"My Work May Be Dirty, But My Reputation Is Clean."

Qualified Specialists in Janitorial Extended Services

JANITORIAL SERVICES FOR OPEN/ CLOSE AND CLEANING RESTROOM FOR CITY PARKS AND FACILITIES PROPOSAL

For:

City of Gainesville

#RECP-210008-DM

Due: Tues February 01, 2021 3:00 PM EST

Submitted to:

City of Gainesville, Florida
Attn: Darius McPhall, Procurement Specialist 3
Procurement Division
200 East University Avenue
Gainesville, Florida 32601-0490
Phone: (352) 334-5021
mcphalldt@cityofgainesville.org



Procurement Division 200 E University Avenue, Rm 339 Gainesville, FL 32601

(352) 334-5021(main)

Issue Date: December 30, 2020

| issue Dute. December 60, 2020 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| REQUEST FOR PROPOSAL: RECP-210008-DM |
| Open/Close and Cleaning Restroom for City Parks and Facilities |
| PRE-PROPOSAL MEETING: ☐ Non-Mandatory ☐ Mandatory ☐ N/A ☐ Includes Site Visit DATE: January 13, 2021 TIME: 11:00 a.m. LOCATION: Via ZOOM, Details TBA |
| QUESTION SUBMITTAL DUE DATE: January 20, 2021 at 5:00 p.m. |
| DUE DATE FOR UPLOADING PROPOSAL: February 1, 2021 3:00PM |
| SUMMARY OF SCOPE OF WORK: The purpose and scope of these specifications is to establish the requirements for a contract for the opening, closing and cleaning of Parks, Recreation and Cultural Affairs (PRCA) parks and facilities as identified in the technical specifications. |
| For questions relating to this solicitation, contact: <u>McPhallDT@Cityofgainesville.org</u> |
| Bidder is <u>not</u> 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) # 01 (01/08/21), 02 (01/19/21) |
| Legal Name of Bidder: Nicoliss Johnson |
| DBA: Contractors Enterprises, Inc. |
| Authorized Representative Name/Title: Nicoliss Johnson, President Evelyn Bell, Vice President |
| nicoliss_johnson62@yahoo.com E-mail Address: ebell4242@gmail.com FEIN: 72-1494295 |
| Street Address: 616 Crane Drive Kissimmee, FL 34759 |
| Mailing Address (if different): |
| Telephone: (850) 597-5852 Fax: (863) 496-4061 |
| 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. Proposal is in full compliance with the Specifications except as specifically stated and attached hereto. |
| |

| SIGNATURE OF AUTHORIZED REPRESENTATIVE: Micolina Johnson | | | |
|----------------------------------------------------------|------------------------|--|--|
| SIGNER'S PRINTED NAME: Nicoliss Johnson | DATE: _02/01/21 | | |
| | | | |
| | | | |

ADDENDUM NO. 1



Date: January 8, 2021

Bid Date: February 1, 2021, at 3:00 P.M. (Local Time)

Bid Name Open/Close and Cleaning Restrooms for City Parks and Facilities

Bid No.: RECP-210008-DM

NOTE: This Addendum has been issued only to the holders of record of the specifications.

The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

The following are answers/clarifications to questions received:

1. Any questions shall be submitted in writing to the City of Gainesville Purchasing Division by 3:00 p.m. (local time), January 20, 2021. Questions may be submitted as follows:

Email: mcphalldt@cityofgainesville.org

- 2. Please find attached:
 - a) Copy of the blackout period information (Financial Procedures Manual Section 41-423 Prohibition of lobbying in procurement matters).
- 3. Non-Mandatory Pre Bid Meeting via Zoom Meeting Wednesday, January 13, 2021 at 11:00A.M. Attendance is NOT Mandatory.

Join Zoom Meeting

https://us02web.zoom.us/j/86516084250?pwd=bkRXR1lLa25kRnVrTzZGZlJXcUtYdz09

Meeting ID: 865 1608 4250

Passcode: 1LjyMh
One tap mobile

- +13017158592,86516084250#,,,,*124581# US (Washington D.C)
- +13126266799,86516084250#,,,,*124581# US (Chicago)

Dial by your location

- +1 301 715 8592 US (Washington D.C)
- +1 312 626 6799 US (Chicago)
- +1 646 876 9923 US (New York)
- +1 408 638 0968 US (San Jose)

+1 669 900 6833 US (San Jose) +1 253 215 8782 US (Tacoma) +1 346 248 7799 US (Houston)

Meeting ID: 865 1608 4250

Passcode: 124581

Find your local number: https://us02web.zoom.us/u/kdzkK6D19L

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, and a copy of this Addendum to be returned with proposal.

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

| PROPOSER: | Contractors Enterprises, Inc. |
|-----------|-------------------------------|
| BY: | Nicoliss Johnson |
| DATE: | 02/01/21 |

CITY OF _____ GAINESVILLE

FINANCIAL SERVICES PROCEDURES MANUAL

41-423 <u>Prohibition of lobbying in procurement matters</u>

Except as expressly set forth in Resolution 060732, Section 10, during the blackout period as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees except the purchasing division, the purchasing designated staff contact. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

Black out period means the period between the issue date which allows for immediate submittals to the City of Gainesville Purchasing Department for an invitation for bid or the request for proposal, or qualifications, or information, or the invitation to negotiate, as applicable, and the time the City Officials and Employee awards the contract.

Lobbying means when any natural person for compensation, seeks to influence the governmental decision making, to encourage the passage, defeat, or modification of any proposal, recommendation or decision by City Officials and Employees, except as authorized by procurement documents.

ADDENDUM NO. 2



Date: January 19, 2021

Bid Date: February 1, 2021, at 3:00 P.M. (Local Time)

Bid Name Open/Close and Cleaning Restrooms for City Parks and Facilities

Bid No.: RECP-210008-DM

NOTE: This Addendum has been issued only to the holders of record of the specifications and to the attendees of the non-mandatory pre-bid conference held on January 13, 2021.

