ATTACHMENT F
Bid Form and Required Attachments
(must attach to your bid)

BID FORM AND REQUIRED ATTACHMENTS

Manatee County is accepting bids from contractors for the rehabilitation of the property located at_____. The final selection may not be based solely on price, but may include other criteria.

CONTRACTOR'S BID:

Having read the Work Write-Up #_____ dated _____, I do hereby propose to furnish all labor, equipment, tools, materials and services in accordance with the work write-up for the sum of_____ ($_____), as fully detailed in the Work Write-up bid. All work included in this bid will be completed within _____ days of the issuance of a Notice to Proceed.

We the undersigned hereby declare that we have carefully reviewed the bid documents, and with full knowledge and understanding of the aforementioned herewith submit this bid, meeting each and every specification, term and condition contained in this invitation to bid.

We understand that the bid specifications, terms and conditions in their entirety shall be made a part of any agreement or contract between the Property Owner and the successful bidder and their subcontractors. Failure to comply shall result in contract default, whereupon, the defaulting contractor shall be required to pay for any and all re-procurement cost, damages, and attorney fees as incurred by Property Owner.

Date of Site Visit _____

Name of Representative Who Visited Site _____

Date: _____

Authorized Signature: _____

Name and Title: _____

Company Name: _____

Address: _____

Telephone Number: _____

Federal Identification #: _____

Attachments are listed below. This will also serve as a checklist/reminder of those documents which need to be submitted/uploaded with your bid. Attachments are listed as Mandatory or Informational/Conditional.

	Document	**Mandatory**	**Informational/ Conditional**
A	Bid Template	X	
B	Proof of Valid License	X	
C	Drug Free Workplace	X	
D	Public Contractors-Environmental Crime	X	
E	Contractor's Questionnaire	X	
F	List of Proposed Subcontractors	X	
G	MBE/WBE Certification - (*To be supplied by contractor if applicable)*		X
H	Proof of Insurance	X	
I	Byrd Anti-Lobbying Certificate (*Must be submitted with any Bid Over $100,000K)*	X	
J	Bid Bond (5% of Total Bid) (*Must be submitted with any Bid Over $100,000K)*	X	
K	Authorized Agent Form *(If someone other than the Signatory of the bid form is attending info conference)*	X	
L	E-Verify	X	
M	Addendum Form		X
N	Build America, Buy America (BABA) Certification		X

Reminder: Also upload a separate page detailing any deviation from technical specifications, if any.

Document A
Bid Template
(must attach to your bid)

Work Write-Up 23371

Salvation Army Family Shelter

* EXHIBIT 1 *

Updated 7/17/2026

CUSTOMER INFORMATION

The Salvation Army – CDBG Family Shelter Rehab Project

1204 14th Street West, Bradenton, FL 34205

PREPARED BY

Howard Jensen
Housing & Community Development Specialist
Cell: 941-290-8335
Office: 941-748-4501 Ext.3630
howard.jensen@mymanatee.org

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* NOTE *

THE CUSTOMER AND CONTRACTOR MUST SIGN THE BOTTOM OF EACH PAGE ONLY IF

1) THIS WORK WRITE-UP BECOMES PART OF A CONSTRUCTION CONTRACT
2) THE UNDERSIGNED CUSTOMER AND CONTRACTOR HAVE REVIEWED, APPROVED AND AGREED TO THE WORK AND PRICES DESCRIBED IN THIS WORK WRITE-UP

