

21	PED/BIKE RAIL (ALUMINUM) (INDEX 425-001)	20	LF	\$200.00	\$4000.00
22	SOD OR HYDROSEED	4400	SY	\$4.00	\$17,600.00
TOTAL AMOUNT				\$	293,750.00

NOTE: This bid is a unit price bid based on estimated quantities. Final payment shall be based upon actual field measurement of quantities.

List of Unit Abbreviations:

SY Square Yards	GL Gallons	SD Side Drain
LS Lump Sum	MG Thousand Gallons	ED Each Day
CY Cubic Yards	GM Gross Miles	CD Cross Drain
EA Each	LF Linear Feet	AC Acre
TN Tons	NM Net Miles	RCP Reinforced Concrete Pipe
HR Hour	AS Assembly	PI Per Intersection

Bidder: Hartman Civil Construction Co., Inc. Company: _____

Address: 9200 SW Hwy 484
Ocala, FL 34481

Authorized Signature: _____ Title: President

Clearly Print Signature: Michael A. Hartman Title: President

PHONE: (352) 690-1525 FAX: (352) 270-4832 DATE: 8/21/19

Email Address: _____

BID SCHEDULE**BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1**

ITEM NO.	DESCRIPTION	EST. QUANTITY	UNIT	UNIT PRICE	AMOUNT BID (EXT TOTAL)
1	MOBILIZATION	1	LS	\$ 17,500.00	\$ 17,500.00
2	MAINTENANCE OF TRAFFIC	1	LS	\$ 20,000.00	\$ 20,000.00
3	PREVENTION, CONTROL & ABATEMENT OF EROSION & WATER POLLUTION	1	LS	\$ 1,500.00	\$ 1,500.00
4	SEDIMENT BARRIER	500	LF	\$ 2.00	\$ 1,000.00
5	INLET PROTECTION	1	EA	\$ 250.00	\$ 250.00
6	CLEARING & GRUBBING	1	LS	\$ 15,000.00	\$ 15,000.00
7	MOWING	2	AC	\$ 400.00	\$ 800.00
8	GRADING	1	LS	\$ 10,000.00	\$ 10,000.00
9	BORROW	50	CY	\$ 25.00	\$ 1,250.00
10	4" LIMEROCK BASE	400	SY	\$ 15.00	\$ 6,000.00
11	ASPHALTIC CONCRETE FRICTION COURSE	35	TN	\$ 400.00	\$ 14,000.00
12	CONCRETE CLASS NS, GRAVITY WALL	30	CY	\$ 1,000.00	\$ 30,000.00
13	PP PIPE, 12"	45	LF	\$ 100.00	\$ 4,500.00
14	14"X23" ERCP	200	LF	\$ 80.00	\$ 16,000.00
15	MITERED END SECTION, 14"X23", ERCP, SD	16	EA	\$ 1,200.00	\$ 19,200.00
16	MITERED END SECTION, 15"X21", CMP, SD	2	EA	\$ 1,200.00	\$ 2,400.00
17	CONCRETE SIDEWALK, 4"	1750	SY	\$ 60.00	\$ 105,000.00
18	CONCRETE SIDEWALK, 6"	75	SY	\$ 80.00	\$ 6,000.00
19	CONCRETE DITCH PAVING, 3"	5	SY	\$ 250.00	\$ 1,250.00
20	DETECTABLE WARNING SURFACE	10	SF	\$ 50.00	\$ 500.00

SECTION G

EXHIBIT A

BID FORM

BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1

Date: 8/21/19

Board of County Commissioners
Alachua County, Florida
Gainesville, Florida

Dear Commissioners:

The undersigned, as Bidder, hereby declares that he has examined the site of the Work and informed himself fully in regard to all conditions pertaining to the place where the Work is to be done, and that he has examined the plans and Specifications for the Work and comments hereto attached. The Bidder further declares that the only persons, company or parties interested in this Bid or the contract to be entered into, as principals, are named herein; that this Bid is made without connection with any other person, company or parties making a Bid; and it is in all respects fair and in good faith and without collusion or fraud.