The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

1. Any questions shall be submitted in writing to the City of Gainesville Purchasing Division by 5:00 p.m.(local time), January 20, 2021. Questions may be submitted as follows:

Email: mcphalldt@cityofgainesville.org

2. Please find attached:

- a) Copy of the blackout period information (Financial Procedures Manual Section 41-423 Prohibition of lobbying in procurement matters).
- 3. Darius McPhall, Purchasing Division, discussed bid requirements.
 - a. We only accept electronic submittals.
 - b. Bids are to be received by the Purchasing office no later than 3:00 p.m. on February 1, 2021. DemandStar will not accept bids after 3:00 p.m. on that date.
 - c. Send questions in writing to Darius McPhall via email or fax.
 - i. All communication through Darius McPhall or purchasing staff only. Do not communicate with other City staff.
 - ii. Question deadline January 20, 2021 at 5 p.m.
 - d. Blackout period
 - e. Various forms (i.e. addenda, reference form, resource form, technical expertise and experience form, etc.) are to be completed and returned with your bid.
 - i. Sign, date and return all Addenda
- 4. John Weber Parks, Recreation, and Cultural Affairs Manager, discussed the project scope
 - a. Approximately 25 City Parks, vendors have the ability to bid 1 or all of the parks.

- b. Please pay close attention to the details of what each park requires.
- c. Please make sure you are aware that materials and supplies are the responsibility of the vendor. Please keep that in mind when pricing the particular parks.
- d. Also some of the parks operate 365 days a year regardless of holidays.
- e. Please keep in mind some parks will require opening and closing at very specific hours.

The following are answers/clarifications to questions received at the non-mandatory pre-bid conference:

5. Question: Are there any specific cleaners are not allowed or required to be in the different parks?

Answer: Taken from project specifications: Do not use abrasive (e.g. powders) or caustic (e.g. bleach) cleaning products on any stainless steel surface as these products will cause discoloration and

damage.

6. Question: This is a request for past bid tabulations/pricing and technical proposals that were received for

proposal.

Answer: (See attached). Please be aware that the scope and the number of parks previously bid has been

revised.

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 2 by his or her signature below, **and a copy of this Addendum to be returned with proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 2 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

| PROPOSER: | Contractors Enterprises, Inc. | |
|-----------|-------------------------------|--|
| BY: | Nicoliss Johnson | |
| DATE: | 02/01/21 | |

3.1

Proposed Cost Breakdown by Location

Please provide your estimate of the monthly cost you would charge for each park or facility, followed by the annual cost. You do not have to bid on all locations. You only need to submit estimates for those locations on which you are bidding, based on the requirements for each (listed in the Technical Specifications). Locations are broken down by the quadrant of the city in which they are located (NE, SE, SW, NW); you may choose to bid on an entire quadrant, to bid on all locations, or pick and choose the individual locations that work best for your company; it's up to you. PRCA reserves the right to accept or reject bids on any and all sites listed. Sites may be added or removed during the contract term; charges will be negotiated at that time, should it be necessary.

) per/month x 12 = \$4.080.00

annually

Dollars (\$ 340.00

REGION 1:

Northside Park

| Normside Park | Donars (\$ 340.00 | <u>)</u> per/month x $12 = 34,000.00$ annually |
|-----------------------------------------------------|---------------------------|------------------------------------------------------|
| Greentree Park/Kiwanis | Dollars (\$ 296.00 |) per/month x 12 = _\$3,552.00 annually |
| Challenge Playground | | |
| Hogtown Creek Headwaters Park | Dollars (\$ 350.00 |) per/month x 12 = _\$4,200.00 annually |
| Possum Creek Park | Dollars (\$ 380.00 |) per/month x $12 = $ \$4,560.00 annually |
| San Felasco Park | Dollars (\$_342.00 |) per/month x 12 = _\$4,104.00 annually |
| Total , <i>IF bidding the whole region</i> : | Dollars (\$ 1,708.00 |) per/month x 12 = \$20,496.00 _ annually |
| REGION 2: | | |
| Gainesville High School Tennis Courts | Dollars (\$ 200.00 |) per/month x $12 = $ _ \$2,400.00 annually |
| Albert Ray Massey "Westside" Park | Dollars (\$ 230.00 |) per/month x $12 = $ |
| Cofrin Nature Park | Dollars (\$ 300.00 |) per/month x $12 = $ _ \$3,600.00 _ annually |
| Loblolly Nature Park | Dollars (\$ 350.00 |) per/month x $12 = $ _\$4,200.00 annually |
| Alfred A. Ring Park | Dollars (\$ 390.00 |) per/month x $12 = $ \$4,680.00 annually |
| Forest Park | Dollars (\$ 460.79 |) per/month x $12 = $ \$5,529.48 annually |
| Oakview Park | Dollars (\$_325.00 |) per/month x $12 = $ \$3,900.00 annually |
| Total , <i>IF bidding the whole region</i> : | Dollars (\$ 2,255.79 |) per/month x 12 = \$27,069.48 _ annually |
| REGION 3: | | |
| Bivens Arm Nature Park | Dollars (\$ 362.00 |) per/month x $12 = $ _\$4,344.00 annually |
| Sweetwater Wetlands Park | Dollars (\$ 370.00 |) per/month x $12 = $ \$4,440.00 annually |
| Boulware Springs Park | Dollars (\$ 380.00 |) per/month x 12 = _\$4,560.00 annually |
| TB McPherson Park | Dollars (\$ 230.00 |) per/month x $12 = $ \$2,760.00 annually |
| Lincoln Park | Dollars (\$_210.00 |) per/month x 12 = _\$2,520.00 annually |
| Total , <i>IF bidding the whole region</i> : | Dollars (\$ 1,552.00 | _) per/month x $12 = $ \$18,624.00 annually |
| REGION 4: | | |
| Bo Diddley Plaza | Dollars (\$ 460.00 |) per/month x $12 = $ \$5,520.00 annually |
| Fred Cone Park | Dollars (\$ 510.00 |) per/month x $12 = $ \$6,120.00 annually |
| NE Complex | Dollars (\$ 310.00 |) per/month x 12 = _\$3,720.00 annually |
| Morningside Nature Center | Dollars (\$ 300.00 |) per/month x 12 = _\$3,600.00 annually |
| Smokey Bear Park | Dollars (\$ 200.00 |) per/month x 12 = _ \$2,400.00 _ annually |
| Tom Petty Park | Dollars (\$ 300.00 |) per/month x 12 = _\$3,600.00 _ annually |
| Ironwood Golf Course | Dollars (\$ 200.00 |) per/month x 12 = _\$2,400.00 _ annually |
| Total , <i>IF bidding the whole region</i> : | Dollars (\$_2,280.00 |) per/month x $12 = $ \$27,360.00 annually |

DRUG-FREE WORKPLACE FORM

| -1 | 1 • 1 | 1 • 1 1 • | 1 | • . 1 | □1 · 1 | $C \leftarrow C$ | 007 | 007 | 1 1 | . • | .1 . |
|----|---------------|-----------|--------------|-------|----------|------------------|------|-----|--------|-----------|------|
| Ιh | e undersigned | bidder i | n accordance | with: | Florida. | Statute | 287. | 087 | hereby | certifies | that |

| Contractors Enterprises, Inc. | doe | es: |
|-------------------------------|------------------|-----|
| | (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.

