

BID FORM

BID NUMBER: 20-100 Annual Fiber Optic Cabling

BID OPENING DATE: 2:00 pm, Wednesday, May 15, 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:

Bid Item(s)	Week Days (Mon - Fri from 8 am - 5 pm) \$	Weekend Days (Sat & Sun from 12:00 a.m. - 11:59 p.m.) \$
Standard Hourly Rate	\$85.00	\$127.50
Emergency Call-Out Hourly Rate	\$150.00	\$150.00
Materials Cost – Vendor's Percentage of Markup for materials (Vendor may be required to submit invoices on actual cost of materials.)	% 10-30 %	

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

Bidder: Peggy Taylor Company: Taylor's Communications

Address: 12113 W Beaver Street

Jacksonville, FL. 32220

Authorized Signature: Peggy Taylor Title: President

Clearly Print Name: Peggy Taylor

Phone: (904) 779-8900 Fax: (904) 779-8906 Date: May 10, 2019

Email Address: peggy@tci-us.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: Donny Taylor
ADDRESS: 12113 W Beaver Street
Jacksonville, FL. 32220
PHONE NO.: (904) 779-8900
FAX NO.: (904) 779-8906
Email Address: donny@tci-us.com

ALTERNATE RESPONSIBLE AGENT: Bill Galloway
ADDRESS 12113 W Beaver Street Jacksonville, FL. 32220
PHONE NO. (904) 779-8900
FAX NO. (904) 779-8906
Email Address: bill@tci-us.com

SIGNED: Donny Taylor DATE: May 10, 2019

ATTENTION:

**VENDOR
SHOULD
COMPLETE AND
SIGN EXHIBIT C
TO BE
CONSIDERED
RESPONSIVE**

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 20-100 Annual Fiber Optic Cabling

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)

X 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: ***X*** Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to *Option 3.*)

BID NUMBER: 20-100 Annual Fiber Optic Cabling

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: 20-100 Annual Fiber Optic Cabling

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: 20-100 Annual Fiber Optic Cabling

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: Taylor's Communications Date May 10, 2019Signature Peggy Taylor Title PresidentPrinted Name: Peggy Taylor Title President

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM**Bid 20-100 Annual Fiber Optic Cabling**

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="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: Peggy Taylor Company: Taylor's Communications

Authorized Signature:  Title: President

Clearly Print Name: Peggy Taylor Phone: (904) 779-8900

Email Address: peggy@tci-us.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

Taylor's Communications

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.

Peggy Taylor
Bidder's Signature

May 10, 2019

Date

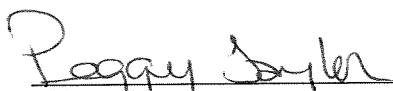
PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION

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

May 10, 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

May 10, 2019
Date

BIDDER'S QUESTIONNAIRE

Bidder's Name: Taylor's Communications

Bidder's Address: 12113 W Beaver Street Jacksonville, FL. 32220 Phone: (904) 779-8900

Number of years in this type of service? 19 Number of years licensed in Alachua County: 2

Number of employees "ON THE JOB" each week: 7 Number of employees "ON CALL" each week: 1

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:

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: Courtyard By Marriott Phone: (904) 874-6881
 Contact Person: Mark Morgan

2) Firm: Holiday Inn Express Phone: (904) 621-0721
 Contact Person: Diane Geller

3) Firm: Cox Media Group Phone: (904) 245-8500
 Contact Person: Rick Benson

Are your employees screened by: (indicate)

1) Polygraph

2) General Interview X

3) Background Investigation X

4) Police Record Check

5) Additional Drivers License Screening

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:

Monday - Friday 8:00 am - 4:30 pm

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

Taylor's Communications can and will be flexible with the hours needed for the contract. Due to the specifics are not given for the locations that will be needing work performed, each location may vary in the hours that are need to be worked. We will make the provisions to complete each project.

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

DATE: May 10, 2019

AUTHORIZED SIGNATURE: Logan Taylor

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 20-100 Annual Fiber Optic Cabling

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 H and submit with you bid package.



TAYLCOM-01

JREDFEARN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/10/2019

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).

PRODUCER Insuramerica of Florida, Inc. 4348 Southpoint Blvd Ste 200 Jacksonville, FL 32216	CONTACT NAME: Jennifer Redfearn, CRIS, AIS		
	PHONE (A/C, No, Ext): (904) 596-0411	FAX (A/C, No): (904) 296-1888	
	E-MAIL ADDRESS: jredfearn@insuramerica-fl.com		
INSURED Taylor's Communications, Inc 12113 W. Beaver Street Jacksonville, FL 32220	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Southern Owners Insurance		10190
	INSURER B : Auto Owners Insurance		18988
	INSURER C : FCCI Insurance Company		10178
	INSURER D :		
	INSURER E :		
INSURER F :			

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	78007608	10/28/2018	10/28/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	4900760801	10/28/2018	10/28/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			4900760800	10/28/2018	10/28/2019	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	001WC19A70472	4/8/2019	4/8/2020	<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
C	Installation Floater			CM10003000701	10/28/2018	10/28/2019	Limit 15,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bid: 20-100 Annual Fibert Optic Cabling

The Alachua County Board of County Commissioners, its officials, employees and volunteers are included as additional insured on a primary and non-contributory basis including completed operations as respects general liability. Additional insured applies as respects auto liability. A waiver of subrogation applies as respects general liability, auto liability and workers compensation. The preceding coverage applies when required by a written contract. Primary and Non-Contributory can be added on the auto liability via endorsement upon award of the bid.

CERTIFICATE HOLDER

CANCELLATION

Alachua County Board of County Commissioners
Information & Telecommunication Services
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

Extremely Urgent

This envelope is for use with the following services:

UPS Next Day Air®

UPS Worldwide Express™

Call 1-800-PICK-UPS® (1-800-742-5877) or visit [UPS.com](https://www.ups.com)®

This envelope is for use

Visit [ups.com](https://www.ups.com) for details on our pricing practices

Domestic Shipments

- To qualify for the Leighton Express Env, correspondence, urgent weight 8 oz or less, those listed or weight

International Shipments

- The UPS Express Env value. Certain count ups.com/nextortexp
- To qualify for the Leighton Express Env, UPS Express Env, Note: Express envelopes containing sensitive information or cash equivalent

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on this si

SHIPPING DEPARTMENT
(904) 779-8900
TAYLOR'S COMMUNICATIONS
12113 W. BEAVER ST.
JACKSONVILLE FL 32220

2 LBS 2 OF 2

SHIP TO:
3RD FLOOR COUNTY ADMIN BLDG
ALACHUA COUNTY DIVISION OF PURCHAS
3RD FLOOR COUNTY ADMIN BLDG
12 SE 1ST STREET
GAINESVILLE FL 32601-6826

FL 326 0-04

UPS 2ND DAY AIR
TRACKING #: 1Z 69R R88 02 9981 9185

2

BILLING: P/P

Reference#1: Bid. No. 20-100
Reference#2: Annual Fiber Optic Cabling
UPS 21.1.23, WNTINV50 12.0A 04/2019

