

<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 align="center">INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Madison White, 772-467-3102</p>	<p>Bid No: 2025-023</p>
<p>Mandatory Site-Visit: 10:00 A.M, THURSDAY, MARCH 6, 2025</p>	<p>Bid Title: CDBG Residential Rehabilitation – 2803 Avenue M</p>
<p>Mandatory Site-Visit Location: 2803 AVENUE M, FORT PIERCE, FL 34947</p>	<p>Bid Opening Location: Purchasing Division Conference Room, Room 101 100 North U.S. #1, 1st Floor Fort Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, WEDNESDAY, MARCH 19, 2025</p>	<p>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.</p>
<p>Bidder Name: D. Roberts Construction LLC.</p> <hr/> <p>Mailing Address: 2009 S.E. MADISON ST.,</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  Authorized Signature (Manual)</p>
<p>City, State, Zip Code: STUART FL 34997</p>	<p>Typed or Printed Name: DARWESHI ROBERTS</p>
<p>Type of Entity (Select one): Corporation <input checked="" type="checkbox"/> <u> X </u> Partnership _____ Proprietorship _____</p>	<p>Title: CEO</p>
<p>Incorporated in the State of: FL Year: 2017</p>	<p>Delivery in <u> 90 </u> days, ARO</p>
<p>Phone Number: (772) 205-5410</p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number:</p>	<p>FEIN or SS Number: 82-2433719</p>
<p>E-Mail Address: INFO@DROBERTSCD.COM</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 align="center">THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	



Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

Contractor Covered Transactions

- (1) The prospective contractor of the Recipient, **D. Roberts Construction LLC**,
(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.

D. Roberts Construction LLC
(Contractor's Name)


(Authorized Signature)

City of Fort Pierce
(Recipient's Name)

Date: March 17, 2025

Darweshi Roberts
(Print Name)

CEO
(Title)

2025-023
Division Contract Number

2009 S.E. MADISON ST.
(Street and Address)

STUART, FL 34997
(City, State, Zip)



DRUG~FREE WORKPLACE FORM

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

D. ROBERTS 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 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.

Proposer's Signature

March 17, 2025

Date



NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF Florida

COUNTY OF Martin

Darweshi Roberts, being first duly sworn, deposes
and says:

That he is CEO
(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.

D. Roberts Construction LLC

(Firm Name)

By: Darweshi Roberts *DR*

Title: CEO

Subscribed and sworn to before me this 19
day of March, 2025.

Chandra Hawkins-Jewett
Notary Public

My Commission expires: (Seal)

June 3, 2025



Chandra Hawkins-Jewett
Comm.: HH 137908
My Commission Expires:
June 3, 2025

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 Darweshi Roberts, CEO
(Print individual's name and title)

for D. Roberts Construction LLC

whose business address is 2009 S.E. MADISON ST. STUART, FL 34997

(If applicable) its Federal Employer Identification Number (FEIN) is 82-2433719

(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.

 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 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, FWRIIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



(Signature)

March 17, 2025

(Date)

STATE OF Florida

COUNTY OF Martin

PERSONALLY APPEARED BEFORE ME, the undersigned authority Darweshi Roberts
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this
day 19 of March, 2025.



Chandra Hawkins-Jewett
Comm.: HM 137588
My Commission Expires:
June 3, 2025

[Signature]
(NOTARY PUBLIC)

My Commission Expires: June 3, 2025



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/Responder 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: D. Roberts Construction LLC
 Authorized Company Person's Signature: [Signature]
 Authorized Company Person's Title: CEO
 Date: March 17, 2025

STATE OF FLORIDA
 COUNTY OF Martin
 Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 19 day of March, 2025 by Darweshi Roberts, who is personally known or produced identification (ID produced: FL ID).

Signature: [Signature] (Seal)
 NOTARY PUBLIC
 My Commission Expires: June 3, 2025



Chandra Hawkins-Jewett
 Comm.: HH 137588
 My Commission Expires:
 June 3, 2025



CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: **D. Roberts Construction LLC**

Respondent's Authorized Representative Name and Title: **Darweshi Roberts / CEO**

Address: **2009 S.E. MADISON ST.**

City: **STUART** State: **FL** Zip: **34997**

Phone Number: **(772) 205-5410** Respondent FEIN: **82-2433719**

Email Address: **Info@drobertscd.com**

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.