Miceliss Johnson
Bidder's Signature

02/01/21

Date

BIDDER VERIFICATION FORM

| LOCAL PREFERENCE (Check one) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Local Preference requested: YES X 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 X 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 X NO |
| LIVING WAGE COMPLIANCE |
| See Living Wage Decision Tree: |
| 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? X 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 (# P05000157601) 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 |

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

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.

| Contractors Enterprises, Inc. | | _ |
|-------------------------------------------------|------|----------|
| Bidder's Name | | |
| Nicoliss Johnson, President | | _ |
| Printed Name/Title of Authorized Representative | | |
| Nicoliss Johnson | | |
| Signature of Authorized Representative | Date | 02/01/21 |

REFERENCE FORM

| Name of Bidder: Contractors | s Enterprises, Inc. | | |
|---------------------------------------------------------------|-------------------------------------------|----------------------------------|-----------------------------|
| Provide information for three photos or other pertinent infor | references of similar scope performation. | ned within the past three years. | You may include |
| #1 Year(s) services provided | d (i.e. 1/2015 to 12/2018): | | 11/20 <u>13 to Pre</u> sent |
| Company Name: | Orange County Public School | ols | |
| Address: | 6501 Magic Way | | |
| City, State Zip: | Orlando, FL, 32809 | | |
| Contact Name: | Tim Kane, Trades Tech II | | |
| Phone Number: | (407) 317-3700 Ext. 2025008 | Fax Number: | |
| Email Address (if available): | timothy.kane@ocps.net | | |
| #2 Year(s) services provided | d (i.e. 1/2015 to 12/2018): | | 09/2010 to 11/2019 |
| Company Name: | Grifols Biomat USA Plasma C | Center, Tallahassee | |
| Address: | 1950 W. Tennessee Street | | |
| City, State Zip: | Tallahassee, FL | | |
| Contact Name: | Brenda Clary, Center Manage | er | |
| Phone Number: | (850) 860-8352 | Fax Number: | |
| Email Address (if available): | brenda.clary@grifols.com | | |
| #3 Year(s) services provided | d (i.e. 1/2015 to 12/2018): | | 2012- Present |
| Company Name: | Community Realty | | |
| Address: | 3610-5 Shamrock West | | |
| City, State Zip: | Tallahassee, FL 32309 | | |
| Contact Name: | Bob Teel, President | | |
| Phone Number: | (850) 545-6010 | Fax Number: | |
| Email Address (if available): | bteel54@aol.com | | |
| | | i da ivuilibei. | |

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 Restroom For City Parks And Facilities a living wage of \$_12.50 per hour to covered employees who receive Health Benefits from the undersigned employer and \$_13.45 per hour to covered employees not offered health care benefits by the undersigned employer.

| Name of Service Contractor/Subcontractor: Contractors Enterprises, Inc. | _ |
|-------------------------------------------------------------------------|---|
| Address: 616 Crane Drive Kissimmee, FL 34759 | |
| Phone Number: (850) 597-5852, (850) 251-0677 | |
| Name of Local Contact Person: Evelyn Bell | |
| Address: 616 Crane Drive Kissimmee, FL 34759 | |
| Phone Number: (850) 597-5852 | |
| | |
| \$ <u>93,549.48</u> (Amount of Contract) | |

Nicoliss Johnson, President, Owner

Printed Name/Title of Authorized Representative

Nicoliss Johnson

Signature of Authorized Representative

Date 02/01/21

Attachment #2

Opening/Closing and Cleaning Restrooms in City Parks and Facilities Technical Expertise and Experience Form

BIDDER: Contractors Enterprises, Inc.

THIS FORM MUST BE COMPLETED AND RETURNED WITH BID PROPOSAL. BID WILL NOT BE CONSIDERED FOR EVALUATION AND POSSIBLE AWARD WITHOUT COMPLETED FORM.

Please describe your company experience providing janitorial services.

Contractor Enterprises, Inc., is minority-owned small business that is fully insured. Contractor Enterprises, Inc., provide a wide scope of services throughout the state of Florida and the greater Southeast region, which includes full janitorial cleaning services, commercial and residential property preservation and pressure washing. In providing these scope of services, over the years, Contractor Enterprises, Inc. has become very familiar in providing deep cleaning and disinfecting services for the prevention of blood-borne illnesses, as our current and past clients can attest to within both the public and private sector. Some of our current and past clients have included the Orange County Public Schools, the City of Gainesville, Orange County, Seminole County Public Schools, Alachua County, Grifols Biomat USA Plasma Center, Hillsborough Transit Authority (HART), Starbucks, Dollar General and Save-A-Lot.

Nicoliss Johnson and Evelyn Bell, both have over twenty years of combined custodial, janitorial, property preservation, pressure washing, and management experience. Both Mr. Johnson and Ms. Bell have attended and completed Coverall Health-Based Cleaning System training classes to ensure a sanitary and environment friendly practices, products, and workplace. We are OSHA certified. We maintain certification with the International Janitorial Cleaning Services Association (IJCSA) and maintain continual education within our industry with proper cleaning procedures and protocols.

