

SECTION E. BID FORM

Bid submittal of Z Roofing & Waterproofing
(Name of Bidder)
2498 West 3 Ct. Hialeah, FL 33010
(Address)
Submitted on: 04/10/17
(Date)

to furnish all Work as stated in the ITB and Contract Documents for the

Roof Replacement for Mary Collins Community Center Re-Bid

Bid No: 2017-20R

To: Town of Miami Lakes, Florida
Attn: Town Clerk
Government Center
6601 Main Street
Miami Lakes, Florida 33014

This Bid Form is submitted as part of the Bidder's Bid submittal ("Submittal") in response to the ITB issued by the Town of Miami Lakes with respect to ITB Number 2017-20R.

Bidder has carefully examined all the documents contained in the ITB and understands all instructions, requirements, specifications, drawings/plans, terms and conditions, and hereby offers and proposes to furnish the products or services described herein at the prices, fees or rates quoted in the Submittal, and in accordance with the requirements, specifications, drawings/plans, terms and conditions, and any other requirements of the Contract Documents.

Bidder has the necessary experience, knowledge, abilities, skills, and resources to satisfactorily perform the requirements under this ITB.

All statements, information and representations prepared and submitted in response to the ITB are current, complete, true, and accurate. Bidder acknowledges that the Town will rely on such statements, information, and representations in selecting a Bidder, and hereby grants the Town permission to contact any persons or entities identified in the ITB to independently verify the information provided in the Submittal.

No attempt has or will be made by the Bidder to induce any other person or firm to not submit a response to this ITB and no personnel currently employed by the Town participated, directly or indirectly, in any activities related to the preparation of the Submittal. Bidder has had no contact with Town personnel regarding the ITB. If contact has occurred, except as permitted under the Cone of Silence, so state and include a statement identifying in detail the nature and extent of such contacts and personnel involved.

The pricing, rates or fees proposed by the Bidder have been arrived at independently, without consultation, communication, or agreement, for the purpose of restriction of competition, as to any other Bidder or competitor; and unless otherwise required by law, the prices quoted have not been disclosed by the Bidder prior to submission of the Submittal, either directly or indirectly, to any other Bidder or competitor.

Bidder is not currently disqualified, de-listed or debarred from doing business with any public entity, including federal, state, county or local public entities. If yes, Bidder must provide a detailed explanation of such disqualification, de-listing or debarment, including the reasons and timeframe.

The Bidder agrees, if this Bid is accepted, to timely execute a contract with the Town, pursuant to the terms and conditions of the Contract Documents and to furnish the documents, equipment, machinery, tools, apparatus, means of transportation, and all labor necessary to complete the Work.

The individual signing the Bid Form represents by signing, that he/she is duly authorized to sign on behalf of the above named company and that all information and documents submitted in response to the ITB are to the best of his/her knowledge are true, accurate, and complete as of the submittal date.

BID PRICE

Our **TOTAL BID AMOUNT** includes the total cost for the Work specified in this solicitation, consisting of furnishing all materials, labor, equipment, supervision, mobilization, permits, overhead & profit required, in accordance with the Contract Documents.

The Maintenance Plan for years 1-3 are included in the Total Bid Amount and will be provided at no additional cost to the Town and do not constitute additional services.

Total Bid Amount: \$ 58,900.00

Additional Services

The Town at its sole discretion may exercise the Maintenance Plan for years 4 & 5 prior to the expiration of the Initial Maintenance Plan Years. The Town at its sole discretion may exercise the option for years 6-10 prior to the end of the 5th year of the Maintenance Plan

Maintenance Plan Option Years 4 & 5	\$ <u>926.50</u> /per year
Maintenance Plan Option Years 6-10	\$ <u>1,635.00</u> /per year

Firm's Name: Z Roofing & Waterproofing

Signature: _____

Printed Name/Title: Zachary Exposito / President

Town/State/Zip: Youngstown, OH 44444

Telephone No.: (305) 623-7663

E-Mail Address: Brett@zroofing.com

Facsimile No.: (305) 384-1209


SSN or FEID No.: 27-1826549

ADDENDUM ACKNOWLEDGEMENT FORM

Part I: Listed below are the dates of issue for each Addendum received in connection with this Bid:

Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____
Addendum No. _____,	Dated _____