The Bidder proposes and agrees, if this Bid is accepted, to contract with Alachua County, Florida, through the Board of County Commissioners, Gainesville, Florida, in the form of contract specified, to furnish all necessary materials, equipment, machinery, tools, apparatus, means of transportation, labor and service necessary to complete the work covered by the Bid and Contract Documents for: **BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1** to furnish the prescribed Performance and Payment Bond for not less than one hundred ten percent (100%) of the bid price; and to furnish the required evidence of the specified insurance.

The undersigned further agrees that in case of failure on his part to execute said contract within thirty (30) consecutive calendar days after written notice being given of award of contract, the certified or cashier's check or bid bond accompanying this bid, and money payable thereon, shall be paid into funds of the Alachua County Board of County Commissioners, Gainesville, Florida, as liquidated damages for such failure; otherwise, the check or bid bond accompanying this proposal shall be returned to the undersigned.

The undersigned agrees to commence work as set forth in the Notice to Proceed and to reach substantial completion within **40** working days from the date on which work commences and final completion within **30** calendar days thereafter. If the Contractor fails to complete the work within the specified time, the Contractor agrees to pay the County **\$1,241.00** per calendar day as liquidated damages for substantial completion and **\$620.00** per calendar day as liquidated damages for final completion.

The Bidder agrees to accept in full compensation for each item the prices named in the schedule incorporated herein and attached as "Bid Schedule". The Bidder understands that the quantities shown on the "Bid Schedule" are approximate only and subject to increase or decrease. Should they be increased or decreased, work will be performed at the unit price bid herein. Actual quantities will be determined upon completion of the work.

Bid Form Cont'd

BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1

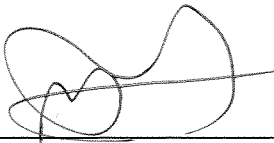
Hartman Civil Construction Co., Inc.

BIDDER

Attest:

Wenona Scott
Asst. Secretary
Title

BY:


MICHAEL A. HARTMAN
PRESIDENT
Title

Address

ADDENDA


The Bidder hereby acknowledges that he has received Addenda Number(s): 1, _____, _____.
_____, _____. Bidder shall insert Number of each Addendum received and agrees that all addenda issues
are hereby made part of the Contract Documents, and the Bidder further agrees that his Bid(s) includes all impacts
resulting from said Addenda.

Attest:

Wenona Scott
Asst. Secretary
Title

BIDDER

BY:


MICHAEL A. HARTMAN
President
Title

SECTION C

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 must be included in your BID submission. A place to check off acknowledgement is on the bid form.
- ☐ Submit the appropriate number of copies.
- ☐ Fill out all of the exhibits as required, especially **Exhibit B, Small Business Enterprise (SBE) Program Participation Form.**
- ☐ Include any insurance requirements.
- ☐ Include any payment, performance and/or bid bonds that may be applicable.
- ☐ Remember to submit your Bid prior to the submittal deadline.
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.
- ☐ REMINDER: Parking around the County Administration Building, located @ 12 SE 1st Street, can be challenging. Please be aware that it can be difficult at times to find a place to park. As stated above LATE BIDS WILL NOT BE CONSIDERED.
- ☐ 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. LATE BIDS WILL NOT BE CONSIDERED.

If you have questions concerning these items or other, sections of the bid solicitation please contact the Procurement Division for clarification prior to submitting your bid.

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1

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: BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1

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.

