

BID FORM

BID NUMBER: 20-30 Annual Plumbing Services
BID OPENING DATE: 2:00 pm, Wednesday, April 17, 2019
PLACE OF BID OPENING: Alachua County Division of Purchasing, 3rd Floor
 County Administration Building
 12 SE 1st Street
 Gainesville, Florida, 32601-6983

TO: The County Commissioners, County of Alachua:

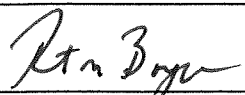
The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according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

\$ Cost per Hour During Normal Working Hours	
Lead Journeyman	\$72.00 / Hour
Journeyman	\$58.00 / Hour
Helper/Laborer	\$35.00 / Hour
\$ Cost per Hour For After Hours Work And Holidays	
Lead Journeyman	\$108.00 / Hour
Journeyman	\$87.00 / Hour
Helper/Laborer	\$52.50 / Hour
A copy of the itemized materials/parts receipt or detailed spreadsheet must be included with all invoices in order to verify mark-up. Mark-up shall be based on actual costs of materials/parts.	Mark-up for materials/parts <u>25</u> %

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

Bidder: Robert Boyer Company: Balanced Mechanical & Plumbing Services, LLC

Address: PO Box 1330, Ocala, FL 34478

Authorized Signature:  Title: President

Clearly Print Name: Robert Boyer

Phone: 352-351-5560 Fax: _____ Date: 4/17/2019

Email Address: bids@balancedmech.com

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: Robert Boyer

ADDRESS: PO Box 1330, Ocala, FL 34478

PHONE NO.: 352-351-5560

FAX NO.: _____

Email Address: rboyer@balancedmech.com

ALTERNATE RESPONSIBLE AGENT: Tylar VanGorp

ADDRESS PO Box 1330, Ocala, FL 34478

PHONE NO. 352-351-5560

FAX NO. _____

Email Address: tvanqorp@balancedmech.com

SIGNED:  DATE: 4/17/2019

ATTENTION:

VENDOR

MUST

COMPLETE AND

SIGN EXHIBIT C

TO BE

CONSIDERED

RESPONSIVE

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 20-30: Annual Plumbing 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.*)

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: 20-30: Annual Plumbing Services

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:		


BID NUMBER: 20-30: Annual Plumbing 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) the Division of Purchasing at 352.374.5202, for direction.**

Vendor Name: Balanced Mechanical & Plumbing Services, LLC Date 4/17/2019

Signature  Title President

Printed Name: Robert Boyer Title President

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

Bid 20-30: Annual Plumbing 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 III of the Alachua County Code of Ordinance ("Wage Ordinance").

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

1.	<input checked="" type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of \$13.50 hourly and are provided health benefits?
2.	<input type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of \$15.60 hourly but are not provided health benefits?

Bidder: Robert Boyer Company: Balanced Mechanical & Plumbing Services, LLC

Authorized Signature:  Title: President

Clearly Print Name: Robert Boyer Phone: 352-351-5560

Email Address: bids@balancedmech.com

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

Balanced Mechanical & Plumbing Services, LLC

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

4/17/2019

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: [Handwritten Signature] Date: 4/17/2019

- - - 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):

[Blank lines for listing exempt parts and legal justification]

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 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 _____

BIDDER'S QUESTIONNAIRE

Bidder's Name: Balanced Mechanical & Plumbing Services, LLC

Bidder's Address: PO Box 1330, Ocala, FL 34478 Phone: 352-351-5560

Number of years in this type of service? 12 Number of years licensed in Alachua County: 0

Number of employees "ON THE JOB" each week: 20 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:
sewer machines, jack hammers

Do you currently hold any municipality contracts: Yes No If so, please indicate below:

General Maintenance Services for Office of Parks and Trails Lake County Board of County Commissioners

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

- 1) Firm: Pat Kelley Builders, Inc. Phone: 352-509-3526
 Contact Person: Toby Kelly
- 2) Firm: Chris Sherouse Building & Remodeling Phone: 352-816-1305
 Contact Person: Chris Sherouse
- 3) Firm: Pacifica Senior Living Ocala Phone: 352-355-5556
 Contact Person: Mike Baker

Are your employees screened by: (indicate)

- 1) Polygraph no
- 2) General Interview yes
- 3) Background Investigation no
- 4) Police Record Check no
- 5) Additional drug testing

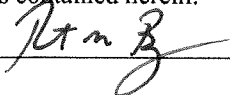
Have any leases, contracts or agreements for services held by your firm ever been canceled or terminated before the end of the term by either party: Yes No . If the answer is yes, state the location and circumstances on an "attachment" to this questionnaire.