_____ No Addendum issued for this ITB

Firm's Name: Z Roofing & Waterproofing
Signature: 
Printed Name/Title: Zachary Exposito / President

**CERTIFICATE OF AUTHORITY
(IF CORPORATION)**

I HEREBY CERTIFY that at a meeting of the Board of Directors of Z Roofing & Waterproofing, a corporation organized and existing under the laws of the State of Florida, held on the 7 day of April, 2017, a resolution was duly passed and adopted authorizing (Name) Zachary Exposito as (Title) President of the corporation to execute bids on behalf of the corporation and providing that his/her execution thereof, attested by the secretary of the corporation, must be the official act and deed of the corporation. I further certify that said resolution remains in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 7, day of April, 2017.

Secretary: [Signature]

Print: Brett Long

**CERTIFICATE OF AUTHORITY
(IF PARTNERSHIP)**

I HEREBY CERTIFY that at a meeting of the Board of Directors of _____, a partnership organized and existing under the laws of the State of _____, held on the ____ day of _____, _____, a resolution was duly passed and adopted authorizing (Name) _____ as (Title) _____ of the to execute bids on behalf of the partnership and provides that his/her execution thereof, attested by a partner, must be the official act and deed of the partnership.

I further certify that said partnership agreement remains in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this _____, day of _____, 20____.

Partner: _____

Print: _____

**CERTIFICATE OF AUTHORITY
(IF INDIVIDUAL)**

I HEREBY CERTIFY that, I (Name) _____, individually and doing business as (d/b/a) _____ (If Applicable) have executed and am bound by the terms of the Bid to which this attestation is attached.

IN WITNESS WHEREOF, I have hereunto set my hand this _____, day of _____, 20____.

Signed: _____

Print: _____

NOTARIZATION

STATE OF Florida)

) SS:

COUNTY OF Miami Dade)

The foregoing instrument was acknowledged before me this 7 day of April, 2017, by Zachery Exposito, who is personally known to me or who has produced _____ as identification and who (did / did not) take an oath.



SIGNATURE OF NOTARY PUBLIC

STATE OF FLORIDA

PRINTED, STAMPED OR TYPED

NAME OF NOTARY PUBLIC



SECTION F. QUESTIONNAIRE

This Completed Form Must Be Submitted With The Bid, The Town May, At Its Sole Discretion, Require That The Bidder Submit Additional Information Not Included In The Submitted Form. Such Information Must Be Submitted Within Seven (7) Calendar Days of the Town's Request. Failure To Submit The Form Or Additional Information Upon Request By The Town Will Result In The Rejection Of The Bid As Non-Responsive. Additional Pages May Be Used Following The Same Format And Numbering. Some Information May Not Be Applicable Apply. In Such Instances Insert "N/A".

By submitting its Bid the Bidder certifies the truth and accuracy of all information contained herein.

A. Business Information

1. How many years has your company been in business under its current name and ownership?

a. Professional Licenses/Certifications (include name and number)* Issuance Date

Roofing Contractors License CCC B24603 _____

General Contractors License C-C 1520018 _____

(*include active certifications of small or disadvantage business & name of certifying entity)

b. Date company licensed by the State of Florida or Miami-Dade County: 02/03/2010

c. State and Date of Incorporation: Florida 02/03/2010

c. What is your primary business? Roofing & Waterproofing
(This answer should be specific)

d. Name of Qualifier, license number, and relationship to company:

Agustin Exposito CCC 1324603 Qualifier/operations Manager

e. Names of previous Qualifiers during the past five (5) years including, license numbers, relationship to company and years as qualifier for the company

N/A

2. Name and Licenses of any prior companies

Name of Company	License No.	Issuance Date
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3. Type of Company:

☐ Corporation ☒ "S" Corporation ☐ LLC ☐ Sole Proprietorship ☐ Other: _____

(Corporations will be required to provide a copy of their corporate resolution prior to executing a contract)

4. Company Ownership

a. Identify all owners of the company

Name Title % of ownership

Zachary Exposito President 100

b. Is any owner identified above an owner in another company? ☒ Yes ☐ No

If yes, identify the name of the owner, other company names, and % ownership

Zachary Exposito Z construction & Restoration 100%

c. Identify all individuals authorized to sign for the company, indicating the level of their authority (check applicable boxes and for other provide specific levels of authority)