CORNERSTONE BARRICADES	JENKINS PAINTING, INC.
SBE Name of Contractor	SBE Name of Contractor
3201 SW 42ND ST, GAINESVILLE, FL	5551 NW 60TH ST, CHIEFLAND, FL 32606
Address	Address
MAINTENANCE OF TRAFFIC	STRIPING
Scope of Work to be Performed	Scope of Work to be Performed
\$ 3,000.00 1 %	\$ %
(Est \$ Value) (Est % of Total Bid)	(Est \$ Value) (Est % of Total Bid)
DEREN LAND SURVEYING, LLC	GEO-TECH
SBE Name of Contractor	SBE Name of Contractor
4605 NW 6TH ST, GAINESVILLE, FL 32609	1016 SE 3RD AVE, Ocala, FL 34471
Address	Address
SURVEYING & ASBUILTS	TESTING
Scope of Work to be Performed	Scope of Work to be Performed
\$ 12,000.00 40 %	\$ 6,000.00 2 %
(Est \$ Value) (Est % of Total Bid)	(Est \$ Value) (Est % of Total Bid)

BID NUMBER: BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1

OPTION 4

SBE Good Faith Effort. To be considered responsive all Vendors should have SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. **If option 1, 2 or 3 was not chosen the Vendor should complete the section below substantiating compliance with good faith effort requirements.**

In accordance with Section 22.36, of the Alachua County Procurement Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response should 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: 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1

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 RFP opening) Procurement at 352.374.5202, for direction.**

Vendor Name: Hartman Civil Construction Co., Inc. Date 8/21/19

Signature  Title President

Printed Name: Michael A. Hartman Title President

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1

This form is for all Non-Small Business Enterprise subcontractors being utilized on this project that are not included on Exhibit B.

SOP MORE LLC	
Name of Contractor	Name of Contractor
7551 200th St, O'Brien, FL 32071	
Address	Address
SOD	
Scope of Work to be Performed	Scope of Work to be Performed
\$ 17,600.00 6 %	\$ %
(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 C and submit with you bid package.

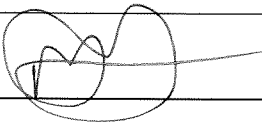
ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM**BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1**

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 \$13.50 hourly and are provided health benefits?
2.	<input checked="" type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of \$15.60 hourly but are not provided health benefits?

Bidder: Michael A. Hartman Company: Hartman Civil Construction Co., Inc.

Authorized Signature:  Title: President

Clearly Print Name: MICHAEL A. HARTMAN Phone: (352) 690-1525

Email Address: office@hartmancivil.com

DRUG FREE WORKPLACE

Section 22.09 Competitive Sealed Bidding of the Alachua County Procurement 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 Florida Statute 287.087 and Section 22.09 of the Alachua County Procurement Code hereby certifies that

Hartman Civil Construction 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

8/21/19

Date

BIDDER'S QUESTIONNAIRE

Bidder's Name: Hartman Civil Construction Co., Inc.

Bidder's Address: 9200 SW Hwy.484 Ocala, FL 34481 Phone: (352)

Number of years in this type of service: 5 Number of years licensed in Alachua County: 0

Number of employees "ON THE JOB" each week: 6 Number of employees "ON CALL" each week: _____

Are you FDOT Prequalified for this work? Yes ☒ No ☐ If so, MyFlorida MarketPlace Number: 46-5262082

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

Asbuilts & Layouts

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

Do you currently hold any municipality contracts: Yes ☒ No ☐ If so, please indicate below:
Alachua County SW 170 St. Sidewalk (LAP) 917-7909; Sumter County SR 471 Watermain Extension,

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

1)	Firm:	<u>Alachua County Purchasing Dept.</u>	Phone: <u>(386) 376-0340</u>
	Contact Person:	<u>Mark Jarrard</u>	
2)	Firm:	<u>Sumter County Board of County Commissioners</u>	Phone: <u>(352) 569-6700</u>
	Contact Person:	<u>Tithonas Davis</u>	
3)	Firm:	<u>Lake County BOCC Public Works Dep.</u>	Phone: <u>(352) 253-6000</u>
	Contact Person:	<u>Fred Schneider</u>	

Are your employees screened by: (indicate)

1)	Polygraph	_____
2)	General Interview	<u>X</u>
3)	Background Investigation	<u>X</u>
4)	Police Record Check	<u>X</u>
5)	Additional	<u>Pre-Employment Drug Test</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:

