

EXHIBIT A BID FORM (Cont'd)

HIGH PERFORMANCE STORM DUAL WALL POLYPROPYLENE (PP) PIPE, AASHTO DESIGNATION M330 & ASTM F2881 – MITERED END SECTIONS 4:1 SLOPE			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA,	12	\$	EA
18" DIA,	12	\$	EA
34" DIA,	12	\$	EA
36" DIA,	6	\$	EA
48" DIA,	6	\$	EA

Acknowledge Receipt of Addendum(s) (if applicable circle): #1 Yes No #2 Yes No #3 Yes No #4 Yes No

Bidder: Rick Graynor Company: Contech Engineered Solutions

Address: 2350 Futuros Drive, Suite 24,
Orlando, FL 32819

Authorized Signature: [Signature] Title: Reg President

Clearly Print Signature: Rick Graynor Title: " "

PHONE: 321-348-3520 FAX: _____ DATE: June 3rd, 2019

Email Address: bballard@conteches.com

BID FORM

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

BID OPENING DATE: 2:00 pm, Wednesday, June 5, 2019

PLACE OF BID OPENING: Alachua County Division of Purchasing, 3rd Floor
County Administration Building
12 SE 1st Street
Gainesville, Florida, 32601-6983

VENDOR: Contech Engineered Solutions **LOCATION:** Orlando, FL

I.) CORRUGATED METAL PIPE

CORRUGATED METAL PIPE ALUMINIZED TYPE II MITERED END SECTIONS 4:1 SLOPE WITH ANCHORS (23 3/8" x 1/2") 4' TOP			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 16	4	\$116.87	EA
18" DIA, GAUGE 16	4	\$163.00	EA
24" DIA, GAUGE 16	4	\$259.70	EA
36" DIA, GAUGE 14	4	\$614.88	EA
48" DIA, GAUGE 14	4	\$1,039.20	EA

CORRUGATED METAL ARCH PIPE ALUMINIZED TYPE II MITERED END SECTIONS 4:1 SLOPE WITH ANCHORS (23 3/8" x 1/2") 4' TOP			
DESCRIPTION	EST QTY	UNIT PRICE	
17" DIA x13", GAUGE 16	4	\$129.86	EA
21" DIA x15", GAUGE 16	4	\$181.11	EA
28" DIA x20", GAUGE 16	4	\$288.56	EA
42" DIA x29", GAUGE 14	4	\$683.20	EA
57" DIA x38", GAUGE 12	4	\$1,154.66	EA

EXHIBIT A BID FORM (Cont'd)

CORRUGATED METAL ROUND PIPE ALUMINIZED TYPE II (2 3/8" X 1/2")			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 16,	300	\$ 13.41	LF
18" DIA, GAUGE 16,	300	\$ 16.00	LF
24" DIA, GAUGE 16,	180	\$ 21.37	LF
36" DIA, GAUGE 14,	60	\$ 38.92	LF
48" DIA, GAUGE 12,	60	\$ 51.90	LF

CORRUGATED METAL ARCH PIPE ALUMINIZED TYPE II (2 3/8" X 1/2")			
DESCRIPTION	EST QTY	UNIT PRICE	
15" (17" DIAx13") GAUGE 16,	300	\$ 14.90	LF
18" (21" DIAx15") GAUGE 16,	300	\$ 17.78	LF
28" DIAx20", GAUGE 16,	180	\$ 23.45	LF
42" DIAx29", GAUGE 14,	60	\$ 43.24	LF
57" DIAx38", GAUGE 12,	60	\$ 57.67	LF

CORRUGATED METAL ROUND PIPE BANDS ALUMINIZED TYPE II MINIMUM 12" WIDE			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 18	3	\$ 33.53	EA
18" DIA, GAUGE 18	3	\$ 46.00	EA
24" DIA, GAUGE 18	3	\$ 53.43	EA
36" DIA, GAUGE 16	3	\$ 97.30	EA
48" DIA, GAUGE 16	3	\$ 129.00	EA

CORRUGATED METAL ARCH PIPE BANDS ALUMINIZED TYPE II MINIMUM 12" WIDE			
DESCRIPTION	EST QTY	UNIT PRICE	
17" DIA X 13", GAUGE 18	3	\$ 33.53	EA
21" DIA X 15", GAUGE 18	3	\$ 46.00	EA
28" DIA X 20", GAUGE 18	3	\$ 53.43	EA
42" DIA X 29", GAUGE 16	3	\$ 97.30	EA
57" DIA X 38", GAUGE 16	3	\$ 129.00	EA

EXHIBIT A BID FORM (Cont'd)

NEOPRENE GASKETS			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, 3/8" x 7" NEOPRENE GASKETS	3	\$ <u>13.41</u>	EA
18" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ <u>16.00</u>	EA
24" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ <u>21.37</u>	EA
36" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ <u>38.92</u>	EA
48" DIA, 3/8"x 12" NEOPRENE GASKETS	3	\$ <u>51.90</u>	EA

II.) REINFORCED CONCRETE PIPE

REINFORCED CONCRETE CULVERT PIPE, ASTM DESIGNATION C76, CLASS III.			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA,	80	\$	LF
18" DIA,	80	\$	LF
24" DIA,	80	\$	LF
36" DIA,	48	\$	LF
48" DIA,	16	\$	LF