Name	Title	Signatory Authority			
		All	Cost	No-Cost	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation for Other: _____

5. Employee Information

Total No. of Employees: 25 Number of Managerial/Admin. Employees: 7

Number of Trades Personnel and total number per classification:

(Apprentices must be listed separately for each classification)

Foreman : 3

Mechanics : 3

Office / Labor : 19

6. Will a Labor Force Company be used to provide workers? ☐ Yes ☒ No

7. Has any owner or employee of the company ever been convicted of a federal offense or moral turpitude: If yes, please explain:

NO

8. Insurance Information

a. Insurance Carrier name & address: Brown & Brown of Florida Inc.
1780 N Krome Ave Homestead, FL

b. Insurance Contact Name, telephone, & e-mail: Ashley Stefanelli
(305) 247-5121 a.stefanelli@bbinsfl.com

c. Insurance Experience Modification Rating (EMR): _____
(if no EMR rating please explain why)

d. Number of Insurance Claims paid out in last 5 years & value: 0

9. Have any claims lawsuits been file against your company in the past 5 years, If yes, identify all where your company has either settle or an adverse judgment has been issued against your company. Identify the year basis for the claim or judgment & settlement unless the value of the settlement is covered by a written confidentiality agreement.

N/A

10. To the best of your knowledge is your company or any officers of your company currently under investigation by any law enforcement agency or public entity. If yes, provide details:

N/A

11. Has your company been assessed liquidated damages or defaulted on a project in the past five (5) years? ☐ Yes ☒ No (If yes, provide an attachment that provides an explanation of the project and an explanation.

12. Has your company been cited for any OSHA violations in the past five (5) years? If yes, please provide an attachment including all details on each citation, ☐ Yes ☒ No

13. Provide an attachment listing all of the equipment, with a value of \$3,000 or greater, owned by your company.

14. Provide an attachment listing of all equipment that your company does not own but plans to rent, lease, or borrow for the performance of the Work

15. Is your company certified by the manufacturer to install the specified roofing system or proposed substitute? ☒ Yes ☐ No

a. Provide a copy of the manufacturer's certification as an attachment to this Questionnaire. Failure to provide the manufacturer's certification may result in your company's bid being deemed non-responsive.

B. Project Management & Subcontract Details

1. Project Manager for this Project:

a. Name: Brett Lowy

b. Years with Company: 4

c. Licenses/Certifications: Roofing Contractor CCC 1331088

d. Last 5 projects with the company including role, scope of work, & value of project:

United States Coast Guard / Roof Replacement / \$219,000.00
Broward Medical Center / Roof Replacement / \$158,000.00
American Red Cross / Roof Replacement / \$107,000.00
Amelia Oaks / Roof Installation / \$200,000.00
Aquamar / Roof Installation / \$142,000.00

2. Subcontractors:

Name	Trade/Work to be performed	% of Work	License No.
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3. Scope of actual Work to be performed by your company and the corresponding percentage of the work: (This does not include such items as insurance * bonds, dumpsters, trailers, and other similar non-construction work items)

Roof Replacement / 100%

C. Current and Prior Experience:


1. Current Experience including current under projects or contracts, recently awarded, or pending award (Provide an attachment to this questionnaire that lists all such contracts or projects, including the owner's name, title and value of project, scope of work, projected or actual start date, projected completion date).
2. Prior contracts or projects of a similar size, scope, and complexity: Provide an attachment to this Questionnaire that includes contracts or projects the Bidder considers of a similar, size, scope and complexity that the Town should consider in determining the Bidders responsiveness and responsibility. This attachment must detail the five (5) most recent roofing replacement projects performed within the last three (3) years. Information provided must include the owner's name, address and contact person, including telephone and e-mail, title of contract or project, scope, initial value and final cost of the contract or project, projected and final timeframes for completion. Please use the attached Current & Prior Experience Form and include in Bid.

D. Declaration

I declare under penalty of perjury that the foregoing information is true and correct.