Customer:_____ Contractor:_____

Location: General Requirements

General Requirements	Quantity	Units	Total
1 - PERMITS AND LICENSES (*Specification ID:1.00250 Estimated Qty:0*)			
Contractor shall obtain, pay for and post on site all permits and licenses necessary to complete this project. Contractor and subcontractors must have current licenses required by the State, County and City.			
2 - PROTECT HOUSE CONTENTS FROM DAMAGE DURING WORK (*Specification ID:1.03250 Estimated Qty:0*)			
Contractor shall take steps to protect house and contents from damage during project. Contractor is advised to use drop cloths to protect furniture, appliances, entertainment systems and other house contents and components. Contractor shall move furniture and appliances out of and back into work areas once work is complete. Contractor not to leave furniture, appliances, clothing or other house contents unprotected outside house during job.			
3 - REDUCE AIRBORNE DUST DURING CONSTRUCTION (*Specification ID:1.04750 Estimated Qty:0*)			
Contractor to take steps necessary to reduce and contain airborne dust created during construction, demolition and removal of defective paint. Wet scrape if removing defective paint. Do NOT use electric sanders or torches if removing paint. Contractor and workers encouraged to wear protective clothing and respirators and to follow hygiene procedures approved by OSHA.			
4 - GENERAL CLEAN-UP (*Specification ID:1.05000 Estimated Qty:0*)			
Contractor to provide clear and safe passage ways in and around structure during project. Contractor to remove debris and building materials from in and around structure being repaired to legal dump site regularly and at the end of the project. In progress and final clean-up to include--but is not limited to--damp wiping, sweeping, mopping and vacuuming.			
5 - Contingency (*Specification ID:0 Estimated Qty:0*)			
10% contingency Contingency is not to be included in the total of line item #7 OHP			

Customer:_____ Contractor:_____

Neighborly Software

6 - MOVE FURNITURE AND EQUIPMENT (*Specification ID:0 Estimated Qty:0*)			

Contractor will move furniture and equipment as needed to to access areas to be worked in. Contractor will replace all furniture and equipment back in place when work is completed. There is a storage area onsite that you will be able to move the furniture and equipment to.
NOTE: No furniture or equipment is to be put back in place until all paint, tile, grout, sealant, or any other product that has a cure time is dry or cured.

7 - OHP (*Specification ID:0 Estimated Qty:0*)		%	

Contractor to put over head and profit for project.
NOTE: Do not include OHP on Contingency in this line item.

Subtotal for General Requirements

Location: Floors

Floors & Stairs	Quantity	Units	Total
8 - GENERAL FLOOR & STAIR WORK Family and Bathrooms (*Specification ID:55.00000 Estimated Qty:0*)			

Prep the floors to install new epoxy on floors in family area, bathrooms. In family area the epoxy goes up the wall in place of base board.

Location: Bathrooms

Cabinets	Quantity	Units	Total
9 - INSTALL NEW VANITY CABINET AND PREFORMED SINK AND SOLID SOLID SURFACE COUNTER TOP COMBINATION (*Specification ID:70.00150 Estimated Qty:6*)	6		

Field measure and install a high quality bathroom vanity base cabinet. Vanities are to be all wood construction and all visible wood surfaces to be protected with water resistant coating. Install a cultured marble counter top with back splash and end splashes. Apply a bead of mildew resistant caulk where top of splashes meet wall surfaces. Owner to select color of cabinet , style and top color from contractors samples. **NOTE** ALL NEW VANITIES ARE TO INCLUDE STOPS AND WATER LINES FROM STOPS TO FAUCET.

Customer:_____ Contractor:_____

Plumbing System	Quantity	Units	Total
10 - INSTALL A METAL BATHROOM SINK BOWL (*Specification ID:75.01500 Estimated Qty:6*)	6	Ea	

Install a new round or oval metal sink bowl that has a baked on enamel finish in the vanity cabinet. Connect water lines, drain lines and vents that are necessary for sink bowl to work properly and meet plumbing code requirements. Apply a bead of mildew resistant caulk between edge of bowl and counter top. Repair any damaged work areas with appropriate materials.

11 - INSTALL A NEW BATHROOM SINK FAUCET FOR USE BY A PERSON WITH A DISABILITY (*Specification ID:75.03000 Estimated Qty:6*)	6	Ea	

Install a new bathroom sink faucet that is designed for use by a person who has disability like the person living in the house. Faucet to have a maximum flow rate of 2.5 gallons per minute. Install new stop valves and supply lines from stop valves to faucet. Faucet to have at least a 2 year warranty.

