

LOT 10.

Item # 170710H

SECTION VII – PRICE PROPOSAL

Provide a lump sum offer: See Attached

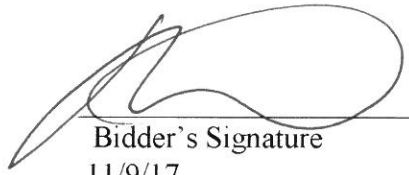
DRUG-FREE WORKPLACE FORM

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

Concept Construction, Inc., a subsidiary of Concept Companies, Inc. does:
(Name of Business)

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 firm complies fully with the above requirements.



Bidder's Signature
11/9/17

Date

CITY OF GAINESVILLE

CERTIFICATION OF COMPLIANCE WITH LIVING WAGE

The undersigned hereby agrees to comply with the terms of the Living Wage Ordinance and to pay all covered employees, as defined by City of Gainesville Ordinance 020663 as amended at 030168 (Living Wage Ordinance), during the time they are directly involved in providing covered services under the contract with the City of Gainesville for construction services a living wage of \$11.8269 per hour to covered employees who receive Health Benefits from the undersigned employer and \$13.08 per hour to covered employees not offered health care benefits by the undersigned employer.

Name of Service Contractor/Subcontractor: Concept Construction, Inc.

Address: 3917 NW 97th Blvd Gainesville, FL 32606

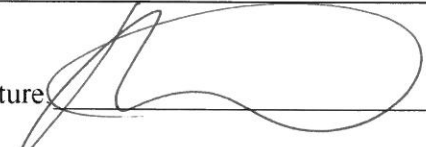
Phone Number: 352-333-3233

Name of Local Contact Person Brian Crawford

Address: 3917 NW 97th Blvd Gainesville, FL 32606

Phone Number: 386-623-1154

\$ _____
(Amount of Contract)

Signature:  _____ Date: 11/9/17

Printed Name: Brian S. Crawford

Title: President, CEO

LIVING WAGE COMPLIANCE
See Living Wage Decision Tree (Exhibit C hereto)

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.

PROPOSAL RESPONSE FORM – SIGNATURE PAGE

(submit this form with your proposal)

TO: City of Gainesville, Florida
200 East University Avenue
Gainesville, Florida 32601

PROJECT:

RFP/RFQ#:

RFP/RFQ DUE DATE:

Proposer's Legal Name: Concept Construction, Inc., a subsidiary of Concept Companies, Inc.

Proposer's Alias/DBA: _____

Proposer's Address: 3917 NW 97th Blvd Gainesville, FL 32606

PROPOSER'S REPRESENTATIVE (to be contacted for additional information on this proposal)

Name: Brian Crawford Telephone Number 386-623-1154

Date: 11/9/17 Fax Number _____

Email address brian@conceptcompanies.net

ADDENDA

The Proposer hereby acknowledges receipt of Addenda No.'s _____, _____, _____ to these Specifications.

TAXES

The Proposer agrees that any applicable Federal, State and Local sales and use taxes, which are to be paid by City of Gainesville, are included in the stated bid prices. Since often the City of Gainesville is exempt from taxes for equipment, materials and services, it is the responsibility of the Contractor to determine whether sales taxes are applicable. The Contractor is liable for any applicable taxes which are not included in the stated bid prices.

LOCAL PREFERENCE (check one)

Local Preference requested: YES NO

A copy of your Business tax receipt and Zoning Compliance Permit should be submitted with your bid if a local preference is requested.

QUALIFIED LOCAL SMALL AND/OR DISABLED VETERAN BUSINESS STATUS (check one)

Is your business qualified as a Local Small Business in accordance with the City of Gainesville Small Business Procurement Program? (Refer to Definitions) YES NO

Exhibit E

Is your business qualified as a Local Service-Disabled Veteran Business in accordance with the City of Gainesville Small and Service-Disabled Veteran Business Procurement Program? (Refer to Definitions)
 YES No

SERVICE-DISABLED VETERANS' BUSINESS (check one)

Is your business certified as a service-disabled veterans' business? YES NO

LIVING WAGE COMPLIANCE

See Living Wage Decision Tree (Exhibit C hereto)

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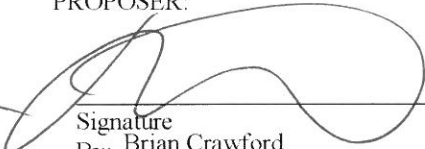
NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

SIGNATURE ACKNOWLEDGES THAT: (check one)

- Proposal is in full compliance with the Specifications.
- Proposal is in full compliance with specifications except as specifically stated and attached hereto.

Signature also acknowledges that Proposer has read the current City of Gainesville Debarment/Suspension/Termination Procedures and agrees that the provisions thereof shall apply to this RFP.