Executed on 04/07/15 (date)

Authorized representative (print): Zachary Exposito

Authorized representative (signature): 



CURRENT & PRIOR EXPERIENCE FORM

(Print as many as needed)

Bidder's Name: Z Roofing & Waterproofing
Project Name: United States Coast Guard - Air Station Miami
Scope of Work: 2 Roof Replacements, 1 Roof Restoration Coating

Initial Contract Value: \$ \$219,000.00 Final Contract Value: \$ 219,000.00

Is the Contract still active? ☒ Yes ☐ No

Number of Change Orders: 0

Start date: 01/08/17 Completion Date: 04/30/2017

Was the Contract completed on time or is it scheduled to be completed on time? ☒ Yes ☐ No
If no, please explain why:

Contact information of Project Owner/Manager:

Public Entity Name: United States Government

Project Owner/Manager Name: Nico Mendoza

Project Owner/Manager Title: Project Manager

Project Owner/Manager Telephone: (305) 256-6655

Project Owner/Manager Email: Nico@oacconstruction.com

Name of Individual Completing this Form: Brett Lowy

Title: Project Manager

Telephone: (305) 623-7663

Email: Brett@zroofing.com

Signature: [Signature]

Date: 04/07/2017



CURRENT & PRIOR EXPERIENCE FORM

(Print as many as needed)

Bidder's Name: Z Roofing & Waterproofing

Project Name: Miami Springs City Hall Re-Roof

Scope of Work: Roof Replacement

Initial Contract Value: \$ 111,000.00

Final Contract Value: \$ 119,000.00

Is the Contract still active? ☐ Yes ☒ No

Number of Change Orders: 1

Start date: 07/01/2015

Completion Date: 08/05/2015

Was the Contract completed on time or is it scheduled to be completed on time? ☒ Yes ☐ No
If no, please explain why:

Contact information of Project Owner/Manager:

Public Entity Name: Miami Springs

Project Owner/Manager Name: Tom Nash

Project Owner/Manager Title: Project Manager

Project Owner/Manager Telephone: (305) 805-3170

Project Owner/Manager Email: NashT@MiamiSprings-fl.gov

Name of Individual Completing this Form: Brett Lowy

Title: Project Manager

Telephone: (305) 623-7663

Email: Brett@zroofing.com

Signature: [Signature]

Date: 04/07/17



CURRENT & PRIOR EXPERIENCE FORM

(Print as many as needed)

Bidder's Name: Z Roofing & Waterproofing
Project Name: Palm Beach Gardens City Hall Roof Replacement
Scope of Work: Roof Replacement

Initial Contract Value: \$ 289,000.00 Final Contract Value: \$ 289,000.00

Is the Contract still active? ☐ Yes ☒ No

Number of Change Orders: 0

Start date: 02/01/2016 Completion Date: 04/12/2016

Was the Contract completed on time or is it scheduled to be completed on time? ☒ Yes ☐ No
If no, please explain why:

Contact information of Project Owner/Manager:

Public Entity Name: Palm Beach Gardens
Project Owner/Manager Name: KM Ra
Project Owner/Manager Title: Purchasing Director
Project Owner/Manager Telephone: (561) 799-4134
Project Owner/Manager Email: Kra@Palmbeachgardens-fl.org

Name of Individual Completing this Form: Brett Lowy

Title: Project Manager

Telephone: 954 804 1175

Signature: [Signature]

Email: Brett@zroofing.com

Date: 04/07/2017



CURRENT & PRIOR EXPERIENCE FORM

(Print as many as needed)

Bidder's Name: Z Roofing & Waterproofing

Project Name: Merck Pharmaceuticals

Scope of Work: Roof Replacement/Restoration

Initial Contract Value: \$ 565,000.00 Final Contract Value: \$ 565,000.00

Is the Contract still active? ☐ Yes ☒ No

Number of Change Orders: 0

Start date: 7/21/2015

Completion Date: 10/28/2015

Was the Contract completed on time or is it scheduled to be completed on time? ☒ Yes ☐ No
If no, please explain why:

Contact information of Project Owner/Manager:

Public Entity Name: Sierra Construction

Project Owner/Manager Name: Rey Sierra

Project Owner/Manager Title: Project Manager

Project Owner/Manager Telephone: (305) 557-2444

Project Owner/Manager Email: rey.sierra@bellsouth.net

Name of Individual Completing this Form: Brett Lowy

Title: Project Manager

Telephone: (305) 623-7663

Email: Brett@zroofing.com

Signature: [Signature]

