

EMERGENCY WORK		
PLUMBER (Licensed Journeyman)		
Regular Working Hours	M-F 8:00 am- 5:00 pm	\$ <u>65</u> /hour
Overtime Working Hours	M-F 5:00 pm- 8:00 am	\$ <u>94</u> /hour
Overtime Working Hours	Fri 5:00 pm – Fri 11:59 pm	\$ <u>94</u> /hour
Sunday Working Hours	Sat 12:00 Midnight – Mon 8:00 am	\$ <u>94</u> /hour
Holiday	5 pm prior night - 8 am following day	\$ <u>94</u> /hour
PLUMBER HELPER		
Regular Working Hours	M-F 8:00 am- 5:00 pm	\$ <u>40</u> /hour
Overtime Working Hours	M-F 5:00 pm- 8:00 am	\$ <u>60</u> /hour
Overtime Working Hours	Fri 5:00 pm – Fri 11:59 pm	\$ <u>60</u> /hour
Sunday Working Hours	Sat 12:00 Midnight – Mon 8:00 am	\$ <u>60</u> /hour
Holiday	5 pm prior night - 8 am following day	\$ <u>60</u> /hour

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

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

Bidder: SUNSHINE PLUMBING AND GAS Company: NATE BAZINET

Address: 5510 SW 41ST BLVD, SUITE 101, GAINESVILLE FL 32608

Authorized Signature: _____ Title: PRESIDENT

Clearly Print Name: NATE BAZINET

Phone: 352-339-5791 Fax: N/A Date: 2/22/20

Email Address: NATE@SUNSHINEPLUMBINGANDGAS.COM

EXHIBIT A

BID FORM

BID NUMBER: 21-30 Rebid

BID OPENING DATE: 2:00 pm, Wednesday, August 19, 2020

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:

SERVICE WORK		
PLUMBER		
Regular Working Hours	M-F 8:00 am- 5:00 pm	\$ 65 /hour
Overtime Working Hours	M-F 5:00 pm- 8:00 am	\$ 94 /hour
Overtime Working Hours	Fri 5:00 pm – Fri 11:59 pm	\$ 94 /hour
Sunday Working Hours	Sat 12:00 Midnight – Mon 8:00 am	\$ 94 /hour
Holiday	5 pm prior night - 8 am following day	\$ 94 /hour
PLUMBER HELPER		
Regular Working Hours	M-F 8:00 am- 5:00 pm	\$ 40 /hour
Overtime Working Hours	M-F 5:00 pm- 8:00 am	\$ 60 /hour
Overtime Working Hours	Fri 5:00 pm – Fri 11:59 pm	\$ 60 /hour
Sunday Working Hours	Sat 12:00 Midnight – Mon 8:00 am	\$ 60 /hour
Holiday	5 pm prior night - 8 am following day	\$ 60 /hour

EXHIBIT B

SUNSHINE CONSTRUCTION, LLC

(Insert Name of Corporation)

CORPORATE RESOLUTION

GRANTING SIGNING AUTHORITY AND AUTHORITY TO CONDUCT BUSINESS

The Board of Directors ("Directors") of SUNSHINE CONSTRUCTION, LLC, a
(insert name of company)

FLORIDA corporation (the "Corporation"), at a duly and properly
(insert state of incorporation)

held meeting on the 22 day of JULY, 2020, did hereby consent to, adopt,
ratify, confirm and approve the following recitals and resolutions:

WHEREAS, the Corporation is a duly formed, validly existing corporation in good standing under the laws of
the State of FLORIDA and is authorized to do business in the State of Florida; and

WHEREAS, the Corporation desires to grant certain persons the authority to execute and enter into contracts and
conduct business on behalf of the Corporation.

NOW, THEREFORE, BE IT RESOLVED, that any of the following officers and employees of the Corporation
listed below are hereby authorized and empowered, acting along, to sign, execute and deliver any and all contracts
and documents on behalf of the Corporation, and to do and take such other actions, including but not limited to
the approval and execution of contracts, purchase orders, amendments, change orders, invoices, and applications
for payment, as in his or her judgment may be necessary, appropriate or desirable, in connection with or related
to any bids, proposals, or contracts to, for or with to Alachua County, a charter county and political subdivision
of the State of Florida:

NAME

TITLE

NATE BAZINET

owner

BE IT RESOLVED THAT, these resolutions shall continue in full force and effect, and may be relied upon by Alachua County, until express written notice of their rescission or modification has been received by the Procurement Manager of Alachua County. Any revocation, modification or replacement of these resolutions must be accompanied by documentation satisfactory to the Procurement Manager of Alachua County, establishing the authority for the changes.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the corporate seal of the above-named Corporation this 31 day of JULY, 2020, and do hereby certify that the foregoing is a true record of a resolution duly adopted at a meeting of the Board of Directors of the Corporation and that said meeting was held in accordance with state law and the Bylaws of the Corporation, and that the resolution is now in full force and effect without modification or rescission.

(Corporate Seal) Secretary of the Corporation

By: _____

NATE BAZINET

(Print Secretary's Name)

EXHIBIT C

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: _____

Date: _____

--- OR ---

II. EXEMPTION FROM PUBLIC RECORDS LAW AND AGREEMENT TO INDEMNIFY AND DEFEND ALACHUA COUNTY

The following parts of the bid or proposal submitted are exempt from disclosure under the Florida public records law because: (list exempt parts and legal justification. i.e. trade secret):

By claiming that all or part of the bid or proposal is exempt from the public records law, the undersigned bidder or proposer agrees to protect, defend, indemnify and hold the County, its officers, employees and agents free and harmless from and against any and all claims arising out of a request to inspect or copy the bid or proposal. The undersigned bidder or proposer agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent.

