

## BID FORM

**BID NUMBER:** 20-90: Annual Pre-Crusher Compactors, Stationary Compactor and Container Repair/Maintenance

**BID OPENING DATE:** 2:00 pm, Wednesday, May 1, 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

**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:

Item Description	\$ Bid Amount
Standard Hourly Service Rate	\$ 95.00
Holiday/Emergency Hourly Service Rate	\$ 142.50 AS NEEDED
Percentage Markup on Parts	\$ 40%
Warranty (Labor)	\$ \$95.00
Warranty (Parts)	\$ No Additional Charge
Service/Travel Charge	\$ 95.00 hr
<b>Grand Total</b>	<b>\$ 190 Minimum Charge</b>

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

**Bidder:** Mr. Cris Wood **Company:** C&D Industrial Maintenance LLC

**Address:** 5008 Beach Farm Road  
Plant City, FL 33567

**Authorized Signature:** Cris Wood **Title:** Owner

**Clearly Print Name:** Mr. Cris Wood

**Phone:** (813) 767-3186 **Fax:** **Date:** 4/15/2019

**Email Address:** cwood@cdindustrialmaintenance.com; thendon@cdindustrialmaintenance.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: Mr. Tom L. Hendon

ADDRESS: 200 Buddy Tate Lane  
Meridianville, AL 35759

PHONE NO.: (256) 804-8626

FAX NO.: \_\_\_\_\_

Email Address: thendon@cdindustrialmaintenance.com

ALTERNATE RESPONSIBLE AGENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

Email Address: \_\_\_\_\_

SIGNED: Cris Wool DATE: 15 Apr 2019

**ATTENTION:**

**VENDOR**

**MUST**

**COMPLETE AND**

**SIGN EXHIBIT C**

**TO BE**

**CONSIDERED**

**RESPONSIVE**

## Small Business Enterprise (SBE) Program Participation Form

**BID NUMBER:** Annual Pre-Crusher Compactors, Stationary Compactor and Container Repair/Maintenance

***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: 20-90: Annual Pre-Crusher Compactors, Stationary Compactor and Container Repair/Maintenance**

## **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: 20-90: Annual Pre-Crusher Compactors, Stationary Compactor and Container Repair/Maintenance**

## **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: 20-90: Annual Pre-Crusher Compactors, Stationary Compactor and Container Repair/Maintenance**

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: C&D Industrial Maintenance LLC Date 15 Apr 2019

Signature Cris Wood Title Owner

Printed Name: Mr. Cris Wood Title Owner

**ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM**

Bid 20-90: Annual Pre-Crusher Compactors, Stationary Compactor and Container Repair/Maintenance

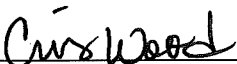
The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article III of the Alachua County Code of Ordinance ("Wage Ordinance").

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

1.	<input type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of <b>\$13.00 hourly</b> and are provided health benefits?
2.	<input checked="" type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of <b>\$15.04 hourly but are not provided health benefits?</b>

C&D will offer health benefits to employees within the contract period. Our starting wage is \$17 hourly.

Bidder: Mr. Cris Wood Company: C&D Industrial Maintenance LLC

Authorized Signature:  Title: Owner

Clearly Print Name: Mr. Cris Wood Phone: (813) 767-3186

Email Address: cwood@cdindustrialmaintenance.com; thendon@cdindustrialmaintenance.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

C&D Industrial Maintenance 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

15 April 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.

Cristobal 15 April 2019  
 Bidder's Signature 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):

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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: C&D Industrial Maintenance LLC; Mr. Cris Wood - Owner

Bidder's Address: 5008 Beach Farm Road, Plant City, FL 33567 Phone: 813-767-3186

Number of years in this type of service? 25 years Number of years licensed in Alachua County: 0

Number of employees "ON THE JOB" each week: 4 Number of employees "ON CALL" each week: 4

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:  
Utility trailer equipped with welder. Stocked with common parts to allow first time completion on repairs.

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

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

1) Firm: Alachua County Phone: 352-334-0172  
 Contact Person: Mr. Sam Sullivan

2) Firm: Miner Florida LTD Phone: 813-621-4971  
 Contact Person: Ms. Hannah Rainka

3) Firm: Miner National Service Phone: 888-606-4637 - Office  
 Contact Person: Ms. Roxanne Lopez 210-563-6282 - Cell

Are your employees screened by: (indicate)

1) Polygraph No

2) General Interview YES

3) Background Investigation Limited

4) Police Record Check YES

5) Additional N/A

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:

Normal business hours are: Monday - Friday; 7am - 5pm

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

We will provide a detailed preventive maintenance plan for each site within 30 days of notice of award. We will stock common parts on hand to improve 1x completion rate. Maintenance plan will contain container cleanout/repair.

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

DATE: 15 April 2019 AUTHORIZED SIGNATURE: Cris Wood

## Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 20-90: Annual Pre-Crusher Compactors, Stationary Compactor and Container Repair/Maintenance

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.

**INSURANCE REQUIRED**  
**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 contract 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**

## PART D – BIDDERS CHECK LIST

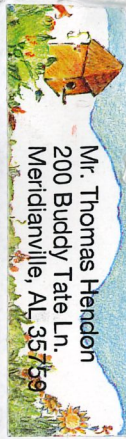
Bidders may use the boxes to the left to check off items when completed.

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. *ON FILE w/ County*
- ☐ 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.





26-98  
Annual Compact  
Maintenance

APR 29 19 PM 3:54

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

32601-6983 0001

POSTNET barcode consisting of vertical bars of varying heights.



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