Attachment #3

Opening/Closing and Cleaning Restrooms in City Parks and Facilities REFERENCE FORM

| Bio | dder Name: <u>Con</u> | tractors Enterprises, Inc. | |
|-----|-----------------------------------------------|---------------------------------|-------------------------------------------------------------|
| , | | | TURNED WITH BID OR THE BID WILL TION AND POSSIBLE AWARD. |
| Nu | ımber of years you | r company has been doing this t | ype of work:15 years |
| | st at least five (5) r ny use additional p | | ve performed over the past two years. You |
| 1) | Job location: | Orange County, FL | Date work performed: 11/2013 to Present |
| | Business Name: | Orange County Public School | ols |
| | Contact Name: _ | Tim Kane, Trades Tech II | |
| | Phone Number: _ | (407) 317-3700 Ext. 2025008 | Contact Email: timothy.kane@ocps.net |
| 2) | Job location: Hill | sborough County, FL | Date work performed: <u>02/2017 to 03/2020</u> |
| | Business Name: | Hillsborough Transit Authori | ty (HART) |
| | Contact Name: _ | Cathy Zickefoose, CPPB | |
| | Phone Number: _ | (813) 384-6383 | Contact Email: ZickefooseC@goHART.org |
| 3) | Job location:1950 |) W. Tennessee St Tallahasse | Date work performed: 09/2010 to 11/2019 |
| | Business Name: | Grifols Biomat USA Plasma | Center, Tallahassee |
| | Contact Name: _ | Brenda Clary, Center Manage | er |
| | Phone Number: _ | (850) 860-8352 | Contact Email: brenda.clary@grifols.com |
| 4) | Job location: | Tallahassee, FL | Date work performed: 2012- Present |
| | Business Name: | Community Realty | |
| | Contact Name: _ | Bob Teel, President | |
| | Phone Number: _ | (850) 545-6010 | Contact Email: bteel54@aol.com |
| | | | |
| 5) | | - | Date work performed: <u>01/2020-Present</u> |
| | Business Name: | Alachua County Parks and C | pen Space |
| | Contact Name: | John Morris, Operations Mar | nager, Parks and Open Space |

Phone Number: (352) 548-1219 Contact Email: jmorris@alachuacounty.us

Attachment #4

Opening/Closing and Cleaning Restrooms in City Parks and Facilities

Resource Form

List all supervisors and/or key personnel who will be instrumental in overseeing janitorial services at City parks and facilities.

THIS FORM MUST BE COMPLETED AND RETURNED WITH BID PROPOSAL. BID WILL NOT BE CONSIDERED FOR EVALUATION AND POSSIBLE AWARD WITHOUT COMPLETED FORM.

Use additional pages if necessary

BIDDER: Contractors Enterprises, Inc.

7) Name: Corey Bryant

| | 2221, | | | | |
|----|------------------------|------------------|----|-------------------|----|
| | <u>PEI</u> | RSONNEL | | | |
| 1) | Name: Nicoliss Johnson | Years with firm: | 13 | Years experience: | 28 |
| 2) | Name: Evelyn Bell | Years with firm: | 13 | Years experience: | 20 |
| 3) | Name: Krystal Vester | Years with firm: | 12 | Years experience: | 7 |
| 4) | Name: Mark Bell | Years with firm: | 11 | Years experience: | 11 |
| 5) | Name: Diana Franklin | Years with firm: | 10 | Years experience: | 10 |
| 6) | Name: Moranda Bethley | Years with firm: | 2 | Years experience: | 6 |

How will you allocate staff (supervisor and field staff) for the locations on which you are bidding?

For example, if you are responsible for 1 site, you choose to have one staff person reporting to your main office. If you have 5 sites, 10 sites, or more, how would you allocate staff people so that no sites are missed if main staff takes a day off or leaves your employment?

Years with firm: 3 Years experience: 6

We assign staff by delineating the parks into routes and assign workloads to those able to handle the workload in proportion to their experience. On days, where an employee ask for time off, the additional workload is divided up on the other crew members. When a crew member needs an unspecified amount of time off, the supervisors such as Mark Bell and Evelyn Bell are added in as back-up as needed. For more information, see the attached workload table.

WORKLOAD ALLOCATION

| Assigned Staff Employee | Corey Bryant | Moranda Bethley | Diana Franklin | Mark Bell | General Cleaner | Evelyn Bell |
|-------------------------|--------------------------------------|------------------------------|----------------------------------|-----------------|--------------------|--------------|
| Route | Route A | Route B | Route C | Route Backup | Backup | Backup |
| | Loblolly Nature Park | Morningside Nature Center | Greentree Park | As-Needed | As-Needed | As-Requested |
| | Cofrin Nature Park | Fred Cone Park | Kiwanis Challenge Playground | | | |
| | San Felasco Park | Bivens Arm Nature Park | Ironwood Golf Course | | | |
| | Possum Creek Park | NE Complex | Sweetwater Wetlands Park | | | |
| | Hogtown Creek Headwaters Park | Boulware Springs Park | Forest Park | | | |
| | Northside Park | TB McPherson Park | Loblolly Nature Park | | | |
| | Albert Ray Massey "Westside" Park | Lincoln Park | Cofrin Nature Park | | | |
| | Alfred A. Ring Park | Smokey Bear Park | San Felasco Park | | | |
| | | Tom Petty Park | Possum Creek Park | | | |
| | | | Hogtown Creek Headwaters Park | | | |
| | | | Alfred A. Ring Park | | | |
| | | | Bo Diddley Plaza | | | |
| | | | | | | |

Note: Oakview Park is not a park that we currently service. It will be assigned a staff member a later time.

