

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



**INVITATION TO BID
 and
 BIDDER ACKNOWLEDGMENT**

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

Bid Writer: Latonya Hubbard, 772-467-3102

Bid No: 2026-005

Mandatory Site-Visit:
 10:00 A.M, TUESDAY, OCTOBER 28, 2025

Bid Title: CDBG RESIDENTIAL
 REHABILITATION OF 2708 AVENUE H

Mandatory Site-Visit Location:
 2708 AVENUE H
 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, TUESDAY, NOVEMBER 11, 2025

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

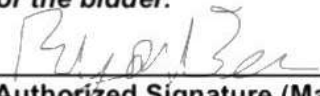
Bidder Name:

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.

Burch Construction

Mailing Address:

611 SW Federal Highway

X 
 Authorized Signature (Manual)

City, State, Zip Code:
 Stuart, FL 34994

Typed or Printed Name:
 Ryan Burch

Type of Entity (Select one):

Corporation LLC
 Partnership
 Proprietorship

Title:
 Owner

Incorporated in the State of: FL **Year:** 2025

Delivery in _____ **days, ARO**

Phone Number: 772-812-4787

Payment Terms: Net 30 Days

Fax Number:

FEIN or SS Number: 39-4561026

E-Mail Address: Rburchconstruction@outlook.com

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

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

If returning as a "No Bid" state reason:

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID



CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension (1986) and Executive Order 12689, Debarment and Suspension (1989) at 2 C.F.R. Part 180

- (1) The prospective recipient of Federal assistance funds certifies, by Response, that it is in compliance with the requirements of 2 C.F.R. Part 180 and that neither it, its principals, nor its subcontractors are 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 prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Response.

ATTESTATION

By signing this report, I certify to the best of my knowledge and belief that the foregoing is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

Company Name

Burch Construction

Name and Title of Authorized Representative

Ryan Burch / Owner



Signature

11-2-25

Date



DRUG~FREE WORKPLACE FORM

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

Burch Construction 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

11-2-25

Date



BID RESPONSE FORM



Bid Item	CDBG RESIDENTIAL REHABILITATION – 2708 AVENUE H FORT PIERCE, FL 34947		
Bid Number	2026-005	Due Date & Time	3:00 PM, TUESDAY, NOVEMBER 11, 2025

This project should be bid according to the housing rehabilitation specifications. The offeror agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

ITEM DESCRIPTION	TOTAL COST
Replace Roof	\$ 15,450.00
Repair/Replace fascia and soffit	\$ 4,600.00
Replace main entry door	\$ 1,100.00
Replace side door (2)	\$ 850.00
Replace toilet (2)	\$ 650.00
Replace 7 windows – impact	\$ 14,205.00
Repair exterior & interior wall (include paint)	\$ 1,500.00
Replace hallway light	\$ 100.00
Replace HVAC	\$ 6,600.00
Replace smoke detectors (2)	\$ 0
Install (4) smoke detectors	\$ 300.00
Replace interior doors (6)	\$ 2,500.00
Replace closet doors (2 bifold)	\$ 450.00
Permits	\$ 1,500.00
TOTAL	\$ 49,805.00

The Bidder hereby acknowledges receipt of the following addenda:

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 Ryan Burch / Owner
(Print individual's name and title)
for Solar Energy Professionals DBA: Burch Construction
whose business address is 1201 19th Pl Vero Beach, FL 32960
(If applicable) its Federal Employer Identification Number (FEIN) is 39-4561026

(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.)**

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.

Ryan Burt
(Signature)
11-2-25
(Date)

STATE OF Florida

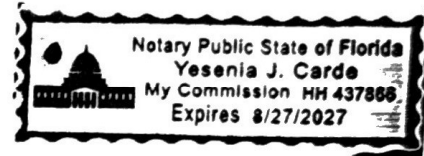
COUNTY OF Martin

PERSONALLY APPEARED BEFORE ME, the undersigned authority Ryan Burch
(Name of individual signing)

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

(NOTARY PUBLIC)

My Commission Expires: 8-27-27





E-VERIFY AFFIRMATION STATEMENT

Description: CDBG RESIDENTIAL REHABILITATION — 2708 AVENUE H

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

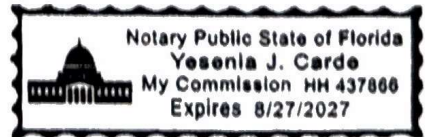
- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Proposer/Responder to perform employment duties during the term of the Contract, and
- (b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) 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: Burch Construction
 Authorized Company Person's Signature: Ryan Burch
 Authorized Company Person's Title: Owner
 Date: 11-2-25

STATE OF FLORIDA
COUNTY OF _____

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 2nd day of November, 2025 by Ryan Burch, who is personally known or produced identification (ID produced: R6).