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

Describe in the spaces provided, your firm's operational plan for providing the services under this agreement:

To provide the necessary labor, material and equipment to service the requested needs of scheduled and emergency repairs.

The undersigned swears to the truth and accuracy of all statements and answers contained herein:

DATE: 4/17/2019 AUTHORIZED SIGNATURE: 

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 20-30: Annual Plumbing Services

NOT APPLICABLE TO BMPS

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

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

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

**TYPE "A" INSURANCE REQUIREMENTS
"ARTISAN CONTRACTORS / SERVICE CONTACTS"**

The Contractor shall procure and maintain for the duration of this contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the contractor/vendor, his agents, representatives, employees or subcontractors.

COMMERCIAL GENERAL LIABILITY

Coverage must be afforded under a per occurrence form policy for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.

AUTOMOBILE LIABILITY

Coverage must be afforded including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident.

WORKERS COMPENSATION AND EMPLOYER'S LIABILITY

Coverage to apply for all employees at STATUTORY Limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.

Employer's Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

BUILDER'S RISK / INSTALLATION FLOATERS (when applicable)

When this contract or agreement includes the construction of and/or the addition to a permanent structure or building; including the installation of machinery and/or equipment, the following insurance coverage must be afforded:

Coverage Form: Completed Value, All Risk in an amount equal to 100% of the value upon completion or value of equipment to be installed.

When applicable: Waiver of Occupancy Clause or Cessation of Insurance clause. Flood Insurance as available under the National Flood Insurance Program.

EMPLOYEE FIDELITY COVERAGE (only applicable to vendors whose employees handle funds)

Employee Dishonesty coverage must be afforded for not less than \$500,000 Blanket all employees ISO Form

OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

I Commercial General Liability and Automobile Liability Coverages

a. The Alachua County Board of County Commissioners, its officials, employees and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor/Vendor; to include Products and/or Completed Operations of the Contractor/Vendor; Automobiles owned, leased, hired or borrowed by the Contractor.

b. The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officials, employees or volunteers shall be excess of Contractor/Vendor's insurance and shall be non-contributory.

II All Coverages

The Contractor/Vendor shall provide a Certificate of Insurance to the County with a notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made from the certificate will show a retroactive date, which should be the same date of the contract (original if contact is renewed) or prior.

SUBCONTRACTORS

The Contractor/Vendor shall be responsible for all subcontractors working on their behalf as a condition of this agreement. All subcontractors of the Contractor/Vendor shall be subject to the same coverage requirements stated herein.

CERTIFICATE HOLDER: **Alachua County Board of County Commissioners**

MAIL, EMAIL or FAX CERTIFICATES

The Certificate of Insurance must contain the following:

Bid: **20-30: Annual Plumbing Services**
Department Contact: **Dan Bass, Facilities Management**
Contact Email: **dbass@alachuacounty.us**
Department Phone: **352.374.5229**



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

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

HAMPTON, ROBERT H

BALANCED MECHANICAL & PLUMBING SERVICES, LLC

709 SE 14TH AVE
OCALA FL 34478-1330

LICENSE NUMBER: CFC1426507

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



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.

PART D – BIDDERS CHECK LIST

Bidders may use the boxes to the left to check off items when completed.

The checklist is intended as a reminder for certain important items and is not necessarily a complete list of what must be included in your BID submission.

- Bid Form (Remember to fill this form out completely) **THIS FORM MUST BE SIGNED.**
- Acknowledge all Addendum(s) issued with this solicitation. A place to check off acknowledgement is on the bid form.
- Submit the appropriate number of copies that are double-sided and printed on recycled paper with a **minimum of 30% post-consumer content.**
- Fill out **all of the exhibits** as required, especially **Exhibit C, Small Business Enterprise (SBE) Program Participation Form** and **Alachua County Government Minimum Wage (GMW) Form.** **Failure to complete Exhibit C will deem your bid submission as “NON-RESPONSIVE”.**
- Include any insurance requirements.
- Include any bonds that may be applicable.
- Remember to submit your Bid prior to the submittal deadline. It is the vendor's responsibility when using courier services, such as Fed Ex, UPS, etc., to make sure that the bid arrives on time. Please be aware that it may be difficult at times to find parking around the County Administration Building. **LATE BIDS WILL NOT BE CONSIDERED.**
- Make sure that your bid package has been clearly marked and sealed. The bid number and name along with the vendor's company name should be clearly marked on the outside of the envelope.

If you have questions concerning these items or other, sections of the bid solicitation please contact the Division of Purchasing for clarification prior to submitting your bid.