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

| - | | | | | | | | | | | | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|----------|-----------|---------|---------|--------------|------------------|--|--|--|
| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | | | | | | | | | |
| | coliss Johnson | | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | | |
| ~ | Contractors Enterprises | | | | | | | | | | | | |
| page 3 | 3 Check appropriate box for federal tax classification of the person whose natification following seven boxes. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | | | | | |
| e. ns on | ☐ Individual/sole proprietor or single-member LLC ☐ S Corporation ☐ S Corporation | | pt pay | • | | | | | | | | | |
| typ | Limited liability company. Enter the tax classification (C=C corporation, | S=S corporation, P=Partner | rship) ▶ | | | | | | | | | | |
| Print or type. Specific Instructions on page | Note: Check the appropriate box in the line above for the tax classificat LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the | Exemption from FATCA reporting code (if any) | | | | | | | | | | | |
| eci | ☐ Other (see instructions) ► | | | | (Applie | s to acco | unts ma | intaine | d outsid | le the U.S.) | | | |
| Sp | 5 Address (number, street, and apt. or suite no.) See instructions. | | Requester | 's name | and ad | dress (| option | nal) | | | | | |
| See | 616 Crane Drive | | | | | | | | | | | | |
| 0, | 6 City, state, and ZIP code | | | | | | | | | | | | |
| | Kissimmee Fl. 34759 | | | | | | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Part | Taxpayer Identification Number (TIN) | | | | | | - | | | | | | |
| Enter y | our TIN in the appropriate box. The TIN provided must match the na | ame given on line 1 to av | roid § | ocial se | curity i | numbe | r | | | | | | |
| backup | withholding. For individuals, this is generally your social security nu | imber (SSN). However, for | or a | TT | | П | \neg | T | T | ПТ | | | |
| resider | at alien, sole proprietor, or disregarded entity, see the instructions for | r Part I, later. For other | | | - | | | - | | | | | |
| TIN, la | s, it is your employer identification number (EIN). If you do not have a ter. | number, see How to ge | eta ∟ O | | | | | - L | | | | | |
| Note: | f the account is in more than one name, see the instructions for line | 1. Also see What Name | | mployer | identi | ficatio | n nun | nber | | | | | |
| Numbe | er To Give the Requester for guidelines on whose number to enter. | The desirence of the second of | | ΤŤ | | | 7 | 7 | | | | | |
| | | | - | 7 2 | - 1 | 4 9 | 9 4 | 2 | 9 | 5 | | | |
| Part | II Certification | | | | | | | | | | | | |
| A STATE OF THE PARTY OF | penalties of perjury, I certify that: | | | | | | | | | | | | |
| | number shown on this form is my correct taxpayer identification num | ober (or Lam waiting for | a number | to he ice | t bous | o mo). | and | | | | | | |
| 2. I am Serv | not subject to backup withholding because: (a) I am exempt from baice (IRS) that I am subject to backup withholding as a result of a failuager subject to backup withholding; and | ackup withholding, or (b) | I have no | t been r | otified | by th | e Inte | ernal | Rev me th | enue nat I am | | | |
| | a U.S. citizen or other U.S. person (defined below); and | | | | | | | | | | | | |
| | FATCA code(s) entered on this form (if any) indicating that I am exem | not from FATCA reportin | a is corre | * † | | | | | | | | | |
| | cation instructions. You must cross out item 2 above if you have been r | in the second se | - | | ioct to | haoki | ın wi | thhai | dina | hoooue | | | |
| you hav acquisi other th | ye failed to report all interest and dividends on your tax return. For real etion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification, | state transactions, item 2 tions to an individual retire | does not a | apply. Fo | or mor | gage i | intere | est pa | aid, pavm | ents | | | |
| Sign Here | Signature of U.S. person ► núcolúss johnson | I | Date ► / | -4- | 21 | | | | | | | | |
| Gen | eral Instructions | • Form 1099-DIV (div | vidends, ir | cluding | those | from | stocl | ks or | mut | ual | | | |
| Section noted. | n references are to the Internal Revenue Code unless otherwise | Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) | | | | | | | | | | | |
| related | developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted | Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) | | | | | | | | | | | |
| aner in | ey were published, go to www.irs.gov/FormW9. | Form 1099-S (proceeds from real estate transactions) | | | | | | | | | | | |
| Purp | ose of Form | Form 1099-K (merchant card and third party network transactions) | | | | | | | | | | | |
| informa | vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer | Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) | | | | | | | erest), | | | | |
| identifi | cation number (TIN) which may be your social security number | • Form 1099-C (cand | celed debt |) | | | | | | | | | |
| | individual taxpayer identification number (ITIN), adoption er identification number (ATIN), or employer identification number | • Form 1099-A (acqu | isition or a | bandon | ment o | of seci | ured | prop | erty) | | | | |
| (EIN), to | o report on an information return the amount paid to you, or other t reportable on an information return. Examples of information | Use Form W-9 onl alien), to provide you | ly if you ar | e a U.S. | | | | | | ent | | | |
| | include, but are not limited to, the following. | If you do not return | | | | | | | | | | | |
| rorm | 1099-INT (interest earned or paid) | be subject to backup | withhold | ng. See | vvhat | is bac | kup | with | noldi | ng, | | | |

later.

JULIE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/7/2021

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.

| tl | SUBROGATION IS WAIVED, subjents certificate does not confer rights t | ot to | cert | terms and conditions of ificate holder in lieu of su | uch end | iorsement(s) | policies may | require an endorsement. As | statement on | | |
|-------------------------------------------|-----------------------------------------------------------------------------|--------|-------|------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| PRODUCER Earl Bacon Agency, Inc. | | | | | | CONTACT MAME: PHONE (850) 878 2424 FAX (850) 879 2424 | | | | | |
| Pos | t Office Box 12039 | | | | (A/C, No, Ext): (850) 878-2121 (A/C, No): (850) 878-2128 | | | | | | |
| ıalı | ahassee, FL 32317 | | | | E-MAIL ADDRE | SS: | | | The same and the s | | |
| | | | | | | | | RDING COVERAGE | NAIC# | | |
| | | | | | INSURE | RA: Westfie | ld insuranc | ce Company | 24112 | | |
| INSL | JRED | | | | INSURE | R B : | 7. | | | | |
| Contractor Enterprises, Inc. 1903 High Rd | | | | | | RC: | | | | | |
| Tallahassee, FL 32303 | | | | | | RD: | | | | | |
| | | | | | | RE: | | | | | |
| - | VERAGES CER | TICL | 0 A T | - NUMBED | INSURE | RF: | | | | | |
| Т | HIS IS TO CERTIFY THAT THE POLICI | ES O | F INS | ENUMBER: SURANCE LISTED BELOW | HAVE B | EEN ISSUED 1 | TO THE INSUE | REVISION NUMBER: RED NAMED ABOVE FOR THE PO | DLICY PERIOD | | |
| 11 | NDICATED. NOTWITHSTANDING ANY F | REQUI | REMI | ENT, TERM OR CONDITIO | N OF A | NY CONTRAC | CT OR OTHER | R DOCUMENT WITH RESPECT TO | O WHICH THIS | | |
| E | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | POLI | CIES. | LIMITS SHOWN MAY HAVE | BEEN | REDUCED BY I | PAID CLAIMS | ED HEREIN IS SUBJECT TO ALL | THE TERMS, | | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
| Α | X COMMERCIAL GENERAL LIABILITY | | | | | 111111111111111111111111111111111111111 | 111111111111111111111111111111111111111 | EACH OCCURRENCE \$ | 1,000,000 | | |
| | CLAIMS-MADE X OCCUR | | | CWP3281258 | | 1/7/2021 | 1/7/2022 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 150,000 | | |
| | | | | British College College (College British) | | | | MED EXP (Any one person) \$ | 1,000 | | |
| | | | | | | | | PERSONAL & ADV INJURY \$ | 1,000,000 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE \$ | 2,000,000 | | |
| | X POLICY PRO- | | | | | | | PRODUCTS - COMP/OP AGG \$ | 2,000,000 | | |
| | OTHER: | | | | | | | \$ | | | |
| Α | AUTOMOBILE LIABILITY | | - 3 | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | 1,000,000 | | |
| | ANY AUTO | | | CWP3281258 | | 1/7/2021 | 1/7/2022 | BODILY INJURY (Per person) \$ | | | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per accident) \$ | | | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) \$ | | | |
| | | | | | -01-01-01-01-01-01-01-01-01-01-01-01-01- | | | \$ | | | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | | | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE \$ | | | |
| | DED RETENTION \$ | | | | | | | S | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- STATUTE ER | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. EACH ACCIDENT \$ | magazit I (e.g. 2000 a second | | |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | | | |
| - | DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | | | |
| | | | | | | | | | | | |
| | ** | | | | , | | | 1 | | | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (A | ACORD | 101, Additional Remarks Schedu | ile, may b | e attached if more | e space is requir | ed) | | | |
| 000 | | | | | Vizing grand | | | | | | |
| CEI | RTIFICATE HOLDER | | - | | CANC | ELLATION | | | | | |
| | | | | | THE | EXPIRATION | DATE TH | ESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DI Y PROVISIONS. | | | |
| | For Proposal Purposes Only | | | | AUTHOR | RIZED REPRESEN | NTATIVE | | | | |

