


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

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

Bidder: Jon Belcher Company: Marion/Service Roofing & Sheet Metal Co.

Address: P.O. Box 1628
Ocala, FL 34478

Authorized Signature:  Title: President

Clearly Print Name: Jon Belcher

Phone: (352) 622-7256 Fax: (352) 622-1466 Date: April 24, 2019

Email Address: jbelcher@serviceroofing.com

BID FORM

BID NUMBER: 20-67 Annual Minor Roof Repair Services

BID OPENING DATE: 2:00 pm, Wednesday, April 24, 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:

\$ Hourly Rates for Regular Hours (8:00 am to 5:00 pm)	
Master Roofer	75.00 /hr
Journeyman Roofer	70.00 /hr
Apprentice/Helper	65.00 /hr
\$ Hourly Rates for Overtime Hours (5:01 pm to 7:59 am)	
Master Roofer	112.50 /hr
Journeyman Roofer	105.00 /hr
Apprentice/Helper	97.50 /hr
\$ Hourly Rates for Holiday Hours	
Master Roofer	112.50 /hr
Journeyman Roofer	105.00 /hr
Apprentice/Helper	\$ 97.50 /hr
% Miscellaneous Rates	
Materials Mark-up (% on actual cost)	20 %
Equipment Rental (% on actual cost)	10 %

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: Jon Belcher
ADDRESS: P.O. Box 1628
Ocala, FL 34478
PHONE NO.: (352) 622-7256
FAX NO.: (352) 622-1466
Email Address: jbelcher@serviceroofing.com

ALTERNATE RESPONSIBLE AGENT: Liz Cole
ADDRESS: (same)
PHONE NO.: (same)
FAX NO.: (same)
Email Address: ocala@serviceroofing.com

SIGNED:  DATE: April 24, 2019

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 20-67: Annual Minor Roof 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: 20-67: Annual Minor Roof 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) the Division of Purchasing at 352.374.5202, for direction.**

Vendor Name: Marion/Service Roofing & Sheet Metal Co. Date 04/24/19

Signature  Title President

Printed Name: Jon Belcher Title President

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

Bid 20-67: Annual Minor Roof 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 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: Jon Belcher Company: Marion/Service Roofing & Sheet Metal Co.

Authorized Signature:  Title: President

Clearly Print Name: Jon Belcher Phone: (352) 622-7256

Email Address: jbelcher@serviceroofing.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


Marion/Service Roofing & Sheet Metal Co.

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

April 24, 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

April 24, 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

Date

BIDDER'S QUESTIONNAIRE

Bidder's Name: Marion/Service Roofing & Sheet Metal Co.

Bidder's Address: P.O. Box 1628, Ocala, FL 34478 Phone: (352) 622-7256

Number of years in this type of service? 30+ Number of years licensed in Alachua County: 30+

Number of employees "ON THE JOB" each week: varies Number of employees "ON CALL" each week: 8

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:

Dump truck, boom truck, dump trailer

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

<u>Sumter County B.O.C.C.</u>	<u>Bruce Atkinson</u>	<u>(352) 569-6837</u>
<u>Lake County Facilities</u>	<u>Christina Shelton</u>	<u>(352) 253-4963</u>
<u>Marion County Public Schools</u>	<u>John Sergent</u>	<u>(352) 671-6956</u>

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

1)	Firm:	<u>Citrus County Maintenance Operations</u>	Phone:	<u>(352) 527-7600</u>
	Contact Person:	<u>Russ Collins</u>		
2)	Firm:	<u>LifeStream Behavioral Center</u>	Phone:	<u>(352) 315-7831</u>
	Contact Person:	<u>Tom Floyd</u>		
3)	Firm:	<u>College of Central Florida</u>	Phone:	<u>(352) 854-2322, ext. 1769</u>
	Contact Person:	<u>Tom Goldner</u>		

Are your employees screened by: (indicate)

1)	Polygraph	<u>No</u>
2)	General Interview	<u>Yes</u>
3)	Background Investigation	<u>Yes</u>
4)	Police Record Check	<u>Yes</u>
5)	Additional	<u>-</u>

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 7:00AM-5:00PM

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

Dispatch crew from office as needed. Emergency repair services available after hours.