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

Vendor name: **D. Roberts Construction LLC**

Authorized Representative's Name and Title: **Darweshi Roberts/ CEO**

Address: **2009 S.E. MADISON ST.**

City: **STUART** State: **FL** Zip Code: **34997**

Phone Number: **(772) 205-5410** Email Address: **Info@Drobertscd.com**

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:  **Darweshi Roberts / CEO** **March 17, 2025**
Authorized Signature Printed Name and Title Date

STATE OF FLORIDA
COUNTY OF Martin

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

this 19 day of March, 2025 by Darweshi Roberts, who is

personally known or
 produced identification (ID produced: _____).

Notary Public Signature: Chandra Hawkins-Jewett (Seal)

Print Name: Chandra Hawkins-Jewett

My Commission Expires June 3, 2025



Chandra Hawkins-Jewett
Comm.: HH 137598
My Commission Expires:
June 3, 2025



REFERENCES

BID NO. 2025-023

CDBG RESIDENTIAL REHABILITATION – 2803 AVENUE M

Contact Person & Title	Frank Kendrick / CEO / General Contractor
Email Address	FKendrick@NuJak.Com
Phone No.	863-686-1565
Company Name	NuJak Companies Inc.
Mailing Address	122 E. Main St. #103
City, State, Zip	Lakeland FL 33801
Type of commercial work contracted	Interior Renovations, Sitework, Concrete
Contact Person & Title	Clifford Moore / CEO / General Contractor
Email Address	cmoore@journeycdg.com
Phone No.	O 954 368 7700, M 561 320 2566
Company Name	Journey C&D Group
Mailing Address	1147 NE 7th Ave
City, State, Zip	Fort Lauderdale FL, 33304
Type of commercial work contracted	Interior Renovations, Sitework, Concrete

Request for Taxpayer Identification Number and Certification

Go to 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.

Print or type. See Specific Instructions on page 3.	1	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.)	
		D Roberts Construction LLC	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
		<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) Note: 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) _____	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>
3b	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"/>		
5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
6	City, state, and ZIP code		
7	List account number(s) here (optional)		
	2009 SE Madison St		
	Stuart, FL 34997		

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.

Social security number									
or									
Employer identification number									
8	2	-	2	4	3	3	7	1	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.

Sign Here	Signature of U.S. person	Date 3.17.25
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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.

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



REVISED BID RESPONSE FORM

Bid Item	CDBG RESIDENTIAL REHABILITATION – 2803 AVENUE M		
Bid Number	2025-023	Due Date & Time	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	\$ 12,127.02
Replace main entry door	\$ 4,993.89
Replace 2 exterior doors	\$ 0.00
Replace patch/flat roof Replace entire roof	\$ 30,821.11
Misc. wood trim/drywall repair (include bullet hold impression)	\$ 1,070.12
Replace garage door and opener	\$ 3,995.11
Replace 12-impact windows	\$ 13,085.00
Replace wall condition/engineer (rear porch)	\$ 7,847.54
Replace 2 sliding doors – impact	\$ 7,134.13
Replace 2 interior doors	\$ 570.73
Install doorbell	\$ 428.04
Remove wood siding with stucco	\$ 4,993.89
Replace front entry light fixture	\$ 428.04
Replace rear entry light fixture	\$ 428.04
Repair ceiling and drywall damage from roof leak	\$ 1,070.11
Permits	\$ 500
Bond (estimated cost)	\$ 4,650
TOTAL	\$ 94,142.77

Please respond to the following questions:

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

Materials are guaranteed for how many years? Varies Based on Product Manufacturers Warranty

Bid Response Form
Page 2 of 2

Vendor: D. Roberts Construction LLC.

Address: 2009 S.E. MADISON ST.

