

EXHIBIT A

BID FORM

BID NUMBER: 21-215 R

BID OPENING DATE: 2:00 pm, Wednesday, August 26, 2020

TO: The County Commissioners, County of Alachua:

The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according to the requirements as set out in the specifications for said equipment and service:

Annual Bid Prices for Fire Alarm, Wet and Dry Fire Sprinkler, Backflow Preventers and Halon/FM 200 Inspections								
Building Locations	\$ Annual Fire Alarm Inspection/ Maintenance	\$ Annual Fire Sprinkler Inspection/ Maintenance	\$ Additional Quarterly Sprinkler Inspections (3 Required)	\$ Annual Backflow Preventer & PIV Inspection/ Maintenance	\$ Halon/FM 200 Inspections (2 Required)	\$ 3 Year Dry Sprinkler Inspection	\$ 5 th Year Wet & Dry Sprinkler Inspection	\$ TOTAL (Extend ALL Cost Columns)
Alachua County Jail	8500	2800	3600	200	800	420	525	16,845
Alachua County Sheriff's Department	735	735	900	100	700	420	525	4,115
Animal Services	420	315	630	100			525	1,990
Austin Carey Fire Tower	200							200
Civil Courthouse (Must be Inspected on Weekends)	5000	1700	1200	100	1000	420	525	10,145
Community Support Services/ Health Dept	1000	840	630	100			525	3,095
Consolidated Communications Center (911)	525	370	600	100		420	525	2,540
County Administration Building	1250			100				1,350
County Administrative Annex Building	495	265	375	50		420	525	2,130
Criminal Courthouse (Must be Inspected on Weekends)	3500	840	900	100		420	525	6,285
Fairgrounds	200	265	375	100			525	1,465
Fire Station # 20	200	265	375	100			525	1,465
Fire Station #23	200	265	375	100			525	1,465
Fire Station #24	200	265	375	100			525	1,465
Fire Station #25	200	265	375	100			525	1,465
Fire Station #30	200	265	375	100			525	1,465
Fire Station #33	200	265	375	100			525	1,465

Fire Station #40	200	200	375	100			525	1400
Fire Station #41	200	200	375	100			525	1400
Fire Station #60	200	200	375	100			525	1400
Fire Station #80	200	200	375	100			525	1400
Fire Station #81	200	200	375	100			525	1400
Fire Station #82	200	200	375	100			525	1400
Household Hazard Waste Collection Center	200	200	375	100			525	1400
Main Street Legal Building	495	200	375	100			525	1760
Metamorphosis Building	325							325
Records Retention Building	250	200	375	100			525	1450
Recovered Material Processing Building	250	200	375	100		420	525	1870
State Attorney Building	550							550
Transfer Station Building/ Admin Office	300							300
Wilson Building	500	200	375	100	800		525	2500
Work Release - Mod #1		200	375				525	1100
Work Release - Mod #2		200	375				525	1100
Work Release - POD 1 (Women's)	250				100			350
Work Release - POD 2 (Men's)	200							200
SWAG Resource Center	250				200			450
Public Defender Building	250	200	375	100			525	1450
Josiah T Walls Building	600	700	600	100			525	2525
Building Location	\$ Annual Standpipe Inspection/ Maintenance	\$ 3 Year Standpipe Testing	\$ 5 Year Standpipe Testing					
Civil Courthouse (Must be Inspected on Weekends)	0	300	0					
County Administration Building	0	300	0					
Criminal Courthouse (Must be Inspected on Weekends)	0	300	0					
Fairgrounds	0	300	0					
TOTAL \$ AMOUNT (Bid Award will be based the on LUMP SUM TOTAL)					\$ 85,880.⁰⁰ (Lump Sum Bid Award Base)			

Fire Alarm and Integrated Labor Rates For Repairs and NO Material Markup		
Item	\$ Standard Hours	\$ Overtime Hours
Labor Rate For Repairs, per Hour, 1 st Person	\$ 135.00 /hour	200.00 /hour
Labor Rate For Repairs, per Hour, 2 nd Person	\$ 70.00 /hour	105.00 /hour
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.		

Sprinkler Labor Rate For Repairs And NO Material Markup		
Item	\$ Standard Hours	\$ Overtime Hours
Labor Rate For Repairs, per Hour, 1 st Person	\$ 135.00 /hour	200.00 /hour
Labor Rate For Repairs, per Hour, 2 nd Person	\$ 70.00 /hour	105.00 /hour
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.		

Fire Alarm & Sprinkler Labor Rate For Repairs and NO Material Markup		
Item	\$ Standard Hours	
Labor Rate for Normal Hours Emergency Repairs, per Hour 1 st Person	\$ 135.00 /hour	
Labor Rate for Normal Hours Emergency Repairs, per Hour 2 nd Person	\$ 70.00 /hour	
Material Cost Will Be On Actual Acquisition Cost; No material markup will be paid by the County.		

