

# 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	\$ N/B	EA
18" DIA,	12	\$ N/B	EA
34" DIA,	12	\$ N/B	EA
36" DIA,	6	\$ N/B	EA
48" DIA,	6	\$ N/B	EA

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

Bidder: James Mahaffey Company: Gulf Atlantic Culvert Co., Inc.

Address: P.O. Box 4002  
Tallahassee, FL. 32315

Authorized Signature:  Title: Sales Rep

Clearly Print Signature: James Mahaffey Title: Sales Rep

PHONE: 850-562-2384 FAX: 850-562-5324 DATE: 5/24/19

Email Address: jj@gaculvert.com

**ORIGINAL****EXHIBIT A****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, 3<sup>rd</sup> Floor  
County Administration Building  
12 SE 1<sup>st</sup> Street  
Gainesville, Florida, 32601-6983**VENDOR:** Gulf Atlantic Culvert Co., Inc. **LOCATION:** 5344 Gateway Drive Tall, FL  
32303  
850-562-2384**I.) CORRUGATED METAL PIPE**

CORRUGATED METAL PIPE ALUMINIZED TYPE II MITERED END SECTIONS 4:1 SLOPE WITH ANCHORS			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 16	4	\$ 100.30	EA
18" DIA, GAUGE 16	4	\$ 137.78	EA
24" DIA, GAUGE 16	4	\$ 210.45	EA
36" DIA, GAUGE 14	4	\$ 539.68	EA
48" DIA, GAUGE 12	4	\$ 1166.24	EA

CORRUGATED METAL ARCH PIPE ALUMINIZED TYPE II MITERED END SECTIONS 4:1 SLOPE WITH ANCHORS			
DESCRIPTION	EST QTY	UNIT PRICE	
17" DIA x13", GAUGE 16	4	\$ 115.49	EA
21" DIA x15", GAUGE 16	4	\$ 150.98	EA
28" DIA x20", GAUGE 16	4	\$ 248.55	EA
42" DIA x29", GAUGE 14	4	\$ 590.08	EA
57" DIA x38", GAUGE 12	4	\$ 1384.20	EA

**EXHIBIT A BID FORM (Cont'd)**

CORRUGATED METAL ROUND PIPE ALUMINIZED TYPE II			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 16,	300	\$ 11.45	LF
18" DIA, GAUGE 16,	300	\$ 13.41	LF
24" DIA, GAUGE 16,	180	\$ 17.75	LF
36" DIA, GAUGE 14,	60	\$ 34.97	LF
48" DIA, GAUGE 12,	60	\$ 60.98	LF

CORRUGATED METAL ARCH PIPE ALUMINIZED TYPE II			
DESCRIPTION	EST QTY	UNIT PRICE	
17" DIAx13",GAUGE 16,	300	\$ 13.62	LF
21" DIAx15",GAUGE 16,	300	\$ 15.81	LF
28" DIAx20",GAUGE 16,	180	\$ 21.56	LF
42" DIAx29",GAUGE 14,	60	\$ 38.57	LF
57" DIAx38",GAUGE 12,	60	\$ 65.78	LF

CORRUGATED METAL ROUND PIPE BANDS ALUMINIZED TYPE II MINIMUM 12" WIDE			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, GAUGE 18	3	\$ 28.62	EA
18" DIA, GAUGE 18	3	\$ 33.53	EA
24" DIA, GAUGE 18	3	\$ 44.37	EA
36" DIA, GAUGE 16	3	\$ 87.43	EA
48" DIA, GAUGE 16	3	\$ 152.45	EA

CORRUGATED METAL ARCH PIPE BANDS ALUMINIZED TYPE II MINIMUM 12" WIDE			
DESCRIPTION	EST QTY	UNIT PRICE	
17" DIA X 13", GAUGE 18	3	\$ 34.05	EA
21" DIA X 15", GAUGE 18	3	\$ 39.53	EA
28" DIA X 20",GAUGE 18	3	\$ 53.90	EA
42" DIA X 29", GAUGE 16	3	\$ 96.43	EA
57" DIA X 38", GAUGE 16	3	\$ 164.45	EA

**EXHIBIT A BID FORM (Cont'd)**

NEOPRENE GASKETS			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA, 3/8" x 7" NEOPRENE GASKETS	3	\$ 11.40	EA
18" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ 13.32	EA
24" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ 17.12	EA
36" DIA, 3/8" x 7" NEOPRENE GASKETS	6	\$ 24.92	EA
48" DIA, 3/8" x 12" NEOPRENE GASKETS	3	\$ 32.66	EA