Date: 04/07/2017



CURRENT & PRIOR EXPERIENCE FORM

(Print as many as needed)

Bidder's Name: Z Roofing & Waterproofing

Project Name: American Red Cross

Scope of Work: Roof Replacement

Initial Contract Value: \$ 107,000.00 Final Contract Value: \$ 107,000.00

Is the Contract still active? ☐ Yes ☒ No

Number of Change Orders: 0

Start date: 08/07/2016 Completion Date: 09/19/2016

Was the Contract completed on time or is it scheduled to be completed on time? ☒ Yes ☐ No
If no, please explain why:

Contact information of Project Owner/Manager:

Public Entity Name: The American National Red Cross

Project Owner/Manager Name: Romeo Muniz

Project Owner/Manager Title: CEO

Project Owner/Manager Telephone: (305) 968 - 9553

Project Owner/Manager Email: romeo.muniz@redcross.org

Name of Individual Completing this Form: Brett Lowy

Title: Project Manager

Telephone: (305) 623 - 7663

Email: Brett@zroofing.com

Signature: [Signature]

Date: 04/07/2017

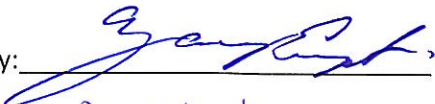
SECTION G. AFFIDAVITS

ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA }
 }
COUNTY OF Miami Dade }

SS:

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the Town of Miami Lakes, its elected officials, and _____ or its design consultants, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

By: 
Title: President

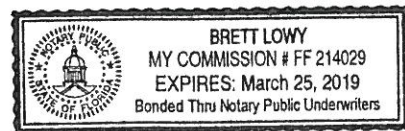
Sworn and subscribed before this

7 day of April, 2017


Notary Public, State of Florida

Brett Lowy
(Printed Name)

My commission expires: _____



NON-COLLUSIVE AFFIDAVIT

State of Florida }
 } SS:

County of Maricopa

Zachary Exposito being first duly sworn, deposes and says that:

- a) He/she is the Owner, (Owner, Partner, Officer, Representative or Agent) of 2 Roofing & Waterproofing, the Bidder that has submitted the attached Proposal;
- b) He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
- c) Such Proposal is genuine and is not collusive or a sham Proposal;
- d) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from proposing in connection with such work; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the attached Proposal or of any other Bidder, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;

The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

Witness

Witness

By:

By: 

Zachary Exposito
(Printed Name)

President
(Title)

NON-COLLUSIVE AFFIDAVIT (CONTINUED)

ACKNOWLEDGMENT

State of Florida)
) SS:
County of Miami Dade

BEFORE ME, the undersigned authority, personally appeared Zachary Exposito
to me well known and known by me to be the person described herein and who executed the foregoing
Affidavit and acknowledged to and before me that Zachary Exposito executed said
Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this 7 day of April, 2017.

My Commission Expires:



Notary Public State of Florida at Large



PROPOSER’S RELATIONSHIPS WITH THE TOWN AFFIDAVIT

By executing this affidavit, Proposer discloses any personal or business relationship or past experience with any current Town employee or elected representative of the Town.


Proposer shall disclose to the Town:

- a) Any direct or indirect personal interests in a vendor held by any employee or elected representative of the Town.

Last name	First name	Relationship
Last name	First name	Relationship
Last name	First name	Relationship

- b) Any family relationships with any employee or elected representative of the Town.

Last name	First name	Relationship
Last name	First name	Relationship
Last name	First name	Relationship


Authorized Signature

04/7/17
Date

SWORN STATEMENT ON PUBLIC ENTITY CRIMES

SECTION 287.133(3)(a), FLORIDA STATUTES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the Town of Miami Lakes

by Zachary Exposito President
[print individual's name and title]

for Z Roofing & Waterproofing
[print name of entity submitting sworn statement]

whose business address is

2498 West 3 Ct.
Hialeah, FL 33010

and (if applicable) its Federal Employer Identification Number (FEIN) is 27-1326549

(If the entity has no FEIN, include the Social Security Number of the individual

signing this sworn statement: )

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)9g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or the United States, including, but not limited to, any bid or contract for goods and services to be provided to any public entity or an agency or political subdivision of any other state or of the United States involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction or a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand than an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

- a. A predecessor or successor of a person convicted of a public entity crime; or
- b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, will be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months will be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any

natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an entity.

6. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies.]

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, not any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ This entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


Signature of Entity Submitting Sworn Statement

Sworn to and subscribed before me this 7 day of April, 2017.

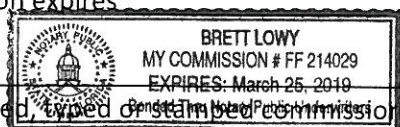
Personally known

OR produced identification _____ Notary Public – State of Florida

(type of identification)

My commission expires _____

(Printed, typed or stamped commission name notary public)



CONFLICT OF INTEREST AFFIDAVIT

State of Florida }
County of Miami Dade } SS:

Zachary Exposito being first duly sworn, deposes and says that he/she is the (Owner, Partner, Officer, Representative or Agent) of Z Roofing & Waterproofing, the Bidder that has submitted the attached Bid/Proposal and certifies the following;

Bidder certifies by submitting its Bid that no elected official, committee member, or employee of the Town has a financial interest directly or indirectly in this transaction or any compensation to be paid under or through this transaction, and further, that no Town employee, nor any elected or appointed officer (including Town committee members) of the Town, nor any spouse, parent or child of such employee or elected or appointed officer of the Town, may be a partner, officer, director or proprietor of Bidder and further, that no such Town employee or elected or appointed officer, or the spouse, parent or child of any of them, alone or in combination, may have a material interest in the Bidder/Proposer. Material interest means direct or indirect ownership of more than 5% of the total assets or capital stock of the Bidder. Any contract award containing an exception to these above described restrictions must be expressly approved by the Town Council. Further, Bidder recognizes that with respect to this solicitation, if any Bidder violates or is a party to a violation of the ethics ordinances or rules of the Town, the provisions of Miami-Dade County Code Section 2-11.1, as applicable to Town, or the provisions of Chapter 112, part III, Fla. Stat., the Code of Ethics for Public Officers and Employees, such Bidder/Proposer may be disqualified from furnishing the goods or services for which the bid or proposal is submitted and may be further disqualified from submitting any future bids or proposals for goods or services to Town. The terms "Bidder" as used herein, include any person or entity making a bid herein to Town or providing goods or services to Town.

Bidder further certifies that the price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:


Witness

By: _____

Zachary Exposito

(Printed Name)

Kresident

(Title)

Form COI

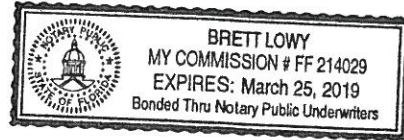
BEFORE ME, the undersigned authority personally appeared Zachary Exposito to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that Zachary Exposito executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this 7 day of April, 2017.

My Commission Expires:



Notary Public State of Florida at Large



Form COI

COMPLIANCE WITH PUBLIC RECORDS LAW

The Town of Miami Lakes shall comply with the Public Records Law as provided by Chapter 119, Florida Statutes, and all applicable amendments. Applicants must invoke the exemptions to disclosure provided by law in the response to the solicitation and must identify the data or other materials to be protected by separate envelope, and must state the reasons why such exclusion from public disclosure is necessary. The submission of a response authorizes release of your firm's credit data to the Town of Miami Lakes.

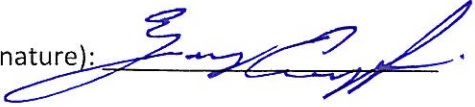
If the company submits information exempt from public disclosure, the company must identify with specificity which pages/paragraphs of their submittal/proposal package are exempt from the Public Records Act, identifying the specific exemption section that applies to each. The protected information must be submitted to the Town in a separate envelope marked "EXEMPT FROM PUBLIC RECORDS LAW". Failure to identify protected material via a separately marked envelopment will cause the Town to release this information in accordance with the Public Records Law despite any markings on individual pages of your submittal/proposal.