Signature: [Signature] (Seal)
NOTARY PUBLIC



My Commission Expires: 8-27-27
E-Verify Affirmations Statement 29

Bid No. 2026-005



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

Vendor name: Burch Construction

Authorized Representative's Name and Title: Ryan Burch / owner

Address: 1201 19th Pl Vero Beach

City: Ft Vero Beach State: FL Zip Code: 32960

Phone Number: (772) 812-4787 Email Address: Rburchconstruction@outlook.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: [Signature] Ryan Burch / owner 11-2-25
Authorized Signature Printed Name and Title Date

STATE OF FLORIDA
COUNTY OF Martin

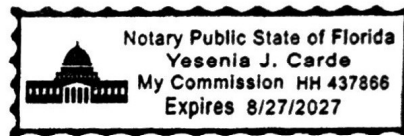
Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization

this 2nd day of November, 2025 by Ryan Burch, who is

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

Notary Public Signature: [Signature] (Seal)

Print Name: Yesenia Carde My Commission Expires: 8-27-27





REFERENCES

BID NO. 2026-005

CDBG RESIDENTIAL REHABILITATION OF 2708 AVENUE H

Contact Person & Title	Greg Green / PM
Email Address	info@MF.org
Phone No.	321-434-8000
Company Name	Burch Construction
Mailing Address	1425 Malabar Rd.
City, State, Zip	Palm Bay, FL
Type of commercial work contracted	MRI suite Renovation/Demo, MEP, Finishes, etc.
Contact Person & Title	Adam Carter / owner
Email Address	Acarter8990@yahoo.com
Phone No.	(772) 267-7954
Company Name	Burch Construction
Mailing Address	5907 sw Cherokee St.
City, State, Zip	Palm City, FL 34990
Type of commercial work contracted	Ext. & Interior Full Remodel

**Request for Taxpayer
 Identification Number and Certification**

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

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return) Ryan Burch

Business name, if different from above Burch Construction

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) 611 SW Federal Hwy

City, state, and ZIP code Stuart, FL 34994

List account number(s) here (optional)

Requester's name and address (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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
 :
 :
 :
 OR
 Employer identification number
39 : 4561026

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Ryan Burch Date ▶ 11-2-25

General Instructions

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

Purpose of Form

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

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

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

ADDENDUM NO.	ADDENDUM DATE

**Bid Response Form
Page 2 of 2**

Vendor: Burch Construction
 Address: 1201 19th Pl
 City, State, Zip Code: Vero Beach, FL 32960
 Email Address: RburchConstruction@outlook.com
 Typed Name, Title: Ryan Burch / owner
 Signature Ryan Burch Date 11-2-25
 Telephone # (772) 812-4282 Fax # _____

(*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	

"SAMPLE AGREEMENT"



HOMEOWNER/CONTRACTOR AGREEMENT

This Agreement (hereinafter sometimes referred to as the "Contract") entered this day of 2nd Day Nov, 2025 by and between _____ Hereinafter referred to as "Owner" and **Contractor**, hereinafter referred to as "Contractor", with financing provided by the City of Fort Pierce, and hereinafter referred to as "City", in the amount of \$XX,XXX.00.

1. **HOLD HARMLESS.** In consideration of the compensation received hereunder, Contractor shall agree to defend, indemnify, and hold harmless the Owner and the City from liability and claim for damages because of bodily injury, death, property damage, sickness, disease or loss and expense arising from Contractor's performance under this Agreement to install or construct home improvements to be paid for out of the proceeds of the Owner's rehabilitation loan. Contractor is acting in the capacity of an independent Contractor with respect to the Owner.

2. **LIEN WAIVERS.** Contractor agrees to protect, defend and indemnify Owner and the City from any claims for unpaid work, labor, or materials with respect to Contractor's performance. Final payment shall not be due until the Contractor has delivered to the Owner complete release of all liens for work completed arising out of Contractor's performance or a receipt in full covering all labor and materials for which a lien could be filed or a bond satisfactory to the Owner indemnifying the Owner against any lien. It is expressly agreed to by the parties that the compensation to be paid to the Contractor pursuant to this Agreement includes compensation for the indemnification provided in paragraphs 1 and 2.