REINFORCED CONCRETE CULVERT PIPE, HORIZONTAL ELLIPTICAL ASTM DESIGNATION C507, CLASS III.			
DESCRIPTION	EST QTY	UNIT PRICE	
12" X 18",	80	\$	LF
14" X 23",	80	\$	LF
19" X 30",	80	\$	LF
29" X 45",	48	\$	LF
38" X 60",	16	\$	LF

EXHIBIT A BID FORM (Cont'd)

REINFORCED CONCRETE CULVERT PIPE, HORIZONTAL ELLIPTICAL ASTM DESIGNATION C507, CLASS III MITERED END SECTIONS 4:1 SLOPE.			
DESCRIPTION	EST QTY	UNIT PRICE	
15" X 18",	10	\$	EA
14" X 23",	10	\$	EA
19" X 30",	8	\$	EA
29" X 45",	6	\$	EA
38" X 60",	2	\$	EA

REINFORCED CONCRETE CULVERT PIPE, ASTM DESIGNATION C76, CLASS III. MITERED END SECTIONS 4:1 SLOPE.			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA,	10	\$	EA
18" DIA,	10	\$	EA
24" DIA,	8	\$	EA
36" DIA,	6	\$	EA
48" DIA,	2	\$	EA

III.) HIGH PERFORMANCE STORM DUAL WALL POLYPROPYLENE (PP) PIPE

HIGH PERFORMANCE STORM DUAL WALL POLYPROPYLENE (PP) PIPE, AASHTO DESIGNATION M330 & ASTM F2881			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA,	120	\$	LF
18" DIA,	120	\$	LF
34" DIA,	120	\$	LF
36" DIA,	60	\$	LF
48" DIA,	60	\$	LF

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

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: 20-42 Annual Purchase of Drainage Infrastructure

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, available at:
<http://smallbusdir.alachuacounty.us/>.

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	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

OPTION 4

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

In accordance with Section 22.36, of the Alachua County Purchasing Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response MUST be recorded in the section below.)

1	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
2	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
3	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
4	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
5	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
6	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		
7	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: Phone:	/ /
Must be completed by. SBE Response when contacted:		

EXHIBIT B

BID NUMBER: 20-42 Annual Purchase of Drainage Infrastructure

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) the Division of Purchasing at 352.374.5202, for direction.**

Vendor Name:

Cortech Engineered Solutions Date June 3rd 2019

Signature



Title

Reg. President

Printed Name:

Rick Gaynor

Title

" "

DRUG FREE WORKPLACE

Section 22.09 Competitive Sealed Bidding of the Alachua County Purchasing Code states that in the evaluation of bids, all factors in the bidding process being equal, both as to dollar amount and ability to perform, priority will be given, first, to those vendors certifying a drug-free workplace, secondly, to certified Small Business Enterprise (SBE) bidders.

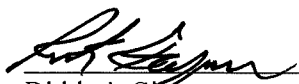
The undersigned vendor in accordance with §287.087, Florida Statute and Section 22.09 of the Alachua County Purchasing Code hereby certifies that

Contech Engineering Solutions.
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 1893 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.


Bidder's Signature

June 3rd 2019
Date

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

June 3rd 2019
Date

--- 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

June 3rd 2019
Date

Client#: 44579

QUIKHOLD

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/21/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER EPIC Insurance Brokers & Consultants 2405 Satellite Blvd., Ste. 200 Duluth, GA 30096 770 232-0202		CONTACT NAME: Kriss Carvajal PHONE (A/C, No, Ext): 678.542.2626 FAX (A/C, No): E-MAIL ADDRESS: certificaterequests@epicbrokers.com															
INSURED Contech Engineered Solutions, LLC 9025 Centre Pointe Drive, Suite 400 West Chester, OH 45069-9700		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td>INSURER B: Liberty Mutual Fire Insurance Company</td> <td>23035</td> </tr> <tr> <td>INSURER C: Great American Ins Co.</td> <td>16691</td> </tr> <tr> <td>INSURER D: Liberty Insurance Corp</td> <td>42404</td> </tr> <tr> <td>INSURER E: Ironshore Specialty Company</td> <td>0111</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Continental Casualty Company	20443	INSURER B: Liberty Mutual Fire Insurance Company	23035	INSURER C: Great American Ins Co.	16691	INSURER D: Liberty Insurance Corp	42404	INSURER E: Ironshore Specialty Company	0111	INSURER F:	
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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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:				01/01/2019	01/01/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Policy Agg. \$10,000,000 COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AS2651290199029 Hired Phys. Dam Limit \$125,000 Comp/Coll Ded. \$5,000	01/01/2019	01/01/2020	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$10,000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			TUU025104907	01/01/2019	01/01/2020	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WA765D290199189 Excludes: MN, OH&WI WC7651290199199 Includes: MN&WI	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
E	Architects & Engineers E&O			003917200	01/01/2019	01/01/2020	LIMIT: \$15,000,000 AGG LIMIT: \$15,000,000

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

The City of Lakeland is shown as Additional Insured with respect to General Liability when required by written contract subject to policy terms, conditions and exclusions.

CERTIFICATE HOLDER**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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