- (a) CONTRACTOR acknowledges TOWN'S obligations under Article 1, Section 24, Florida Constitution and Chapter 119, Florida Statutes, to release public records to members of the public upon request. CONTRACTOR acknowledges that TOWN is required to comply with Article 1, Section 24, Florida Constitution and Chapter 119, Florida Statutes, in the handling of the materials created under this Agreement and that said statute controls over the terms of this Agreement.
- (b) CONTRACTOR specifically acknowledges its obligations to comply with Section 119.0701, Florida Statutes, with regard to public records, and shall:
 - 1. Keep and maintain public records that ordinarily and necessarily would be required by TOWN in order to perform the services required under this Agreement;
 - 2. Provide the public with access to public records on the same terms and conditions that TOWN would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
 - 3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed, except as authorized by law; and
 - 4. Meet all requirements for retaining public records and transfer, at no cost to the TOWN, all public records in possession of CONTRACTOR upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to TOWN in a format that is compatible with the information technology system of TOWN.
- (c) Failure to comply with this Section shall be deemed a material breach of this Contract for which TOWN may terminate this Agreement immediately upon written notice to CONTRACTOR.

By submitting a response to this solicitation, the company agrees to defend the Town in the event we are forced to litigate the public records status of the company's documents.

Company Name: Z Roofing & Waterproofing

Authorized representative (print): Zachary Exposito

Authorized representative (signature):  Date: 04/07/2017

LEASED EMPLOYEE AFFIDAVIT

I affirm that an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured sub-contractors or casual labor exposure.

I hereby certify that 100% of workers who are not employees of the company are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the Town in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide the Town with a certificate of insurance from the leasing company providing proof of workers' compensation coverage prior to these workers entering any Town Work site.

I further agree to notify the Town if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the employee leasing arrangement.

I certify that I have workers' compensation coverage for all of my workers through the employee leasing arrangement specified below:

Name of Employee Leasing Company: _____

Workers' Compensation Carrier: _____

A.M. Best Rating of Carrier: _____

Inception Date of Leasing Arrangement: _____

I further agree to notify the Town in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to the Town that documents the change of carrier.

Name of Contractor: _____

Signature of Owner/Officer: _____

Title: _____ Date: _____

SECTION H. CONTRACT EXECUTION FORMS

CONTRACT EXECUTION FORM

This Contract 2017-20R made this 7 day of April in the year 2017 in the amount not to exceed \$_____ by and between the Town of Miami Lakes, Florida, hereinafter called the "Town," and (name of Contractor)

IN WITNESS WHEREOF, the parties have executed this Agreement as of the day and year first above written.

Attest:

TOWN OF MIAMI LAKES

By: _____
Gina Inguanzo, Town Clerk

By: _____
Alex Rey, Town Manager

By: _____
Town Attorney

Signed, sealed and witnessed in the presence of:

As to the Contractor:

Contractor's Name

By: _____

By: _____

Name: _____

Title: _____

CORPORATE RESOLUTION

WHEREAS, _____, Inc. desires to enter into a contract with the Town of Miami Lakes for the purpose of performing the work described in the contract to which this resolution is attached; and

WHEREAS, the Board of Directors at a duly held corporate meeting has considered the matter in accordance with the By-Laws of the corporation;

Now, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS that the _____,
(type title of officer)

_____, is hereby authorized
(type name of officer)

and instructed to enter into a contract, in the name and on behalf of this corporation, with the Town of Miami Lakes upon the terms contained in the proposed contract to which this resolution is attached and to execute the corresponding performance bond.

DATED this _____ day of _____, 20_____.

Corporate Secretary

(Corporate Seal)



Quality You Can Trust Since 1886...
from North America's Largest Roofing Manufacturer

April 7, 2017

Z Roofing & Waterproofing Inc
2525 W 3rd Ct
Hialeah, FL 33010
(305) 623-7663

Subject: Contractor Certification
MAry Collins Community Center

To Whom It May Concern:

This is to confirm that Z Roofing & Waterproofing Inc of Hialeah, FL is a GAF Master Roofing Contractor for Single Ply, United Coatings™, RUBEROID® and GAFGLAS® Roofing Systems. Z Roofing & Waterproofing Inc is eligible to obtain a GAF Diamond Pledge (NDL) guarantee for up to 20 years provided that all current GAF application and specification requirements are met and procedures followed.

If you have any questions please call 1-800-766-3411. Thank you for choosing GAF.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim R. Slauson", written in a cursive style.

Jim Slauson
Vice President, Certification Programs
GAF