Acknowledge Receipt of Addendum(s) (if applicable circle):

#1 Yes No #2 Yes No #3 Yes No #4 Yes No

Bidder: Ron Kaneer Company: Cintas Fire

Address: 7251 Salisbury Rd

Authorized Signature: [Signature] Title: Sales Specialist

Clearly Print Name: Ron Kaneer

Phone: 904 562 7000 Fax: 904 302 8020 Date: _____

Email Address: kaneerr@cintas.com

EXHIBIT C

PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION

As a bidder or proposer, any document you submit to Alachua County may be a public record and be open for personal inspection or copying by any person. In Florida 'public records' are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Section 119.011, F.S. A document is subject to personal inspection and copying unless it falls under one of the public records exemptions created under Florida law. Please designate what portion of your bid or proposal, if any, qualifies to be exempt from inspection and copying:

(Execute either section I. or II, but not both; bidder may not modify language)

I. NO EXEMPTION FROM PUBLIC RECORDS LAW

No part of the bid or proposal submitted is exempt from disclosure under the Florida public records law, Ch. 119, F.S.

Bidder's Signature: _____



Date: 8-21-2020

--- OR ---

II. EXEMPTION FROM PUBLIC RECORDS LAW AND AGREEMENT TO INDEMNIFY AND DEFEND ALACHUA COUNTY

The following parts of the bid or proposal submitted are exempt from disclosure under the Florida public records law because: (list exempt parts and legal justification. i.e. trade secret):

By claiming that all or part of the bid or proposal is exempt from the public records law, the undersigned bidder or proposer agrees to protect, defend, indemnify and hold the County, its officers, employees and agents free and harmless from and against any and all claims arising out of a request to inspect or copy the bid or proposal. The undersigned bidder or proposer agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent.

Bidder's Signature: _____

Date: _____

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 21-215 Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

OPTION 1

I certify that our Company is an **Alachua County Certified Small Business Enterprise (SBE)** registered prior to the Bid opening.

Circle One:

Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to Option 2).

OPTION 2

I certify that our Company **will perform ALL work** and that no subcontractors will be utilized for this bid.

Circle One:

Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to Option 3.)

BID NUMBER: 21-215 Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

OPTION 3

SBE Participation. I certify that our Company has contacted the **Alachua County's Certified SBEs** listed below. I state that the following information regarding SBE Subcontractors is true and correct to the best of my knowledge and belief.

Alachua County has adopted a 15% SBE participation goal and policies which encourage participation of Small Business Enterprises (SBE) in the provision of labor, time, supplies, services or construction items of any kind materials.

SBEs are located in the Alachua County Small Business Enterprise Directory.

Subcontractor (any business entity holding a subcontract with the prime vendor) services are defined as, "a contract with another business entity that obtains labor, time, supplies, services or construction items of any kind."

Vendors submitting bids under this solicitation are to identify the intended SBE subcontractors. These SBEs have agreed to perform the work for **the total dollar value and percentage of the bid** set forth below.

If SBE subcontractors are not utilized and listed below or if option 1 or 2 was not chosen, you must proceed to Option 4 and document your Good Faith Effort.

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

EXHIBIT D

**BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services
OPTION 4**

SBE Good Faith Effort. To be considered responsive all Vendors should have SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. If option 1, 2 or 3 was not chosen the Vendor should complete the section below substantiating compliance with good faith effort requirements.

In accordance with Section 22.11-207, of the Alachua County Procurement Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response should be recorded in the section below.)

Name of SBE Company: NA Fire Contractor

Date SBE Contacted: no licensed SBE to contact.

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

EXHIBIT D

BID NUMBER: 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

I as the undersigned Vendor certify that I have completed one of the option(s) below (Circle One):

OPTION 1

OPTION 2

OPTION 3

OPTION 4

If you are unable to certify that, you have completed to the best of your knowledge and belief OPTION 1, OPTION 2, OPTION 3 or OPTION 4, CALL (48 hours prior to bid opening) Procurement at 352.374.5202, for direction.

Vendor Name: Cintas Fire Protection Date: 8-21-2020

Signature:  Title: Sales Specialist

Printed Name: Ron Kaneer

EXHIBIT E

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

Bid 21-215 R Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article 12 of the Alachua County Code.

Please mark the appropriate box below that applies to how you pay your employees:

- Employees involved with Alachua County projects are paid a minimum of \$14.50 hourly or the current prevailing wage and are provided health benefits?
- Employees involved with Alachua County projects are paid a minimum of \$16.50 hourly or the current prevailing wage but are not provided health benefits?