ATTEST: (CORPORATE SEAL)
PROPOSER:

Signature _____ Signature _____
By: Matt Cason By: Brian Crawford

Title: Vice President Title: President, CEO


John Power, Alachua County Tax Collector

 P.O. Box 142340, Gainesville, FL 32614
 Tax Operations Phone: (352) 264-6968

EXPIRES September 30, 2018
ACCOUNT 5593

 2017-2018 **ALACHUA COUNTY LOCAL BUSINESS TAX RECEIPT**

OWNER NAME: BRIAN CRAWFORD, PRESIDENT	BUSINESS ADDRESS: 3917 NW 97TH BLVD
TYPE OF BUSINESS: Contractor	DESCRIPTION:

CONCEPT CONSTRUCTION OF NORTH FLORIDA II

 3917 NW 97TH BLVD
 GAINESVILLE, FL 32606

DATE	RECEIPT NO.	AMOUNT PAID
09/20/2017	16-0245461	131.25

THIS LOCAL BUSINESS TAX RECEIPT DOES NOT CONFIRM THAT REGULATORY ZONING REQUIREMENTS HAVE BEEN MET. IT IS THE OWNER'S RESPONSIBILITY TO ENSURE COMPLIANCE.

www.AlachuaCollector.com
*****ATTENTION*****

THIS RECEIPT IS FOR LOCAL BUSINESS TAX RECEIPT ONLY
 CERTAIN BUSINESSES MAY REQUIRE ADDITIONAL STATE LICENSING

This is a business tax receipt only. It does not permit the receipt holder to violate any existing regulatory or zoning laws of the county or city. It does not exempt the receipt holder from any other license or permit required by law. This is not a certification of the receipt holder's qualifications.

INFORMATION ONLY

(REMOVE OR FOLD BEHIND BEFORE POSTING RECEIPT)

**THIS RECEIPT IS FURNISHED PURSUANT TO FLORIDA STATUTE CHAPTER 205
 IN ACCORDANCE WITH ALACHUA COUNTY ORDINANCE 07-03.**

This receipt should be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the taxpayer could be subject to the payment of another full local business tax for the same business, profession or occupation.

Taxes/rates are subject to changes under the law.



Zoning Compliance Permit

City of Gainesville
Planning & Development Services
P.O. Box 490, Station 11
Gainesville, FL 32602-0490
Phone: 352.334.5023 FAX: 352.334.3259

FOR OFFICE USE ONLY

ZCP No. _____ Date: ___/___/___

ZCP Approved ZCP Approved with Conditions ZCP Denied

Part 1 – To be completed by Applicant

A Zoning Compliance Permit must be completed for the following: Zoning Approval (Home Occupations, Day Care Center etc), Building Inspections Department Approval (Change of Use Permit or Occupancy Permit, if needed), Occupational License Tax and Alcohol Beverage License.

1. Applicant to complete Part 1.
2. Forward the document to the Planning Department (mail or fax **352.334.3259**) for processing
3. Planning staff will Approve, Approve with Conditions or Deny Zoning Compliance Permit.
4. Planning staff will complete Part 2.
5. The completed Zoning Compliance permit will be returned to Applicant as indicated below

Name of Business: Concept Construction, Inc. & Concept Companies, Inc.

Address of Business: 3917 NW 97th Blvd

City, State and Zip Code: Gainesville, FL 32606

Business Phone: (352) - 333-3233 Fax: () - _____

Proposed Use of Premises: Mixed Use

Applicant Name: Concept Construction, Inc.

Mailing Address: 3917 NW 97th Blvd

City, State and Zip Code: Gainesville, FL 32606

Phone Number: (352) - 333-3233 Alternate contact: (~~386~~) - 623-1154

Please initial the following, indicating that you understand the requirements:

X I understand that I must comply with current Florida Building Code through the Building Department and obtain any necessary permits; that I must obtain an Occupational License through the Finance Department; that I must meet parking standards for my zoning district; and that falsifying information may result in my Zoning Compliance Permit being revoked.

Signature of Applicant: _____ Date: 11/9 / 17

Return to Applicant: Pick up at Thomas Center Return by Mail Return by Fax

Part 2 – To be completed by Staff

PLANNING DIVISION ANALYSIS

Initial Review Date: ___/___/___

Tax Parcel Number: _____ -- _____ -- _____ Map Number: _____

Zoning District: _____ SIC Code: _____

MURPHY WELLFIELD PROTECTIONS PERMIT

Located in Wellfield Zone: YES NO Primary Secondary Tertiary

Permit Required: **EXEMPTION** **WELLFIELD SPECIAL USE PERMIT** **WELLFIELD PERMIT**

Conditions/Comments: _____

Additional documents attached to completed Zoning Compliance Permit for Wellfield information? YES NO

Special Overlay Plans or Districts YES NO

- Central Corridors NW 39th Avenue Corporate Park
- Traditional City University Heights SW 13th Street
- Five Points Gateway Street Special Environment Overlay
- Idylwild-Serenola Special Overlay Significant Ecological Communities Overlay

Parking Standard for Zoning District

Parking Standard: Vehicle _____ Bicycle _____

Comments: _____

SIGNS: Any new, modified or expanded sign visible from a street requires a permit, call the Building Inspections Department (352/334-5050).

HOME OCCUPATIONS run from a residential address are permitted by the Codes Enforcement Department, 352/334-5030

ALCOHOLIC BEVERAGE LICENSES require Planning Department approval, Thomas Center B, Room 158 (352/334-5023). Please leave the entire State of Florida application packet with the Staff Assistant.

DAY CARE CENTER applications must have the Alachua County signature sheet, and may also need site plan approval or site inspections.

Signature/Planning Division _____ Date ___/___/___