3. **CONTRACT AMOUNT AND PAYMENT SCHEDULE.** Payments will be scheduled as follows, subject to the Owner's acceptance of work done:

1/3 completion, 2/3 completion	100% completion
--------------------------------	-----------------

Contractor hereby acknowledges acceptance of this Agreement:

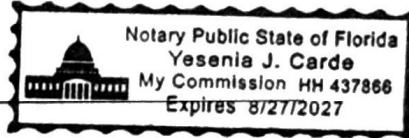
Ryan Bush
Contractor Company
Name of Contractor / Business Owner
Address:
City / State / Zip:

11-2-25
Date

STATE OF FLORIDA
COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 2nd day of November, 2025 by _____, who is (are) personally known to me or who has (have) produced DL as identification.

Notary Seal



Signature of Notary Public

Yesenia

Yesenia Cardo
Name of Notary Typed, Printed or Stamped

Parcel ID Number: 2409-606-0015-000-9



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

BURCH, RYAN TYLER

SOLAR ENERGY PROFESSIONALS LLC
611 SW FEDERAL HIGHWAY
STUART FL 34994

LICENSE NUMBER: CGC1539205

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 09/15/2025

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.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/04/2025

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 Robert Nichols Insurance Group 1557 Park Ln South Ste 102 Jupiter FL 33458		CONTACT NAME: Robert Nichols PHONE (A/C No. Ext): (561) 406-6153 E-MAIL ADDRESS: rnichols@robertnicholsinsurancegrdoup.com		FAX (A/C No): (561) 406-6961	
INSURED Solar Energy Professionals , LLC 611 SW Federal Highway Stuart FL 34994		INSURER(S) AFFORDING COVERAGE INSURER A: Nautilus Insurance Company		NAIC #	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VSQR-Q	01/26/2025	01/26/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 B/IPD DEDUCTIBL \$ **2,500
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Certificate Holder:
City of Fort Pierce/Grants Administration Division
Attn: Purchasing Division
P.O. Box 1480
Fort Pierce FL 34954-1480

Additionally Insured

City of Fort Pierce/Grants Administration Division and their members, officials, officers, and employees.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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October 30, 2025



CITY FORT PIERCE

CDBG RESIDENTIAL REHABILITATION – 2708 AVENUE H

BID NO. 2026-005

ADDENDUM NO. 1

The purpose of this addendum is to provide responses to questions submitted by potential bidders regarding the bid specifications. Additionally, the bid due date has been extended as indicated below.

Extension of Bid Due Date:

The bid due date has been extended from **3:00 PM, Tuesday, November 11, 2025, to: 3:00 PM. Wednesday, November 12, 2025.**

1. QUESTION: The insurance requirements contain information regarding Watercraft Insurance. We will have no work related to needing to utilize a watercraft. Will this insurance requirement still need to be met for this specific project?

ANSWER: As outlined in the insurance requirements document, Watercraft Liability coverage is required **only to the extent watercraft are utilized**. If the bidder can perform the work without the use of watercraft and has no intention of using watercraft to complete the work, this coverage is **not required**. If watercraft will be needed or used to perform any portion of the scope of work, then Watercraft Liability coverage must be provided as specified in the insurance requirements.

All other conditions of this bid remain the same.

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

Signature: *Ryan Burch*
Manual

Signature: Ryan Burch
Typed or Printed

Company Name: Burch Construction

Address: 611 SW Federal Hwy

Stuart, FL 34994

Date: 11-6-2025

November 12, 2025



CITY FORT PIERCE

CDBG RESIDENTIAL REHABILITATION – 2708 AVENUE H

BID NO. 2026-005

ADDENDUM NO. 2

The purpose of this addendum is to extend the bid due date from 3:00 PM, Wednesday, November 12, 2025, to:

3:00 P.M., THURSDAY, NOVEMBER 20, 2025

All other conditions of this bid remain the same.

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

Signature: _____
Manual

Signature: _____
Ryan Burch
Typed or Printed

Company Name: Burch Construction

Address: 611 SW Federal Highway, Stuart, FL 34994

Date: 11-13-25

/lh

November 18, 2025



CITY FORT PIERCE

CDBG RESIDENTIAL REHABILITATION – 2708 AVENUE H

BID NO. 2026-005

ADDENDUM NO. 3

The purpose of this addendum is to revise the scope of work and the bid response form.

The following items were added to the Scope of Work:

- **Replace bathroom tub w/ walk-in shower with grab bars**
 - **Replace electrical outlet for washer and dryer in the shed.**
 - **Misc electrical**
- 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: _____ *Burch Construction*
Manual

Signature: _____ *Burch Construction*
Typed or Printed

Company Name: Burch Construction

Address: 611 SW Federal Hwy, Stuart, FL 34994

Date: 11-18-25