

EXHIBIT A
BID FORM

BID NUMBER: 21-980

BID OPENING DATE: 2:00 pm, Wednesday, February 10, 2021

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:


DESCRIPTION	AMOUNT BID
BASE BID - 1 Mitsubishi Equipment, 1 Condenser, 2 evaporators for	\$ 51,660.00
the cabins, 1 cond. + 1 evap. for infirmary,	
Total Bid (add all rows above)	\$ 51,660.00

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

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

Bidder: John Ruland Jr Company: HVAC Concepts

Address: PO Box 1329 Belleview, FL 34421

Authorized Signature:  Title: President

Clearly Print Name: John Ruland Jr.

Phone: 352. 421-2912 Fax: Date: 2/10/21

Email Address: jruland@hvacfla.com

EXHIBIT D

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 21-980 Design-Build for the HVAC System @ Camp Cuscowilla - Project #8204102

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: 21-980 Design-Build for the HVAC System @ Camp Cuscowilla - Project #8204102

**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) Procurement at 352.374.5202, for direction.

Vendor Name: HVAC Concepts Date: 2/10/2021

Signature: X  Title: President

Printed Name: John Ruland Jr.

EXHIBIT E

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

BID 21-980 Design-Build for the HVAC System @ Camp Cuscowilla - Project #8204102


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: John Ruland Jr Company: HVAC Concepts

Address: PO Box 1329 Belleview FL 34421

Authorized Signature: X  Title: President

Clearly Print Name: John Ruland Jr.

Phone: 352-421-2912 Fax: _____ Date: 2/10/2021

Email Address: jruland@hvacfla.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

HVAC Concepts

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.

X [Signature]

Bidder's Signature

2/10/2021

Date

EXHIBIT H
BIDDER'S QUESTIONNAIRE

Bidder's Name: John Ruland Jr.

Bidder's Address: PO Box 1329 Belleview FL 34421 Phone: 352. 421- 2912

Number of years in this type of service? 15 Number of years licensed in Alachua County: _____

Number of employees "ON THE JOB" each week: 45 Number of employees "ON CALL" each week: 1

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: All man power, no major equipment need to perform this job.

Do you currently hold any municipality contracts: ☒ Yes ☐ No

If so, please indicate below:

Florida Department of Ag & Consumer, Levy County School Board
Division of Forestry, Lowell Correction,

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

1) Firm: Signature Brands Phone: 352- 789. 1454

Contact Person: Brad Dove

2) Firm: J. E. Dicker Phone: 352. 318. 9149

Contact Person: Karlin Warkentin

3) Firm: LifeSouth Phone: 352-224. 1739

Contact Person: Andrew Elswick

Are your employees screened by: (indicate below)

- 1) Polygraph
- ☒ 2) General Interview
- 3) Background Investigation
- 4) Police Record Check
- 5) Additional

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: m-F, 7am - 3:30 pm

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

Demo existing equipment, capture refrigerant, install new equipment per code, start up & verify operation.

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

DATE: 2/10/2021 AUTHORIZED SIGNATURE: X [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: John Ruland Jr.

ADDRESS: 3920 S Pine Ave Ocala FL 34480

PHONE NO.: 352-421-2912

FAX NO.: —

EMAIL ADDRESS: j.ruland@hvacfla.com


ALTERNATE RESPONSIBLE AGENT: Rooster Geiger Jr.

ADDRESS: 3920 S Pine Ave Ocala FL 34480

PHONE NO.: 352-421-2679

FAX NO.: —

EMAIL ADDRESS: r.geiger@hvacfla.com

SIGNED: X  DATE: 2/10/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/02/2020

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 PROGRESSIVE PO BOX 94739 CLEVELAND OH 44101	CONTACT NAME: PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS:
INSURED HVAC CONCEPTS LLC 3300 SE 140TH LANE SUMMERFIELD FL 34491	INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Express Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 10193

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 SUBR INFO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	00994177-1	08/08/2020	08/08/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A			PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Personal Injury Protection	X	00994177-1	08/08/2020	08/08/2021	\$ 10,000 W/ \$0 DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
2006 CHEVROLET EXPRESS G2500 2006 CHEVROLET SILVERADO C1500 2006 FORD ECONO/CLUB WGN 1998 FORD ECONO/CLUB WGN	1GCGG25V381197033 1GCEC14XX82137531 1FTNE24W56DA11157 1FTNE24L9WHA13282

CERTIFICATE HOLDER ADDITIONAL INSURED: ALACHUA COUNTY Board of County Commissioners	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2021

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 King Ins Agency of Gainesville, Inc 2321 NW 41st Street Gainesville FL 32606	CONTACT NAME: King Insurance	
	PHONE (A/C, No, Ext): 352-377-0420 FAX (A/C, No): 352-415-8030	
	E-MAIL ADDRESS: Certificates@king-insurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Frank Winston Crum Insurance	11600
INSURED HVAC Concepts 3300 SE 140th Lane Summerfield FL 34491	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES	CERTIFICATE NUMBER: 1821278471	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
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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	FGFL0010909304	2/25/2020	2/25/2021	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder is listed as an additional insured.

Department Contact: Danny Moore
Department: Facilities Management
Dept. Contact Phone: 352-374.5229
Dept. Contact Email: jdmoore@alachuacounty.us
Written Quote: BID 21-980 Design-Build for the HVAC System @ Camp Cuscowilla - Project #8204102

CERTIFICATE HOLDER**CANCELLATION**

Alachua County Board of County Commissioners
10 SW 2nd Avenue
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

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