Bidder: Ron Kaneer Company: Cintas Fire Protection

Address: 7251 Salisbury Rd suite #1 Jacksonville FL 32256

Authorized Signature:  Title: Sales Specialist

Clearly Print Name: Ron Kaneer

Phone: 904 562 7000 Fax: 904 302 8020 Date: 8-21-2020

Email Address: kaneer@cintas.com

EXHIBIT F

DRUG FREE WORKPLACE

Florida Statute , Section 287.087 states that whenever two or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process

The undersigned vendor in accordance with §287.087, Florida Statute hereby certifies that

Cintas Fire Protection

Name of Business

Does:

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's 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 under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

[Signature]

Bidder's Signature

8-21-2020

Date

BIDDER'S QUESTIONNAIRE

Bidder's Name: Cmtas Fire Protection

Bidder's Address: 7251 Salisbury Rd Stl. Phone: 904 562-7000

Number of years in this type of service? 15 Number of years licensed in Alachua County: State / 15 years

Number of employees "ON THE JOB" each week: 40 Number of employees "ON CALL" each week: 2

Will you subcontract any part of this work: Yes No

If so, give details:

List all major equipment which will be available upon commencement of the agreement to perform the required service:

Do you currently hold any municipality contracts: Yes No

If so, please indicate below:
City of Gainesville - Sprinkler, UF sprinkler
Leon County sprinkler, Alarm, Extinguisher, Kitchen

List three references of firms receiving similar service to that requested in this bid (comparable facility size):

- 1) Firm: City of Gainesville Phone: 352-339-5774
Contact Person: Ken Olivier
- 2) Firm: Leon County Phone: 850-363-4444
Contact Person: Michael Boland
- 3) Firm: University of Florida Facilities Phone: 352-318-7818
Contact Person: Don Rysak

Are your employees screened by: (indicate below)

- 1) Polygraph
- 2) General Interview
- 3) Background Investigation
- 4) Police Record Check
- 5) Additional

Have any leases, contracts or agreements for services held by your firm ever been canceled or terminated before the end of the term by either party: Yes ___ No . If the answer is yes, state the location and circumstances on an "attachment" to this questionnaire.

What constitutes your normal business days and working hours: 8:00 am - 5 pm

Describe below, your firm's operational plan for providing the services under this agreement:
mobilization will began after a full team meeting between Cmtas and the County with inspection schedule date being maintained and all inspection to adopted code!

The undersigned swears to the truth and accuracy of all statements and answers contained herein:
DATE: 8/23/2020 AUTHORIZED SIGNATURE: [Signature]

RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the Entities and the contractor by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor

RESPONSIBLE AGENT: Ron Kaneer

ADDRESS: 7251 Salisbury Rd St 1, Jacksonville FL 32256

PHONE NO.: 904-562-7000

FAX NO.: 904-302-8020

EMAIL ADDRESS: kaneerr@cintas.com

ALTERNATE RESPONSIBLE AGENT: Wesly Knight

ADDRESS: 7251 Salisbury Rd Suite 1 Jacksonville FL 32256

PHONE NO.: 904-562-7000

FAX NO.: 904-302-8020

EMAIL ADDRESS: Kightw@cintas.com

SIGNED:  DATE: 8-18-2020

Cintas Corp. #2 DBA Cintas Fire

(Insert Name of Corporation)

**CORPORATE RESOLUTION GRANTING SIGNING AUTHORITY
AND AUTHORITY TO CONDUCT BUSINESS**

The Board of Directors ("Directors") of Cintas, a
(insert name of company)

Ohio corporation (the "Corporation"), at a duly and properly
(insert state of incorporation)

held meeting on the 30 day of June, 2020, did hereby consent to, adopt,
ratify, confirm and approve the following recitals and resolutions:

WHEREAS, the Corporation is a duly formed, validly existing corporation in good standing under the laws of
the State of Florida and is authorized to do business in the State of Florida; and

WHEREAS, the Corporation desires to grant certain persons the authority to execute and enter into contracts and
conduct business on behalf of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that any of the following officers and employees of the Corporation
listed below are hereby authorized and empowered, acting along, to sign, execute and deliver any and all contracts
and documents on behalf of the Corporation, and to do and take such other actions, including but not limited to
the approval and execution of contracts, purchase orders, amendments, change orders, invoices, and applications
for payment, as in his or her judgment may be necessary, appropriate or desirable, in connection with or related
to any bids, proposals, or contracts to, for or with to Alachua County, a charter county and political subdivision
of the State of Florida:

NAME

TITLE

Sam DeLuca
Amanda Pope

General Manager
W.H. Pope Regional Sales Manager

BE IT RESOLVED THAT, these resolutions shall continue in full force and effect, and may be relied upon by Alachua County, until express written notice of their rescission or modification has been received by the Procurement Manager of Alachua County. Any revocation, modification or replacement of these resolutions must be accompanied by documentation satisfactory to the Procurement Manager of Alachua County, establishing the authority for the changes.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 6th day of July, 2020, and do hereby certify that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors of the Corporation and that said meeting was held in accordance with state law and the Bylaws of the Corporation, and that the resolution is now in full force and effect without modification or rescission.

(Corporate Seal) Secretary of the Corporation

By: 

Chris Longworth

(Print Secretary's Name)

EXHIBIT I

RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between Alachua County and the contractor by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor

RESPONSIBLE AGENT: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

EMAIL ADDRESS: _____

ALTERNATE RESPONSIBLE AGENT: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

EMAIL ADDRESS: _____

SIGNED: _____ DATE: _____

NA

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 21-215 Annual Fire Sprinkler/Risers Inspection and Maintenance/Repair Services

This form is for all Non-Small Business Enterprise subcontractors being utilized on this project that are not included on Exhibit B.

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

If additional space is required for your subcontractor listing, make copies of this Exhibit H and submit with you bid package.