7am until 6pm

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

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

DATE: 8/21/19 AUTHORIZED SIGNATURE: _____

Equipment #	Schedule	AgencyID	Policy Number	Description
1		HART-07C-3001	21048730002	Mulching Head w/SPF- 48 Pallet Forks
2		HART-07C-3002	21048730002	John Deere 333E Comp act Track Loader
3		HART-07C-3003	21048730002	Bomag Plate Compacto r
4		HART-07C-3004	21048730002	John Deere 544J Ldrw /Pipe Fks & Rake
5		HART-07C-3005	21048730002	John Deere 75D Excav ator
6		HART-07C-3006	21048730002	John Deere 450J Craw ler Dozer
7		HART-07C-3007	21048730002	John Deere 225DLC Ex cavator
8		HART-07C-3008	21048730002	John Deere 85G Excav ator
9		HART-07C-3009	21048730002	John Deere 310E Back hoe Loader
10		HART-07C-3010	21048730002	Vermeer Alamo Naviga tor Boring Mach.
11		HART-07C-3011	21048730002	JD 35 Mini Excavator
12		HART-07C-3012	21048730002	Leased/Rented Loss P ayee
13		HART-07C-3013	21048730002	Bomag 177-D Stock# 0 61036
14		HART-07C-3014	21048730002	Toku Hydraulic Break er w/Coupler
15		HART-07C-3015	21048730002	Cat TH63 600lb Teles coping Forklift
16		HART-07C-3016	21048730002	Cat 950G Loader
17		HART-07C-3017	21048730002	John Deere 204K Whee l Loader
18		HART-07C-3018	21048730002	Myers-Seth 4' Portab le Digphragm Pump
19		HART-07C-3019	21048730002	Caterpillar 928G Loa der
20		HART-07C-3020	21048730002	Caterpillar D5 M Bul ldozer
21		HART-07C-3021	21048730002	Caterpillar 120-G Mo tor Grader

RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the County 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: Michael A. Hartman, PresidentADDRESS: 9200 SW Hwy.484Ocala, FL 34481PHONE NO.: Office: (352) 690-1525 Cell: (352) 303-4565FAX NO.: (844) 270-4832EMAIL ADDRESS: office@hartmancivil.comALTERNATE RESPONSIBLE AGENT: Eddie Esch, Sr.ADDRESS 9200 SW Hwy. 484 Ocala, FL 34481PHONE NO. Office: (352) 690-1525 or Cell: (352) 425-8405FAX NO. (844) 270 - 4832EMAIL ADDRESS: OFFICE @ HARTMANCIVIL.COMSIGNED: DATE: 8/21/19

FORM OF BID BOND

STATE OF FLORIDA

COUNTY OF ALACHUA

KNOW ALL MEN BY THESE PRESENTS:

That we, Hartman Civil Construction Company, Inc (hereinafter called Bidder), and Merchants National Bonding, Inc as Surety, are bound to the Board of County Commissioners of Alachua County, Florida, as Obligee hereinafter called COUNTY, in the amount of Five percent of the amount bid Dollars (\$ 5%), for the payment of whereof BIDDER and Surety bind themselves, their heirs, executors, administrators, successors, and assigns jointly and severally.

WHEREAS, Bidder contemplates submitting or has submitted, as a bid to the COUNTY for furnishing certain materials and labor in connection with the construction of: **BID 19-925: SW 24th Avenue Sidewalk Project 919-7902-FY19-1**, including all incidental and necessary work thereto covered by these specifications.

WHEREAS, it was a condition precedent to the submission of said bid that a certified check or bid bond in the amount of five percent (5%) of the base bid be submitted with said bid as a guarantee that the bidder would, if awarded the contract, enter into a written contract with the COUNTY for the performance of said contract, within ten (10) consecutive calendar days after written notice having been given of the award of the contract.