City, State, Zip Code: STUART, FL 34997

Email Address: Info@DRobertsCD.com

Typed Name & Title: Darweshi Roberts / CEO

Signature:  Date: March 17, 2025

Telephone No.: (772) 205-5410 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	<input checked="" type="checkbox"/>
Asian Pacific	
Hispanic	
Native American	
Small Business	
Women Owned	
Small Disadvantage Business	

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: DR Date: March 17, 2025
Manual

Signature: Darweshi Roberts
Typed or Printed

Company Name: D. Roberts Construction LLC

Address: 2009 S.E. MADISON ST. STUART, FL 34997

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

PLEASE SIGN AND RETURN WITH BID _____

TDR



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/19/2025

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).

PRODUCER ACCH Insurance Agency LLC 455 NW Prima Vista Blvd Port Saint Lucie FL 34983-8731	CONTACT NAME: Acch Insurance Agency LLC PHONE (A/C No, Ext): (772) 985-5265 FAX (A/C No): 772-408-5501 E-MAIL ADDRESS: acchinsagency@hotmail.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Palms Insurance Company Limited</td> <td>056454</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Palms Insurance Company Limited	056454	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER D:														
INSURER E:														
INSURER F:														
INSURED D Roberts Construction LLC 2009 SE Madison Street Stuart, FL 34997														

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 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:	x		PCC000662	02/16/2025	02/16/2026	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 \$ 2,000,000
							OTHER: \$
	AUTOMOBILE LIABILITY <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 <input type="checkbox"/> OTHER:						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Proof of insurance for the above mentioned named insured.

CERTIFICATE HOLDER The City of Fort Pierce Building Dept 100 N. U.S. Highway Fort Pierce, FL 34954	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 <i>Angela Hoyle</i> <AH>
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MARTIN COUNTY BUSINESS TAX RECEIPT



2024 / 2025

EXPIRES: September 30, 2025

Account #: 20185130837

Honorable Ruth Pietruszewski
Martin County Tax Collector

Location: 2009 SE MADISON ST
Business Phone: (772)205-5410
NAICS Code: 236115
State License: CGC1525915
Business Description:
BUILDING CONTRACTOR (CERT GENERAL CONTRACTOR)

Business Name D ROBERTS CONSTRUCTION, LLC
Business DBA
Owner Name ROBERTS, DARWESHI
D ROBERTS CONSTRUCTION, LLC
2009 SE MADISON ST
STUART, FL 34997

This receipt is a local business tax only. This receipt is in addition to and not in lieu of any other license required by law or local ordinance and is subject to regulations of zoning, health, contractor licensing, and other lawful authority.

Paid Date 10/02/2024
Receipt Number
INT-24-00001372

Tax Amount	Transfer Fee	Penalty	Late Penalty	Collection Cost	Total Paid
0.00	0.00	0.00	0.00	0.00	0.00

Ruth Pietruszewski · Martin County Tax Collector

Website:
MartinTaxCollector.com

3485 SE Willoughby
Blvd. Stuart, FL 34994

Phone:
(772)288-5600

**To renew your Business Tax Receipt, visit our payment menu
at martintaxcollector.com.**

Contact our office by email at btdept@martintax.us if any of the following changes occur with your business:

- Business Name
- Mailing Address
- Ownership
- Closing your Business
- Physical Location

Dear Business Owner:

The law requires this business tax receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of each succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent in the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment. A \$250 penalty will be applied 150 days from the initial notice, plus collection costs.

Annual account notices are mailed on July 1.

Regardless of amount due all receipts must be renewed or delinquent fees will apply.

Do you qualify for an exemption? Visit our website <https://martintaxcollector.com/local-business-tax/> for details on Business Tax Receipt Exemptions. An application is required.

If you have any questions please contact our office at btdept@martintax.us or (772)288-5600.

State of Florida

Minority & Veteran Business Certification

Is certified under the provisions of
287 and 295.187, Florida Statutes, for a period from:

to



Pedro Allende
Florida Department of Management Services



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

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

ROBERTS, DARWESHI FERNANDO SR

D ROBERTS CONSTRUCTION LLC
2009 SE MADISON ST
STUART FL 34997

LICENSE NUMBER: CGC1525915

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 08/22/2024

Do not alter this document in any form.

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