12 - INSTALL A NEW BATHTUB (*Specification ID:75.03250 Estimated Qty:6*)	6	Ea	

Remove existing bathtub, and wall surface material down to studs or furring. Install per manufacturer's instructions a new white steel tub. Install any necessary water lines, drain lines, vents, framing, blocking, shims and nailers to ensure proper and code approved installation of tub unit. Install 1/2" Hardi Backer Board to framing, seal all joints with a water proof sealant. Install 4"x4" wall tile owner to choose color. Repair or replace room surfaces damaged during installation. Apply a bead of mildew resistant caulk between bottom of tub and floor covering. All tile grout is to get a sealant put on prior to Tub/Shower being used.
NOTE: In most cases the cure time of the grout is 72hrs prior to sealing and the cure time of sealant is 24hrs.

13 - CONVERT EXISTING TUB TO TILE SHOWER FAMILY AREA (*Specification ID:75.03850 Estimated Qty:1*)	1		

Remove existing tub and wall material down to studs. Install new pan liner, Hardi backer board, backing for grab bars, drain, floor tile and wall tile. Install two corner shelves for soap and shampoo. This shower is to be a roll-in shower to meet ADA requirements. You will install grab bars, a new shower valve with a vertical slide bar for hand held shower head.

14 - INSTALL A NEW COMBINATION BATHTUB/SHOWER FAUCET (*Specification ID:75.05000 Estimated Qty:6*)	6	Ea	

Install a new washerless bathtub/shower faucet with water-sense shower head and lever operated trip waste. Owner to select faucet.

Customer:_____ Contractor:_____

15 - INSTALL A NEW TOILET FOR A PERSON WITH A DISABILITY (*Specification ID:75.06500 Estimated Qty:6*)	6	Ea	

Install a new 2 piece closed coupled, vitreous china, water saving commode with maximum 1.6 gallons per flush manufactured by American Standard, Kohler or approved equal. Toilet to be designed for use by a person who has a disability like the disabled person's living in the house. Commode to include all new components including a metal flush handle, pressed wood seat, plastic supply line, shut off valve, stub up, flange and wax seal. Top of toilet tank to be no more than 1" from back wall. Owner to select commode using an $225 fixture allowance.

Subtotal for Plumbing System

Walls	Quantity	Units	Total
16 - GENERAL WALL WORK Dining Bathrooms (*Specification ID:60.00000 Estimated Qty:2*)	2		

Install new partition walls per manufacturer spec.
In your bid you will give manufacturer name and model number the you prepose to use on project.

Location: Family Area

Electrical System	Quantity	Units	Total
17 - REPLACE EXISTING CEILING LIGHT FIXTURE WITH A NEW FIXTURE (*Specification ID:80.02300 Estimated Qty:37*)	37		

REPLACE EXISTING CEILING LIGHT FIXTURE WITH A NEW LIGHT FIXTURE. Install a new 2'x2' energy star rated LED light fixture. Customer to pick style and color.

Walls	Quantity	Units	Total

Customer:_____ Contractor:_____

18 - PAINT WALL SURFACES, TRIM AND DOORS WITH PAINT (*Specification ID:60.13500 Estimated Qty:0*)			

Apply 2 coats of paint to wall surfaces and 2 coats of paint to trim which includes any baseboard; door slab; door casing and jambs; window casing, sills, stools, jambs and sashes. Where applicable, wet scrape defective paint; spot prime; seal water stains; and make any minor repairs to walls and baseboard. Make sure baseboard is securely fastened to wall. Caulk cracks in baseboard and at intersection with wall surfaces using mildew resistant caulk prior to painting. Owner to select one paint color for wall surfaces and one color for baseboard.
NOTE: You need to sand all baseboards, casing, doors and any other wood work to be painted. You need to check to see if existing paint is oil based paint and if so you need to prime with proper primer to ensure that the new paint does not peel off.

Location: Kitchen/Dining

Cabinets	Quantity	Units	Total
19 - INSTALL A NEW PLASTIC LAMINATED COUNTER TOP (*Specification ID:70.00750 Estimated Qty:2*)	2	Ea	

Install a wood counter top with plastic laminate with back and end splashes securely fastened to the wall. Install end caps where end of counter tops exposed. Apply a bead of mildew resistant caulk between top of splashes and wall surface. Install trim along top of splashes prior to caulking if more than 1/4" gap exists between splash and wall. Owner to select counter top laminate color and design.
NOTE: There are two bathrooms so there will be two counter tops.