**II.) REINFORCED CONCRETE PIPE**

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

REINFORCED CONCRETE CULVERT PIPE, HORIZONTAL ELLIPTICAL ASTM DESIGNATION C507, CLASS III.			
DESCRIPTION	EST QTY	UNIT PRICE	
12" X 18",	80	\$ N/B	LF
14" X 23",	80	\$ N/B	LF
19" X 30",	80	\$ N/B	LF
29" X 45",	48	\$ N/B	LF
38" X 60",	16	\$ N/B	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	\$ N/B	EA
14" X 23",	10	\$ N/B	EA
19" X 30",	8	\$ N/B	EA
29" X 45",	6	\$ N/B	EA
38" X 60",	2	\$ N/B	EA

REINFORCED CONCRETE CULVERT PIPE, ASTM DESIGNATION C76, CLASS III. MITERED END SECTIONS 4:1 SLOPE.			
DESCRIPTION	EST QTY	UNIT PRICE	
15" DIA,	10	\$ N/B	EA
18" DIA,	10	\$ N/B	EA
24" DIA,	8	\$ N/B	EA
36" DIA,	6	\$ N/B	EA
48" DIA,	2	\$ N/B	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	\$ N/B	LF
18" DIA,	120	\$ N/B	LF
34" DIA,	120	\$ N/B	LF
36" DIA,	60	\$ N/B	LF
48" DIA,	60	\$ N/B	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.**

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SBE Name of Contractor </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Address </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Scope of Work to be Performed  \$ _____ %  (Est \$ Value) (Est % of Total Bid) </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SBE Name of Contractor </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Address </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Scope of Work to be Performed  \$ _____ %  (Est \$ Value) (Est % of Total Bid) </div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SBE Name of Contractor </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Address </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Scope of Work to be Performed  \$ _____ %  (Est \$ Value) (Est % of Total Bid) </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SBE Name of Contractor </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Address </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Scope of Work to be Performed  \$ _____ %  (Est \$ Value) (Est % of Total Bid) </div>
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SBE Name of Contractor </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Address </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Scope of Work to be Performed  \$ _____ %  (Est \$ Value) (Est % of Total Bid) </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> SBE Name of Contractor </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Address </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Scope of Work to be Performed  \$ _____ %  (Est \$ Value) (Est % of Total Bid) </div>

## 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:		



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*):

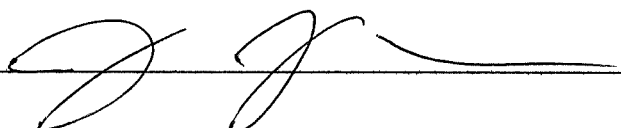
OPTION 1

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: Gulf Atlantic Culvert Co., Inc. Date 5/24/19Signature  Title Sales RepPrinted Name: James Mahaffey Title Sales Rep

**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

Gulf Atlantic Culvert Co., Inc.

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

5/24/19

Date

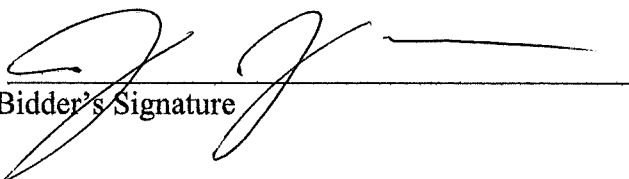
**PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION**

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

\_\_\_\_\_ 5/24/19  
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

\_\_\_\_\_  
Date



GULFCUL-01

PAMELA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/28/2018

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).

<b>PRODUCER</b> Waites & Foshee Insurance P.O. Box 4803 Macon, GA 31208	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (478) 743-0588	<b>FAX (A/C, No):</b> (478) 743-0589
<b>INSURED</b>  Gulf-Atlantic Culvert Co., Inc P.O. Box 4926 Macon, GA 31208	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Charter Oak Fire Insurance Co	<b>NAIC #</b> 25615
	<b>INSURER B:</b> Phoenix Insurance Company	<b>25623</b>
	<b>INSURER C:</b> Travelers Property Casualty Co of America	<b>25674</b>
	<b>INSURER D:</b> Travelers Casualty and Surety Company	<b>19038</b>
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		6302G608028	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							EMPLOYEE BENEFIT \$ 2,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO	X		BA2G587201	10/01/2018	10/01/2019	BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB						
	<input type="checkbox"/> EXCESS LIAB			CUP2G608028	10/01/2018	10/01/2019	EACH OCCURRENCE \$ 6,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$
							\$ 6,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	UB6J527468	10/01/2018	10/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Alachua County Board of Commissioners  
Attn: Darlene Ryon  
12 SE 1st Street  
3rd floor  
Gainesville, FL 32601

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



GOLDF ALANTIC COLVENT CO. INC  
P.O. BOX 4002  
TALLAHASSEE, FL. 32315

MAY 30 '19 AM 10:44

Alachua County BoCC  
Division of Purchasing  
County Admin Building  
12 SE 1st Street  
Gainesville, FL.

32601-6983

Opening 6-5-19 @ 2:00 pm

20-42 Annual Purchase of Driveway Infrastructure "