1.2.11 Contractor shall ensure no open flames, or exposed heating element equipment is utilized in the close proximity of any flammable materials or chemicals.

1.2.11.1 The Contractor must ensure that any work which may affect the fire alarm system is placed on standby or the Contractor will be responsible for all damages and alarm charges.

1.2.12 The Contractor shall respond to emergency situations, twenty-four (24) hour per day, within one (1) hour of receiving a call from the County or ACLD. Over-time will not be charged until after 5:00 pm.

1.3 **Payment**

1.3.1 Payment shall be made to the Contractor upon completion and acceptance of a project or on a monthly basis depending on the scope of the project.

1.3.2 **All invoices submitted shall include an itemized list of hours/rates (per their Bid Form).**

1.3.3 A copy of the itemized materials/parts receipt or detailed spreadsheet must be included with all invoices in order to verify mark-up. Mark-up shall be based on actual costs of materials/parts.

1.3.4 No advance payment of any kind shall be made by the County.

1.3.5 All requests for payment shall be mailed to the Alachua County Facilities Manager or ACLD Facilities Manager:

Facilities Management Department
915 SE 5th Street
Gainesville FL 2601

Alachua County Library District
Facilities Management
401 E University Avenues
Gainesville FL 32601

1.4 **Background Checks**

1.4.1 Contractor(s) will be required to successfully pass a background check prior to entering County Facilities. The County will conduct all background checks at the cost to the contractor.

Markisha Boykin

From: Sara Arredondo <sarredondo@balancedmech.com>
Sent: Wednesday, April 24, 2019 10:19 PM
To: Markisha Boykin
Subject: Bid 20-30 Annual Plumbing Services Addendum 2

Hello Markisha,

In reference to the bid number 20-30 titled "Annual Plumbing Services", please accept this email as our acknowledgement to addendum 2. Our bid was already sent to the original bid due date of 4/17/2019. Our pricing remains the same. Please let me know if you have any questions, concerns or need any additional information.

Thank you,

Sara



Sara Arredondo | ESTIMATOR
Balanced Mechanical & Plumbing Services, LLC
352-351-5560 | www.balancedmech.com
P.O. Box 1330 | Ocala, FL 34478-1330

Markisha Boykin

From: Sara Arredondo <sarredondo@balancedmech.com>
Sent: Friday, April 19, 2019 2:32 PM
To: Markisha Boykin
Subject: Bid 20-30 Annual Plumbing Services Addendum 1

Good afternoon, Markisha,

In reference to the bid number 20-30 titled "Annual Plumbing Services", please accept this email as our acknowledgement to addendum 1. Our bid was already sent to the original bid due date of 4/17/2019. Our pricing remains the same. Please let me know if you have any questions, concerns or need any additional information.

Thank you,
Sara



Sara Arredondo | ESTIMATOR
Balanced Mechanical & Plumbing Services, LLC
352-351-5560 | www.balancedmech.com
P.O. Box 1330 | Ocala, FL 34478-1330



B A L A N C E D
 Mechanical & Plumbing Services, LLC
 P.O. Box 1330
 Ocala, FL 34478-1330

APR 16 '19 AM 9:47

ALACHUA COUNTY ADMINISTRATION B
 12 SE 1ST ST
 FLDG 3RD
 GAINESVILLE FL 32601
 P: EASOUT S: 1 I: 54A
JAXX - 2000
 17340X20038496 0719
 FLG1696JDC APR 16 07:58:58 2019
 04J7C08

Alachua County, Division of Purchasing
 County Administration Building
 12 SE 1st Street, 3rd Floor
 Gainesville, FL 32601-6983

BID ENCLOSED
 "Annual Plumbing Services"
 BID NO. 20-30
Due: April 17, 2019 at 2:00 p.m.

BALANCED MECHANICAL & PLUMBING SERV
 (352) 351-5560
 PO BOX 1330
 OCALA FL 34478-1261

SHIP MARKISHA BOYKIN
 TO: ALACHUA COUNTY ADMINIS
 DIVISION OF PURCHASING
 12 SE 1ST ST

GAINESVILLE FL 32601



FL 3



UPS GROUND
 TRACKING #: 1Z 340 X20 03 84



BILLING: P/P

REF #1: BID NO. 20-30
 REF #2: DUE 4/17/19 AT 2:00 PM

SEE NOTICE ON REVERSE regarding UPS Terms, and notice of limitation of liability. Where allowed by law, shipper certifies that the commodities, technology or software were not for export. Diversion contrary to law is prohibited.