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

DATE: April 24, 2019

AUTHORIZED SIGNATURE: 

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2019

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 J Smith Lanier & Co-Lexington Marsh & McLennan Agency, LLC P O Box 2030 Lexington, KY 40588	CONTACT NAME: Roxanne Cameron PHONE (A/C, No, Ext): 800-796-3567 FAX (A/C, No): 859-254-8020 E-MAIL ADDRESS: <table border="1"> <tr> <th data-bbox="787 430 1412 457">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1412 430 1541 457">NAIC #</th> </tr> <tr> <td data-bbox="787 457 1412 485">INSURER A : Westfield Insurance Company</td> <td data-bbox="1412 457 1541 485">24112</td> </tr> <tr> <td data-bbox="787 485 1412 512">INSURER B :</td> <td data-bbox="1412 485 1541 512"></td> </tr> <tr> <td data-bbox="787 512 1412 539">INSURER C :</td> <td data-bbox="1412 512 1541 539"></td> </tr> <tr> <td data-bbox="787 539 1412 567">INSURER D :</td> <td data-bbox="1412 539 1541 567"></td> </tr> <tr> <td data-bbox="787 567 1412 594">INSURER E :</td> <td data-bbox="1412 567 1541 594"></td> </tr> <tr> <td data-bbox="787 594 1412 621">INSURER F :</td> <td data-bbox="1412 594 1541 621"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Westfield Insurance Company	24112	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED Marion Service Roofing & Sheet Metal Company P.O. Box 1628 Ocala, FL 34478															

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CMM5942244	04/30/2018	04/30/2019	<table border="1"> <tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$10,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr> <tr><td></td><td>\$</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	MED EXP (Any one person)	\$10,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table border="1"> <tr> <td>PER STATUTE</td> <td>OTH-ER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Reference: Bid 20-67 Annual Minor Roof Repair Services

Attn: Brian Singleton, Public Works

bsingleton@alachuacounty.us

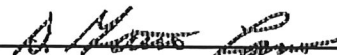
CERTIFICATE HOLDER

CANCELLATION

Alachua County Board of County Commissioners
12 SE 1st Street
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



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2019

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PRODUCER FRSA Self Insurers Fund, Inc. 4099 Metric Drive Winter Park, FL 32792	CONTACT NAME: Debra Guidry, CPCU		
	PHONE (A/C, No, Ext): (800) 767-3772	FAX (A/C, No): (407) 671-2520	
	E-MAIL ADDRESS: cert@frsasif.com		
INSURED Marion Service Roofing & Sheet Metal Co. P.O. Box 1628 Ocala, FL 34478	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: FRSA Self Insurers Fund / Evanston Insurance Co.		35378
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

REMARKS: Non-cancelable, without 30 days prior written notice, except for non-payment of premium which will be a 10 day written notice.

LIC# CCC1328582 Jonathan Belcher

Job Reference: Bid 20-67 Annual Minor Roof Repair Services

CERTIFICATE HOLDER**CANCELLATION**

Attn: Brian Singleton, Public Works

Alachua County Board of County Commissioners
12 SE 1st Street
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

Debra Guidry CPCU
Underwriting Manager

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Alachua County Budget and Fiscal Services Procurement

Larry M. Sapp, CPPB
Procurement Manager

Darryl R. Kight, CPPB
Procurement Supervisor

April 24, 2019

RE: Addendum #1
Bid 20-67 Annual Minor Roof Repair Services

Dear Sir/Madam:

Please be aware of the following clarifications regarding the above referenced Bid:

The above **Bid Opening Date** has been extended to **May 8 2019, at 2:00 pm**. All Bids must be received at the Purchasing Department, 3rd Floor Administration Building, 12 SE 1st Street, Gainesville, FL 32601-6893.

NOTE: You should acknowledge receipt of this addendum on your Bid Form.

End of Addendum # 1


Sincerely,

Markisha Boykin

Markisha Boykin
Procurement Agent

MB/bf

Acknowledged 4/25/19


Jon Belcher, President



Alachua County Budget and Fiscal Services Procurement

Larry M. Sapp, CPPB
Procurement Manager

Darryl R. Kight, CPPB
Procurement Supervisor

April 24, 2019

RE: Addendum #1
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NOTE: You should acknowledge receipt of this addendum on your Bid Form.

End of Addendum # 1

Sincerely,

Markisha Boykin

Markisha Boykin
Procurement Agent

MB/bf

I acknowledge Addendum #1

[Signature]
Jon Belcher, President

**MARION / SERVICE
ROOFING & SHEET METAL CO.**

1011 S.W. 33rd Ave., Suite 200
P.O. Box 1628
OCALA, FLORIDA 34478



20-67 Annual Minor Roof Repair
Services
Alachua Co. Division of Purchasing
3rd Floor County Admin. Building
12 SE 1st Street, Gainesville
Wednesday, April 24, 2019
2:00PM

APR 24 '19 AM 10:44

SEALED BID