THE CONDITION OF THIS BOND IS, if:

1. The bid of the Bidder is accepted by the COUNTY and within ten (10) consecutive calendar days after written notice of such acceptance, the Bidder shall enter into a written contract with the COUNTY and furnish a contract surety bond in an amount equal to one hundred ten percent (100%) of the base bid, satisfactory to the COUNTY (if required in the detailed specifications), then

THIS BOND IS VOID; OTHERWISE, IT REMAINS IN FULL FORCE AND EFFECT, AND

The sum herein stated shall be due and payable to the COUNTY, and the Surety herein agrees to pay said sum immediately upon demand of the COUNTY in good and lawful money of the United States of America, as liquidated damages for failure thereof of said Bidder.

Signed and sealed this 21st day of August, 2019.

WITNESSES:

Hartman Civil Construction Company, Inc
(Name of Corporation)

Asst. Wendy Scott
Secretary

By [Signature]
(Signature and Title)
MICHAEL A. HARTMAN PRESIDENT

(CORPORATE SEAL)

Michael A. Hartman, President
(Type Name and Title Signed Above)

IN THE PRESENCE OF:

[Signature]

CSR

INSURANCE COMPANY:

Merchants National Bonding, Inc

By [Signature]
Rebekah G Wolf, Attorney in Fact & FL Resident Agent

Address PO Box 14498

Des Moines, IA 50306
(City/State/Zip Code)

Telephone No. 515-243-8171

MERCHANTS
BONDING COMPANYTM
POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Benjamin H French; K Wayne Walker; L Dale Waldorff; Pamela L Jarman; Paul A Locascio; Rebekah G Wolf

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

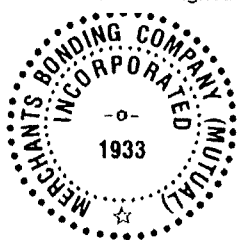
"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 11th day of April, 2019.



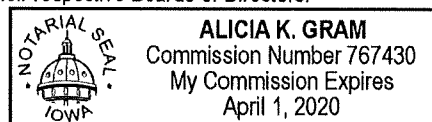
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this this 11th day of April, 2019, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

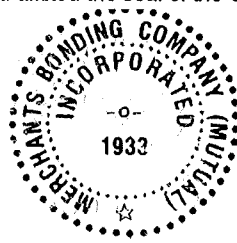


Alicia K. Gram
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 21st day of August, 2019.



William Warner Jr.
Secretary

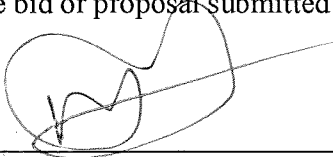
PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION

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.



8/21/19

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):

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.

n/a

n/a

Bidder's Signature

Date

July 26, 2006

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

HARTMAN CIVIL CONSTRUCTION COMPANY, INC.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner, unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

9200 SW HWY 484

6 City, state, and ZIP code

OCALA, FL 34481

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

OR

Employer identification number

4 6 - 5 2 6 2 0 8 2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

1/22/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Company ID Number: 861885

Approved by:

Employer Hartman Civil Construction Co. Inc.	
Name (Please Type or Print) Hartman Michael	Title President
Signature Electronically Signed	Date 03/16/2015
Department of Homeland Security – Verification Division	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 03/16/2015



Florida Department of Transportation

RON DESANTIS
GOVERNOR

605 Suwannee Street
Tallahassee, FL 32399-0450

KEVIN J. THIBAUT, P.E.
SECRETARY

June 3, 2019

HARTMAN CIVIL CONSTRUCTION COMPANY, INC.
9200 SW HWY. 484
OCALA, FLORIDA 34442

RE: CERTIFICATE OF QUALIFICATION

Dear Sir/Madam:

The Department of Transportation has qualified your company for the type of work indicated below. Unless your company is notified otherwise, this Certificate of Qualification will expire 6/30/2020. However, the new application is due 4/30/2020.

In accordance with S.337.14 (1) F.S. your next application must be filed within (4) months of the ending date of the applicant's audited annual financial statements.

If your company's maximum capacity has been revised, you can access it by logging into the Contractor Prequalification Application System via the following link:
<HTTPS://fdotwp1.dot.state.fl.us/ContractorPreQualification/>

Once logged in, select "View" for the most recently approved application, and then click the "Manage" and "Application Summary" tabs.