ACORD

DATE (MM/DD/YYYY) 06/18/2020

CERTIFICATE OF LIABILITY INSURANCE

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.

| | SUE | BROGATION IS | WA | AIVED, subject | to tl | he te | rms and conditions of the ificate holder in lieu of su | e poli | cy, certain p | olicies may | | . A st | atement on | |
|------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------|-------------------------|---------------|-------------|--------------------------------------------------------|---------------------------|--------------------------|----------------------------|-------------------------------------------|----------|------------|--|
| | DUCE | | iοι | comer rights t | O tile | | 3-935-0306 | CONTACT Thomas Roney | | | | | | |
| The | Ron | ney Group . Dale Mabry Hig | | | | • • • | | PHONE 913-035-0306 FAX | | | | | | |
| 139 Tan | 20 N | . Dale Mabry Hiç FL 33618 | ghv | vay #3 | | | | (A/C, N | υ, Ελί). | | (A/C, No): | | | |
| | | Roney | | | | | | ADDRE | SS: TOTTI GIT | neyinsurar | 106.00111 | | T | |
| | | | | | | | | | | | DING COVERAGE | | NAIC # | |
| | | | | | | | | INSURE | _{R A :} Florida | Citrus, Bus | siness & Ind | | | |
| INSU | INSURED Contractors Enterprises Inc. Evelyn Bell 1903 High Road Tallahassee, FL 32303 | | | | | | | INSURE | RB: | | | | | |
| Ĕve | | | | | | | | INSURE | RC: | | | | | |
| Tall | ahas | see, FL 32303 | | | | | | INSURER D : | | | | | | |
| | | | | | | | | INSURE | RE: | | | | | |
| | | | | | | | | INSURE | | | | | | |
| CO | VFR | AGES | | CER | TIFI | CATE | NUMBER: | | | | REVISION NUMBER: | | | |
| | | | HA | | | | RANCE LISTED BELOW HA | VE BEE | N ISSUED TO | THE INSURE | | | ICY PERIOD | |
| ١N | NDIC/ | ATED. NOTWITH | STA | ANDING ANY RI | EQUIF | REME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER | DOCUMENT WITH RESPEC | CT TO | WHICH THIS | |
| | | | | | | | THE INSURANCE AFFORD | | | | |) ALL | THE TERMS, | |
| INSR | T | | | | | SUBR WVD | LIMITS SHOWN MAY HAVE | DEENI | | POLICY EXP (MM/DD/YYYY) | | | | |
| LTR | | TYPE OF INS | | | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | | |
| | | CLAIMS-MADE | | OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | | |
| | | | | <u> </u> | | | | | | | MED EXP (Any one person) | \$ | | |
| | | | | | | | | | | | PERSONAL & ADV INJURY | \$ | | |
| | GEN | N'L AGGREGATE LIMI | IT AF | PPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | | |
| | | POLICY PROJEC |)- T | LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | | |
| | | OTHER: | | | | | | | | | | \$ | | |
| | AUT | OMOBILE LIABILITY | | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | | |
| | | ANY AUTO | | | | | | | | | BODILY INJURY (Per person) | \$ | | |
| | | OWNED AUTOS ONLY | | SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | | HIRED AUTOS ONLY | \neg | NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | | AUTOS ONLY | | AUTOS ONLY | | | | | | | (Fer accident) | \$ | | |
| | | UMBRELLA LIAB | 丁 | OCCUR | 1 | | | | | | EACH OCCUPPENCE | \$ | | |
| | | EXCESS LIAB | H | CLAIMS-MADE | : | | | | | | EACH OCCURRENCE | | | |
| | | DED RETEN | ITIO | | - | | | | | | AGGREGATE | \$ \$ | | |
| Α | WOF | | | • | 10660390-2020 | | | | 07/16/2021 | X PER OTH- | \$ | | | |
| | | RKERS COMPENSATI | | | | | 07/16/2020 | | | | 1,000,000 | | | |
| | OFFI | PROPRIETOR/PARTN ICER/MEMBER EXCLU Idatory in NH) | JDE[| D? | N/A | | | 0171072020 | | 0171072021 | E.L. EACH ACCIDENT | \$ | 1,000,000 | |
| | If ves | s. describe under | | | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | |
| | DÉS | CRIPTION OF OPERA | ATIO | NS below | ₩ | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | <u></u> | | | | | | | | | |
| | | | S/L | OCATIONS / VEHIC | LES (| ACORE | 0 101, Additional Remarks Schedu | ile, may b | e attached if mo | re space is requi | red) | | | |
| Jan | itori | ial | | | | | | | | | | | | |
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| CE | RTIF | ICATE HOLDE | R | | | | | CANO | CELLATION | | | | | |
| | | | | | | | ORANCPS | <u></u> | | | | | | |
| | | | | | | | | SHC | OULD ANY OF | THE ABOVE D | ESCRIBED POLICIES BE CA | ANCEL | LED BEFORE | |
| | | | | | | | | | | | EREOF, NOTICE WILL E CY PROVISIONS. | E DE | LIVERED IN | |
| | | | | nty Public So | | ls | | ^~ | ONDANCE W | ma me PULIC | OT I NOVIGIONS. | | | |
| | | | | Construction | | | | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | Way Bldg 10 | JΒ | | | AUTHO | | | ~ | | | |
| | Orlando, FL 32809 | | | | | | | Thomas & Row | | | | | | |

