



Procurement Division
200 E University Avenue, Rm 339
Gainesville, FL 32601
(352) 334-5021 (main)
Issue Date: November 23, 2020

REQUEST FOR PROPOSAL: CCLK-210011-MS

Public Comment Services

PRE-PROPOSAL MEETING: [] Non-Mandatory [] Mandatory [x] N/A [] Includes Site Visit
DATE: TIME: LOCATION:

QUESTION SUBMITTAL DUE DATE: December 9, 2020 @ 3:00 PM EST

DUE DATE FOR UPLOADING PROPOSAL: January 6, 2021 @ 3:00PM EST

SUMMARY OF SCOPE OF WORK: It is the intent for the City of Gainesville to request proposals for teleconference technology and services to facilitate live public comment during meetings of the City Commission and its Advisory Boards and Committees.

For questions relating to this solicitation, contact: Melanie Sowers or Diane Holder, sowersma@cityofgainesville.org, holderds@cityofgainesville.org

Bidder is not in arrears to City upon any debt, fee, tax or contract: [x] Bidder is NOT in arrears [] Bidder IS in arrears
Bidder is not a defaulter, as surety or otherwise, upon any obligation to City: [x] Bidder is NOT in default [] Bidder IS in default

Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar.com MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

ADDENDA ACKNOWLEDGMENT: Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer: Addenda received (list all) # N/A as of 01/04/2021

Legal Name of Bidder: CherryRoad Technologies Inc.

DBA:

Authorized Representative Name/Title: Jeremy Gulban

E-mail Address: jgulban@cherryroad.com FEIN: 20-5084389

Street Address: 301 Gibraltar Drive, Suite 2C, Morris Plains, NJ 07950

Mailing Address (if different):

Telephone: (973) 402-7802 Fax: (973) 402-7808

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

Proposal is in full compliance with the Specifications.

[x] Proposal is in full compliance with the Specifications except as specifically stated and attached hereto.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: [Signature]

SIGNER'S PRINTED NAME: Jeremy Gulban, CEO DATE: 01/05/2021

This page must be completed and uploaded to DemandStar.com with your Submittal.


DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that

CherryRoad Technologies Inc. _____ does:
(Name of Bidder)

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 the 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 bidder complies fully with the above requirements.



Bidder's Signature

01/04/2021

Date

In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.

BIDDER VERIFICATION FORM

LOCAL PREFERENCE (Check one)

Local Preference requested: YES NO

A copy of the following documents must be included in your submission if you are requesting Local Preference:

- Business Tax Receipt
- Zoning Compliance Permit

QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS (Check one)

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Small Business? YES NO

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Service-Disabled Veteran Business? YES NO

LIVING WAGE COMPLIANCE

See Living Wage Decision Tree:

(Check one)

- Living Wage Ordinance does not apply (check all that apply)
- Not a covered service
 - Contract does not exceed \$100,000
 - Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
 - Located within the City of Gainesville enterprise zone.
- Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida?

YES NO (refer to Part 1, 1.6, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (# P06000083970)

If the answer is "NO", please state reason why: _____

DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)

Does your company have a policy on diversity and inclusion? YES NO

If yes, please attach a copy of the policy to your submittal.

Note: Possessing a diversity and inclusion policy will have no effect on the City's consideration of your submittal, but is simply being requested for information gathering purposes.

Jeremy Gulban

Bidder's Name

CFO

Printed Name/Title of Authorized Representative

Signature of Authorized Representative

\ 01-04-2021
Date

This page must be completed and uploaded to DemandStar.com with your Submittal.

REFERENCE FORM

Name of Bidder: CherryRoad Technologies Inc.

Provide information for three references of similar scope performed within the past three years. You may include photos or other pertinent information.

#1 Year(s) services provided (i.e. 1/2015 to 12/2018): 05/2020 to Present

Company Name: City of Middletown, NY
Address: 16 James Street
City, State Zip: Middletown, NY 10940
Contact Name: Eileen France Hansen
Phone Number: 845-346-4195 Fax Number: _____
Email Address (if available): efrance@middletown-ny.com

#2 Year(s) services provided (i.e. 1/2015 to 12/2018): 09/2012 to Present

Company Name: Orange County, NY
Address: 255-275 Main St
City, State Zip: Goshen, NY 10924
Contact Name: Alicia D'Amico
Phone Number: 845-291-2794 Fax Number: _____
Email Address (if available): adamico@orangecountygov.com

#3 Year(s) services provided (i.e. 1/2015 to 12/2018): 06/2014 to Present

Company Name: City of Seattle, WA
Address: 800 5th Avenue, Suite 2315
City, State Zip: Seattle, WA 98124
Contact Name: Tara Zaremba,
Phone Number: 206-733-9149 Fax Number: _____
Email Address (if available): tara.zaremba@seattle.gov

This page must be completed and uploaded to DemandStar.com with your Submittal.



STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION POLICY

It is the policy of CherryRoad Technologies Inc. and its affiliates to be fair and impartial in all its employment practices and procedures with employees and applicants without to race, religion, color, age, sex, sexual orientation, national origin, genetic information, disability or handicap, pregnancy, childbirth, or related medical conditions, marital status, status as a covered veteran, citizenship status or any other classification protected by applicable federal, state or local law.. This policy includes all terms and conditions of employment, including, but not limited to, hiring, selection, placement, promotion, transfer, termination, compensation, benefits, company-sponsored training, education and company-sponsored social or recreational programs.

Further, it is the policy of CherryRoad Technologies Inc. and its affiliates to undertake affirmative action in compliance with all federal, state, and local requirements. I wish to take this opportunity to issue a formal reaffirmation of this policy and to assure each applicant, employee and party with whom we do business of my personal commitment to our equal opportunity and affirmative action objectives.

Our continued success depends heavily on the full and effective utilization of qualified persons. I will continue to direct our employment practices toward ensuring equal opportunity for all.

As a government contractor we are obliged to keep records, make reports to the federal government, develop written Affirmative Action Programs and otherwise document the results of our good faith efforts to ensure equality of employment opportunity at CherryRoad Technologies Inc. and its affiliates.

While, as President, I retain the overall responsibility for CherryRoad Technologies Inc.'s Equal Employment Opportunity Affirmation Action Programs, the administration and implementation of these important programs for women, minorities, handicapped persons, disabled veterans and veterans of the Vietnam Era are the responsibility of Shirley Fee, Director - Human Resources, CherryRoad Technologies Inc. EEO Officer, and Valerie Wagner, Human Resources Manager, EEO Coordinator. I ask that each manager and supervisor join me in full support of the principles of equal opportunity and affirmative action. I invite any applicant or employee to address your concerns and questions to Valerie Wagner in the Morris Plains Office at 973/541- 4249.

Stephen Lange, President and COO
January 1, 2021

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. CherryRoad Technologies 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 301 Gibraltar Drive, Suite 2C	Requester's name and address (optional)
6 City, state, and ZIP code Morris Plains, NJ 07950	
7 List account number(s) here (optional)	

Print or type. See Specific Instructions on page 3.

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													
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2	0	-	5	0	8	4	3	8	9				

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 ▶ _____
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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.

State of Florida

Department of State

I certify from the records of this office that CHERRYROAD TECHNOLOGIES INC. is a corporation organized under the laws of the State of Florida, filed on June 20, 2006.

The document number of this corporation is P06000083970.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on February 14, 2020, 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 Fourteenth day of April, 2020*



Ronald R. De
Secretary of State

Tracking Number: 8101567688CU

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

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