Bidder's Signature: _____

Date: _____

EXHIBIT D

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 21-30 Rebid Annual Plumbing Services

OPTION 1

I certify that our Company is an Alachua County Certified Small Business Enterprise (SBE) registered prior to the Bid opening.

Circle One:

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

No (If No, proceed to Option 2).

OPTION 2

I certify that our Company will perform ALL work and that no subcontractors will be utilized for this bid.

Circle One:

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

No (If No, proceed to Option 3.)

EXHIBIT D

BID NUMBER: <21-30 Rebid Annual Plumbing 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.

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: _____
Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %
SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

SBE Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

EXHIBIT D

BID NUMBER: 21-30 Rebid Annual Plumbing Services

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 22.11-207, 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.)

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

Name of SBE Company: _____

Date SBE Contacted: _____

SBE Contact Name and Phone #: _____

Must be completed by. SBE Response when contacted: _____

BID NUMBER: 20-30: Annual Plumbing 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: SUNSHINE PLUMBING AND GAS Date 9/24/19

Signature  Title OWNER

Printed Name:  Title OWNER

EXHIBIT E

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

Bid 21-30 Rebid Annual Plumbing Services

The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article 12 of the Alachua County Code.

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

- ☐ Employees involved with Alachua County projects are paid a minimum of \$14.50 hourly or the current prevailing wage and are provided health benefits?
- ☒ Employees involved with Alachua County projects are paid a minimum of \$16.50 hourly or the current prevailing wage but are not provided health benefits?

Bidder: SUNSHINE CONSTRUCTION, LLC Company: _____

Address: 5510 SW 41ST BLVD SUITE 101

Authorized Signature:  Title: OWNER

Clearly Print Name: NATE BIZINET

Phone: 352-339-5791 Fax: _____ Date: 7/22/20

Email Address: NATE@SUNSHINEPLUMBINGANDCITY.COM

EXHIBIT F

DRUG FREE WORKPLACE

Florida Statute , Section 287.087 states that whenever two or more bids, proposals, or replies that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the procurement of commodities or contractual services, a bid proposal, or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process

The undersigned vendor in accordance with §287.087, Florida Statute hereby certifies that


SUNSHINE CONSTRUCTION, 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 893 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

7/22/20

Date

EXHIBIT G

Proposed Subcontractors (Non-Small Business Enterprise) Form

BID NUMBER: 21-30 Rebid Annual Plumbing Services

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

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: _____

Address: _____

Scope of Work to be Performed: _____

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.

BIDDER'S QUESTIONNAIRE

Bidder's Name: SUNSHINE PLUMBING AND GAS

Bidder's Address: 5510 SW 41ST BLVD Phone: 352-339-5791

Number of years in this type of service? 12 Number of years licensed in Alachua County: 8

Number of employees "ON THE JOB" each week: 32 Number of employees "ON CALL" each week: 10

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

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

EXCAVATOR, FRONT LOADER, SEWER CAMERA, SEWER JETTER

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

UF ANNUAL CONTRACT

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

- 1) Firm: CITY OF GAINESVILLE Phone: 352-339-5774
Contact Person: KEN OLIVER
- 2) Firm: UNIVERSITY FLORIDA Phone: 352-392-1163
Contact Person: KAREN GLITSKY
- 3) Firm: SCHONE CONSTRUCTION Phone: 352-378-7668
Contact Person: JEFF GOODMAN

Are your employees screened by: (indicate)

- 1) Polygraph NO
- 2) General Interview YES
- 3) Background Investigation YES
- 4) Police Record Check YES
- 5) Additional YES

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: 7-6 pm

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

CONTINUE SERVICE AS NORMAL

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

DATE: 4/24/19 AUTHORIZED SIGNATURE: _____

EXHIBIT I

RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between Alachua 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: NATE BAZINET

ADDRESS: 5570 SW 41st Blvd Suite 101

PHONE NO.: 352-339-5791

FAX NO.: -

EMAIL ADDRESS: NATE@SUNSHINEPLUMBINGANDACI.COM

ALTERNATE RESPONSIBLE AGENT: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

EMAIL ADDRESS: _____

SIGNED: _____ DATE: _____



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BAZINET, NATE D

SUNSHINE PLUMBING AND GAS

11745 SW 55TH ST

MICANOPY FL 32667

LICENSE NUMBER: CFC1427687

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/22/2020

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 McGriff-Williams Insurance 3501-A W. University Ave Gainesville FL 32607	CONTACT NAME: Heidi Tapanes
	PHONE (A/C, No, Ext): 352-371-7977 FAX (A/C, No): 352-505-2078
	E-MAIL ADDRESS: heidi@mcgriffwilliams.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Old Dominion Insurance Co NAIC # 40231
	INSURER B: National Union Fire Insurance
	INSURER C: Zenith Insurance Company 13269
	INSURER D: Progressive 24252
	INSURER E: Southern Owners Insurance 10190
	INSURER F:

COVERAGES

CERTIFICATE NUMBER: 807435264

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
E	<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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		78391760	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A D	AUTOMOBILE LIABILITY <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		B1P9629Q 01550047-0	1/1/2020 1/1/2020	1/1/2021 1/1/2021	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		EBU015411354	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	Z133981003	1/20/2020	1/20/2021	<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
E	Installation Floater		78391760	6/11/2020	1/1/2021	Installation Floater 50,000

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

CERTIFICATE HOLDER

CANCELLATION

Alachua County Bldg Dept.
10 SW 2nd Avenue
1st Floor
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