CORD

City of Gainesville #RECP-210008-DM - Janitorial Services for Open/ Close And Cleaning Restroom For City Parks And Facilities

EXPERIENCE

President and Owner: (Nicoliss Johnson) Vice President and Supervisor: (Evelyn Bell)

Contractor Enterprises, Inc., is minority-owned small business that is fully insured. Contractor Enterprises, Inc., provide a wide scope of services throughout the state of Florida and the greater Southeast region, which includes full janitorial cleaning services, commercial and residential property preservation and pressure washing. In providing these scope of services, over the years, Contractor Enterprises, Inc. has become very familiar in providing deep cleaning and disinfecting services for the prevention of blood-borne illnesses, as our current and past clients can attest to within both the public and private sector. Some of our current and past clients have included the Orange County Public Schools, the City of Gainesville, Orange County, Seminole County Public Schools, Alachua County, Grifols Biomat USA Plasma Center, Hillsborough Transit Authority (HART), Starbucks, Dollar General and Save-A-Lot. We currently hold the existing contract with the City of Gainesville to provide janitorial services for the City of Gainesville Parks, as such, we are very familiar with providing services that meets the needs of the City of Gainesville.

Nicoliss Johnson and Evelyn Bell, both have over twenty years of combined custodial, janitorial, property preservation, pressure washing, and management experience.

Both Mr. Johnson and Ms. Bell have attended and completed Coverall Health-Based Cleaning System training classes to ensure a sanitary and environment friendly practices, products, and workplace. We are OSHA certified. We maintain certification with the International Janitorial Cleaning Services Association (IJCSA) and maintain continual education within our industry with proper cleaning procedures and protocols.

At Contractor Enterprises, Inc., our goal will be to be thorough from start to finish. Every project is different and brings various challenges. Rest assured, we have the experience, knowledge and manpower to meet these challenges. What sets us apart from other companies is our customer service. We are available 24-hours a day, seven days a week to discuss and schedule any project in critical need of services to be provided. We are very flexible to accommodate any change in schedule or scope of the job. And our prices are always negotiable to include additional services not established in the original scope of work. Services to include all necessary labor, materials and equipment required to assure performance.

We appreciate your business and look forward to doing a great job for you in maintaining a safe, healthy and vibrant community.

Regards

Evelyn Bell, Vice President **Contractors Enterprises, Inc.** 616 Crane Drive Kissimmee, FL 34759



STAFFING ORGANIZATION

| Name | Title/Position | Years with Firm | Years Experience | Status |
|------------------|----------------------------------|-----------------|---------------------|--------|
| Nicoliss Johnson | President | 13 | 28 | Full |
| Evelyn Bell | Vice President | 13 | 20 | Full |
| Krystal Vester | Project Administrator | 12 | 7 | Full |
| Mark Bell | Floor Tech Supervisor | 11 | 11 | Full |
| Shelia Thomas | Treasurer/ Project Administrator | 10 | 10 | Full |
| Diana Franklin | Supervisor | 10 | 10 | Full |
| Moranda Bethley | General Cleaner | 2 | 6 | Part |
| Corey Bryant | General Cleaner | 3 | 6 | Part |
| General Cleaner | General Cleaner | 1 | 1 | Part |

Evelyn Bell (850) 597-5852 Nicoliss Johnson (850) 251-0677

Additional staff will be employed as warranted to maintain the sites properly.

Diversity and Inclusion Policy

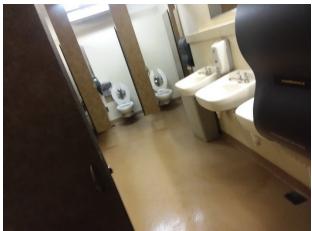
It is not always specifically spoken, but once you become an employee of the company, it is understood. Contractors Enterprises is an equal opportunity employer.

Let us elaborate. As a minority small business, we understand the importance of making sure that everyone that works for us feels they are part of the team. Our work may be hard and very labor intensive on a daily basis, but everyone deserves respect and to be treated with respect. We are inclusive. We highlight everyone in how they are intergal to our success. We listen to multiple approaches and points of view from our employees. We embrace each of our employees and encourage and foster growth in them. We listen to each employee when they have concerns, consult them, and take them into consideration when assigning workload. Inaddition, longtime full-time employees have the opportunity to ask for an advancement of their pay for the current pay period when they become into a financial bind. And those that does oustanding work on an ongoing basis are eligible for a special bonus at the year end.





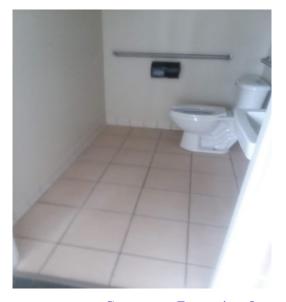












Contractors Enterprises, Inc.















City of Gainesville #RECP-210008-DM - Janitorial Services for Open/ Close And Cleaning Restroom For City Parks And Facilities

EXAMPLE CHEMICALS LIST

Disinfectants such as BETCO GE Fight BAC RTU (product codes 39012-00, 39005-00) Spartan Foamy Q & A (product code 32003), Spartan Diffense (product code 102403) Spartan Fast & Easy (product code 326003), SC Johnson Restroom Disinfectant Cleaner (product code 680070)

Spartan Hard Surfacce Disinfecting Wipes, Microfiber Cleaning Cloths, Fogger and Electrostatic sprayer.

And in areas of more sensitive nature, the utilization of our uv light sanitizers are more appropriate. Use of our fogger and uv light sanitizers must be specifically requested in advance when providing special deep cleaning services.