FDOT APPROVED WORK CLASSES:

DRAINAGE, GRADING, GRASSING, SEEDING AND SODDING, SIDEWALK, Underground Utilities.

You may apply for a Revised Certificate of Qualification at any time prior to the expiration date of this certificate according to Section 14-22.0041(3), Florida Administrative Code (F.A.C.), by accessing your most recently approved application as shown above and choosing "Update" instead of "View." If certification in additional classes of work is desired, documentation is needed to show that your company has done such work with your own forces and equipment or that experience was gained with another contractor and that you have the necessary equipment for each additional class of work requested.

All prequalified contractors are required by Section 14-22.006(3), F.A.C., to certify their work underway monthly in order to adjust maximum bidding capacity to available bidding capacity. You can find the link to this report at the website shown above.

Sincerely,

Alan Autry, Manager
Contracts Administration Office

AA:cj

State of Florida

Department of State

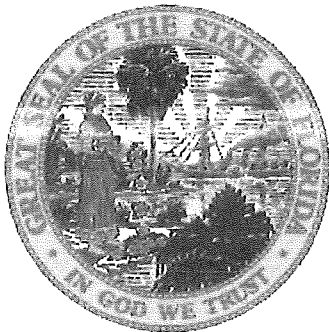
I certify from the records of this office that HARTMAN CIVIL CONSTRUCTION COMPANY, INC. is a corporation organized under the laws of the State of Florida, filed on March 31, 2014, effective March 25, 2014.

The document number of this corporation is P14000028921.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on March 17, 2015, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-third day of April,
2015*



Ken DeFries
Secretary of State

Tracking Number: CU1802924757

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



HARTMAN

OP ID: MN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/25/2019

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).

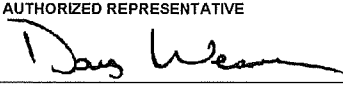
PRODUCER Brown & Brown of Florida, Inc. Ocala Division 1720 SE 16th Avenue, Suite 201 Ocala, FL 34471-4620 Doug Weaver, AAI		352-732-5010		CONTACT NAME: Doug Weaver, AAI	
				PHONE (A/C, No, Ext): 352-732-5010	FAX (A/C, No): 352-732-5344
				E-MAIL ADDRESS:	
				INSURER(S) AFFORDING COVERAGE	
				INSURER A: Valley Forge	NAIC # 20508
				INSURER B: Continental Insurance Company	35289
				INSURER C: XL Specialty Insurance Co	37885
				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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		6076329503	04/15/2019	04/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> PIP 10,000	X		6076287205	04/15/2019	04/15/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6076329484	04/15/2019	04/15/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	6076329498	04/15/2019	04/15/2020	<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	Leased Equipment			UM00063350MA19A	04/15/2019	04/15/2020	Amount \$ 250,000 Ded \$ 1,000

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

See Next Page
building@alachuacounty.us

CERTIFICATE HOLDER ALACH43 Alachua County Public Works 5620 NW 120th Lane Gainesville, FL 32653	CANCELLATION 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 
--	--

NOTEPAD:

HOLDER CODE **ALACH43**
INSURED'S NAME **Hartman Civil Construction**

HARTMAN
OP ID: MN

PAGE 2
Date **04/25/2019**

The Alacha County Board of County Commissioners, its officials, employees and volunteers are listed as an additional insured with regards to the General Liability which includes ongoing & completed operations and Commercial Automobile when required by written contract/agreement

Insurance is primary & non-contributory with regards to the General Liability & Automobile Liability policy when required by written contract/agreement

Hartman Civil Construction Co., Inc.
9200 SW Hwy 484
Ocala, FL 34481
(352) 690-1525
Email: office@hartmancivil.com
Fax: 844-270-4832

AUG 21 '19 PM 1:57

Sealed Bid to be Opened at 2pm:
BID 19-925: SW 24th Avenue
Sidewalk Project 919-7902-FY19-1
Alachua County Procurement Division
County Administration Bldg
12 SE 1st Street, 3rd Floor
Gainesville, FL 32601