

## BID FORM (CONT'D)

BID NUMBER:

20-70: Annual Park Restroom Janitorial Services

Additional Future Restrooms Bid Below			
Park	Address	\$ Open/Close Bid Price	\$ Cleaning Bid Price
Squirrel Ridge Park Small Floor Plan	1603 SW Williston Rd 32608	\$33.86	\$52.00

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

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

Bidder: Leslie Palmer Company: TRIBOND, LLC

Address: 2905 Manorview Lane, Milton, GA 30004

Authorized Signature:  Title: Member/Owner

Clearly Print Name: Leslie Palmer

Phone: 678-677-0022 Fax: 678-550-2991 Date: 08/05/19

Email Address: lpalmer@tribond.net

## 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: Leslie Palmer

ADDRESS: 2905 Manorview Lane  
Milton, GA 30004

PHONE NO.: 678-677-0022

FAX NO.: 678-550-2991

Email  
Address: lpalmer@tribond.net


ALTERNATE RESPONSIBLE AGENT: Lupe Tesvich

ADDRESS 19070 NW 53rd Court Rd, Reddick, FL 32686

PHONE NO. 352-219-1412

FAX NO. 678-550-2991

Email Address: ljtesvich@tribond.net

SIGNED:  DATE: 08/05/19

BID NUMBER: 20-70: Annual Park Restroom Janitorial 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, 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)

**BID NUMBER: 20-70: Annual Park Restroom Janitorial 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: TRIBOND, LLC Date 08/05/19

Signature  Title Member/Owner

Printed Name: Leslie Palmer Title Member/Owner

**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

TRIBOND, 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

08/05/19  
 Date

## BIDDER'S QUESTIONNAIRE

Bidder's Name: TRIBOND, LLC

Bidder's Address: 2905 Manorview Lane, Milton, GA 30004 Phone: 678-677-0022

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

Number of employees "ON THE JOB" each week: 56 Number of employees "ON CALL" each week: 8

Will you subcontract any part of this work: Yes      No X If so, give details:     

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

commercial trash cans on wheels, mop buckets with wringers, commercial mops, toilet bowl brushes, micro fiber cloths, push brooms, blowers

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

Alachua County Libraries City of Gainesville, Public Works Colquitt County, GA  
City of Sandy Springs, GA Fulton County, GA High Point, NC

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

1) Firm: Alachua County Libraries Phone: 352-226-0471  
 Contact Person: Tony Littles

2) Firm: The City of Sandy Springs Phone: 770-687-5379  
 Contact Person: Alan Marks

3) Firm: City of Gainesville - Public Works Phone: 352-393-7943  
 Contact Person: David LeConey

Are your employees screened by: (indicate)

1) Polygraph no

2) General Interview yes

3) Background Investigation yes

4) Police Record Check yes

5) Additional sex crimes

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 X. 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:

We have contracts that range from 24 hour coverage, 365 days per year to one hour of service between 5pm-midnight, one day per week. Our Service Center is available 24/7/365.

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

We will manage this contract with one project manager and two project supervisors, as well as a team of 13-20 associates that will provide daily services to each park location, with approximately 5 on call/will call associates. The Project Managers and supervisors will visit the locations, inspect the services being provided, and will take any necessary additional steps to insure that all services provided meet and exceed the standards set forth in this scope of services.

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

DATE: 08/05/19

AUTHORIZED SIGNATURE: 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/06/2019

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

<b>PRODUCER</b> Winder Insurance Center 125 W. Athens Street Winder, GA 30680	<b>CONTACT NAME:</b> Chasity Edwards CE	
	<b>PHONE (A/C, No, Ext):</b> (770) 867-7441	<b>FAX (A/C, No):</b> (770) 867-1234
<b>INSURED</b> TRIBOND LLC 1629 Clay Road Mableton, GA 30126	<b>E-MAIL ADDRESS:</b> Chasity@winderinsctr.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> OHIO SECURITY INSURANCE CO	<b>NAIC #</b> 24082
	<b>INSURER B:</b> Old Dominion Insurance Company	<b>NAIC #</b> 40231
	<b>INSURER C:</b> Ohio Cas Ins Co	<b>NAIC #</b> 24074
	<b>INSURER D:</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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS57874158	03/25/2019	03/25/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			B1G96301	06/16/2018	06/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO56058620	03/25/2019	03/25/2020	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	XWO56058620	03/25/2019	03/25/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

TRIBOND 2905 Manorview Lane Milton, GA 30004	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 <i>Chasity Edwards</i>

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Express

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

Reusable Envelope

AUG 9 '19 PM 1:04

Bid 20-70: Annual Park  
Restroom Janitorial Services

Bid Due: August 14 @ 2PM