EXAMPLE EQUIPMENT LIST

Equipment:

Vehicles: 2 Utility Work Vans Vehicle: 3 Work Pickup Trucks

8 Automated Walk Behind Scrubbing Machines

Nobles Speed Scrub 2001 Scrub Machine

Viper Fang 20 Scrub Machine

Tennant 5680 walk behind Scrub Machine

Clarke focus II L20Scrub Machine

6 Electric Buffers

Clarke Floor burnisher Model 1500

6 Propane Buffers

Clean freak floor Buffer CPL – 225FP-20-CF

National Cougar Floor Polisher 4096-20

4 Carpet Extractors

7 Backpack Vacuum Cleaners

15 Up-Right Vacuum Cleaners

6 Wet/Dry Vacuums

Tennant 3540 wet vac

3 Clothes and Garment Steamers

1 Trailer Mounted Pressure Washer

4 Portable Pressure Washers

30 Maid Carts

15 Barrels

Signature Buckeye Floor furnish wax

Buckeye Ripsaw Floor Stripper

Microfiber Dust Mops

Microfiber Cleaning Cloths

Microfiber Flat Mops

Abrasive pads

Putty Knives

Mop Buckets

Wet Floor Signs

Brushes

Wipe Towels

Scotch Guard

Bacterial disinfectant cleaner

Additional equipment will be added as needed and/or at the directive of the City of Gainesville to properly maintain facilities.



International Janitorial Cleaning Services Association | www.ijcsa.org

Nicoliss Johnson Contractor Enterprises, Inc.

Certified Professional | Valid Until: 01 Jun 2021

"The Home Of Professional Cleaning Companies"

CERTIFICATE OF TRAINING

This is to certify that

Nicoliss Johnson

HAS SUCCESSFULLY COMPLETED THE ONLINE TRAINING PROGRAM

Bloodborne Pathogens Training - General Industry

Training was completed on November 7, 2017



This certificate is confirmation that the above named student has successfully completed the indicted online training course. National Safety Compliance did not verify the identity of the student. The named student must have answered all online questions correctly (with review) before this certificate was issued. As is true with all online courses, this course did not include hands-on training or workplace specific content. Employers are responsible for these areas of content. Additionally, employers are responsible for verifying the student's understanding and competence to implement this content in the work environment, for enforcement of the safety content and for determining when retraining is necessary or required by OSHA regulations.











Florida Unified Certification Program

Disadvantaged Business Enterprise (DBE)
Certificate of Eligibility

CONTRACTORS ENTERPRISE

MEETS THE REQUIREMENTS OF 49 CFR, PART 26
APPROVED NAICS CODES:
561720



Samuel (Sammy) Febres
DBE & Small Business Development Manager
Florida Department of Transportation









State of Florida

Minority Business Certification

Contractors Enterprises, Inc.

Is certified under the provisions of 287 and 295.187, Florida Statutes, for a period from:

08/06/2019

to

08/06/2021



Jonathan R. Satter, Secretary Florida Department of Management Services

> Office of Supplier Diversity 4050 Esplanade Way, Suite 380 Tallahassee, FL 32399 850-487-0915 www.dms.myflorida.com/osd



Small Business Development Center at Florida A&M University

This certificate is Awarded to



Nicoliss Johnson

in recognition for completion of a Small Business Training Program in

Small Business Enterprise Procurement/Marketing

Certified Business Analyst
Small Business Development Center

Executive Director Small Business Development Center

March 20, 2008

DATE



Evelyn Bell

Company Contractors Enterprises User ID EBEL1183

₩ НОМЕ

CASES -

CLIENTS -

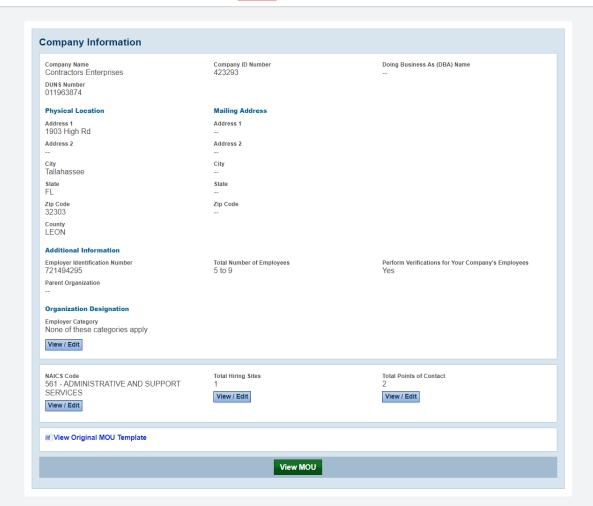
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Company ID Number: 423293

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

 Name
 Evelyn Bell

 Phone Number
 (850) 597 - 5852

 Fax Number
 (850) 270 - 9043

 Email Address
 ebell4242@gmail.com

Name Nicoliss Johnson Phone Number (850) 251 - 0677

Fax Number

Email Address nicoliss_johnson62@yahoo.com

DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE



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Detail by Entity Name

Florida Profit Corporation

CONTRACTORS ENTERPRISES INC.

Filing Information

Document Number P05000157601 72-1494295 FEI/EIN Number Date Filed 12/01/2005 FL State ACTIVE Status REINSTATEMENT Last Event

Event Date Filed 10/17/2019

Principal Address

616 Crane Dr Kissimmee, FL 34759-4530

Changed: 06/05/2019

Mailing Address

616 Crane Dr

Kissimmee, FL 34759-4530

Changed: 06/05/2019

Registered Agent Name & Address

BELL, EVELYN I

1903 HIGH RD

TALLLAHASSEE, FL 32303

Name Changed: 10/17/2019

Address Changed: 05/01/2012

Officer/Director Detail

Name & Address

Title D

JOHNSON, NICOLISS L 405-2 STRONG ROAD QUINCY, FL 32351

Title S

BELL, EVELYN PO BOX 38577

TALLAHASSEE, FL 32315-8577

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2018 | 04/30/2018 |
| 2019 | 10/17/2019 |
| 2020 | 06/29/2020 |
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| Report Year | Filed Date |
|-------------|------------|
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| 2019 | 10/17/2019 |

1 of 2 1/31/2021, 8:43 PM

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Florida Department of State, Division of Corporations

2 of 2 1/31/2021, 8:43 PM

State of Florida Department of State

I certify from the records of this office that CONTRACTORS ENTERPRISES INC. is a corporation organized under the laws of the State of Florida, filed on December 1, 2005.

The document number of this corporation is P05000157601.

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 June 29, 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 First day of February, 2021



RAUNULYRUL Secretary of State

Tracking Number: 9963218311CU

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State of Florida Department of State

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The document number of this corporation is P05000157601.

I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on April 30, 2018, 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 Eighteenth day of February, 2019



RANNINGUL Secretary of State

Tracking Number: 5228363837CU

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