 600
Replace rear entry light fixture	\$ 600
Repair ceiling and drywall damage from roof leak	\$ 1,200
Permits	\$ 2,500
	\$
<b>TOTAL</b>	<b>\$ 99,129.72</b>

Please respond to the following questions:

This project will be completed within how many calendar days after the notice to proceed is issued.	60
Work is guaranteed for how many years?	1 year

March 13, 2025



CITY OF FORT PIERCE

CDBG RESIDENTIAL REHABILITATION – 2803 AVENUE M

BID NO. 2025-023

ADDENDUM NO. 1

The purpose of this addendum is to modify the scope of work and to include revised bid response form.

Scope of Work Modifications

The following items were added to the Scope of Work:

- Replace front entry light fixture
- Replace rear entry light fixture
- Repair ceiling and drywall damage from roof leak

Revised Bid Response Form

See attached the Revised Bid Response Form. This form should be used for submitting your bid response.

All other conditions of this bid remain the same.

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

Signature: *Junette Eliassaint Fresdome* Manual Date: 3-19-25

Signature: Junette Eliassaint Fresdome  
Typed or Printed

Company Name: Rich's Handyman Service

Address: 802 N 29th St, Fort Pierce, FL 34947

Materials are guaranteed for how many years?

per  
manufacturer's warranty

Bid Response Form  
Page 2 of 2

Vendor: Rich's Handyman Service

Address: 802 N 29th st

City, State, Zip Code: Fort Pierce, FL 34947

Email Address: jeliassaint@BespokeDevelopment.info

Typed Name & Title: Junette Eliassaint Fresolone, COO

Signature: Junette Eliassaint Fresolone

Date: 3-19-2025

Telephone No.: 772-708-8183

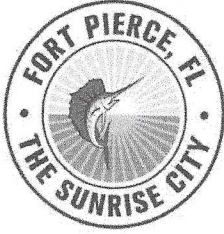
Fax No.:

(\*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	✓



## Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

### Contractor Covered Transactions

- (1) The prospective contractor of the Recipient, Rich's Handyman Service,  
(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.

Rich's Handyman Service  
(Contractor's Name)

Junette Eliassaint Fresolone  
(Authorized Signature)

Junette Eliassaint Fresolone  
(Print Name)

COO  
(Title)

802 N 29th St  
(Street and Address)

Fort Pierce, FL 34947  
(City, State, Zip)

City of Fort Pierce  
(Recipient's Name)

Date: 3-19-2025

\_\_\_\_\_  
Division Contract Number



# DRUG~FREE WORKPLACE FORM

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

Rich's Handyman Service 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.

Quill Strossant Fresolone  
Proposer's Signature

3-19-2025

Date



## CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: Rich's Handyman Service

Respondent's Authorized Representative Name and Title: Jurelle Eliassaint Fresdone, COO

Address: 802 N 29th St

City: Fort Pierce State: FL Zip: 34947

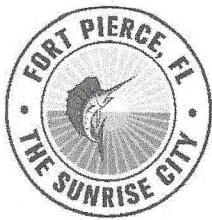
Phone Number: 772-708-8183 Respondent FEIN: 85-3121260

Email Address: jeliassaint@BespokeDevelopment.info

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to s. 215.473, Florida Statutes.

Certification:

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject a company to civil penalties, attorney's fees, and/or costs.



## REFERENCES

BID NO. 2025-023

### CDBG RESIDENTIAL REHABILITATION — 2803 AVENUE M

Contact Person & Title	Lloyd M. Constant
Email Address	AndrosConstruction@gmail.com
Phone No.	772-475-4915
Company Name	Andros Construction LLC
Mailing Address	2706 Atlantic Ave
City, State, Zip	Fort Pierce, FL 34947
Type of commercial work contracted	Residential & Commercial Construction
Contact Person & Title	Emil Nardone
Email Address	dremilnardone@gmail.com
Phone No.	304-312-3445
Company Name	Emil Chiropractic LLC
Mailing Address	2146 58 <sup>th</sup> Ave
City, State, Zip	Vero Beach, FL 32966
Type of commercial work contracted	Commercial Construction





**CITY OF FORT PIERCE  
AFFIDAVIT REGARDING THE USE COERCION FOR  
LABOR OR SERVICES**

Vendor name: Rich's Handyman Service

Authorized Representative's Name and Title: Richard Fresdone, Manager

Address: 802 N 29th St

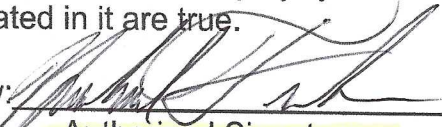
City: Fort Pierce State: FL Zip Code: 34947

Phone Number: 863-697-1777 Email Address: jelliasaint@ResponDevelopment.info

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By:  Richard M. Fresdone 3-19-2025  
 Authorized Signature Printed Name and Title Date

STATE OF FLORIDA  
COUNTY OF Saint Lucie

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization

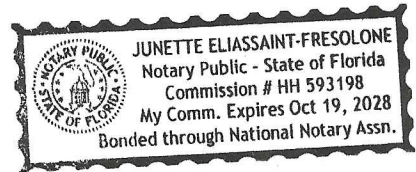
this 19<sup>th</sup> day of March, 2025 by Richard N. Fresolone, who is

- personally known or
- produced identification (ID produced: \_\_\_\_\_).

Notary Public Signature: *Junette Eliassaint Fresolone* (Seal)

Print Name: Junette Eliassaint Fresolone

My Commission Expires Oct 19, 2028





# NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF Florida

COUNTY OF Saint Lucie

Richard N. Fresolone, being first duly sworn, deposes and says:

That he is Officer of Rich's Handyman Service  
(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.

Rich's Handyman Service  
(Firm Name)

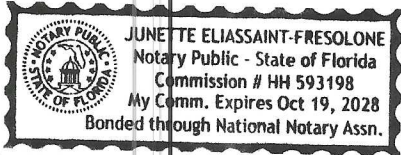
By: [Signature]

Title: Manager

Subscribed and sworn to before me this 19<sup>th</sup>  
day of, March, 2025.

[Signature]  
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.**

This sworn statement is submitted by \_\_\_\_\_ City of Fort Pierce

by Richard N. Fresdane, manager (Print name of the public entity).

(Print individual's name and title)

for Rich's Handyman Service

whose business address is 802 N 29th St, Fort Pierce, FL 34947

(If applicable) its Federal Employer Identification Number (FEIN) is 85-3121260

(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.

1. 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.
2. 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.
3. 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.

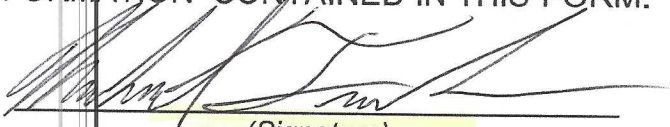
4. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

RF 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.

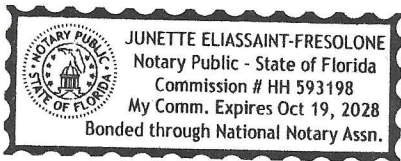
  
 \_\_\_\_\_  
 (Signature)  
 3-19-2025  
 \_\_\_\_\_  
 (Date)

STATE OF Florida

COUNTY OF Saint Lucie

PERSONALLY APPEARED BEFORE ME, the undersigned authority Richard M. Fresolone  
(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 March, 2025.



Junette Eliassaint-Fresolone  
(NOTARY PUBLIC)

My Commission Expires: Oct 19, 2028



# E-VERIFY AFFIRMATION STATEMENT

Description: CDBG RESIDENTIAL REHABILITATION – 2803 AVENUE M

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

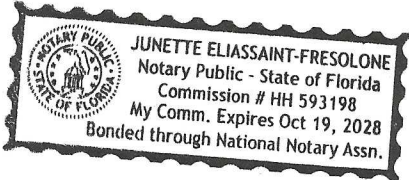
- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Proposer/Responder to perform employment duties during the term of the Contract, and
- (b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) 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: Rich's Handyman Service  
 Authorized Company Person's Signature: [Handwritten Signature]  
 Authorized Company Person's Title: Manager  
 Date: 3-19-2025

STATE OF FLORIDA  
 COUNTY OF Saint Lucie

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this 19<sup>th</sup> day of March, 2025 by Richard M. Fresolone, who is  personally known or  produced identification (ID produced: \_\_\_\_\_).

Signature: [Handwritten Signature] (Seal)  
 NOTARY PUBLIC  
 My Commission Expires: Oct 19, 2028



## 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?	✓	
<b>For Hard Copy Submissions Only:</b> Are two (2) complete bid packages included (one original and one copy)		
<b>For Hard Copy Submissions Only:</b> 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**

*Quintessa Elvassant Fordone*