Ceilings	Quantity	Units	Total
20 - GENERAL CEILING WORK ACOUSTIC SOUND PANELS (*Specification ID:65.00000 Estimated Qty:20*)	20		

Remove the existing 2'x2' acoustic sound panels and replace with new acoustic sound panels. Owner to choose color.

Electrical System	Quantity	Units	Total

Customer:_____ Contractor:_____

21 - REPLACE EXISTING CEILING LIGHT FIXTURE WITH A NEW FIXTURE (*Specification ID:80.02300 Estimated Qty:34*)	34		

REPLACE EXISTING CEILING LIGHT FIXTURE WITH A NEW LIGHT FIXTURE. Install a new 2'x2' energy star rated LED light fixture. Customer to pick style and color.
NOTE: The lights in kitchen area are 2x4 and can be changed to 2x2 if the produce the same amount of light. Please count the lights as the contractor is responsible for quantities and measurements.

Floors & Stairs	Quantity	Units	Total
22 - GENERAL FLOOR & STAIR WORK BATHROOMS (*Specification ID:55.00000 Estimated Qty:0*)			

Clean and reseal epoxy floors in family area. There are two bathrooms in dining area and you will do both floors.

23 - GENERAL FLOOR & STAIR WORK KITCHEN/DINING (*Specification ID:55.00000 Estimated Qty:0*)			

Remove vinyl cove base and replace with tile cove base.
Contractor to bring three samples for staff to choose from.

Subtotal for Floors & Stairs

Walls	Quantity	Units	Total
24 - GENERAL WALL WORK (*Specification ID:60.00000 Estimated Qty:0*)			

Kitchen/Dining area Remove vinyl base and install a tile base. Owner to select color of tile and grout. Grout is to be sealed once cured.

25 - GENERAL WALL WORK FACE OF WALK-IN COOLERS (*Specification ID:60.00000 Estimated Qty:0*)			

In the kitchen there are coolers on the wall across from the office that need to be painted. You will clean, prep and paint the wall surface with one coat primer and two coats of paint. Salvation staff to pick color.

Customer:_____ Contractor:_____

26 - PAINT WALL SURFACES, TRIM AND DOORS WITH PAINT (*Specification ID:60.13500 Estimated Qty:0*)			

Apply 2 coats of paint to wall surfaces and 2 coats of paint to trim which includes any baseboard; door slab; door casing and jambs; window casing, sills, stools, jambs and sashes. Where applicable, wet scrape defective paint; spot prime; seal water stains; and make any minor repairs to walls and baseboard. Make sure baseboard is securely fastened to wall. Caulk cracks in baseboard and at intersection with wall surfaces using mildew resistant caulk prior to painting. Owner to select one paint color for wall surfaces and one color for baseboard.
NOTE: You need to sand all baseboards, casing, doors and any other wood work to be painted. You need to check to see if existing paint is oil based paint and if so you need to prime with proper primer to ensure that the new paint does not peel off.

Subtotal for Walls

Location: Ceiling

Ceilings	Quantity	Units	Total
27 - PAINT CEILING SURFACE WITH FLAT PAINT ALL (*Specification ID:65.05500 Estimated Qty:0*)			

Apply 2 coats of ceiling white paint on ceiling surfaces and, if applicable, 2 coats of semi-gloss acrylic paint on any wood ceiling trim. Use stain killer and primer if necessary. Wet scrape any defective paint and make any minor repairs to ceiling surfaces prior to painting. Owner to select color.
NOTE: This for all areas of work family area, offices, bathrooms, dining, kitchen.

Total	

Customer:_____ Contractor:_____

OWNER ACCEPTS SCOPE OF WORK
I have read the contents of this work write up and received a copy. I fully understand the repairs to be made to my property.

x_____ _____
Owner: Date

CONTRACTOR ACCEPTS SCOPE OF WORK
I have read the contents of this work write up and agree to perform all work called for in accordance with the bid submitted on _____.

x_____ _____
Contractor Date

x_____ _____
Construction Specialist Date

Document B
Proof of Valid License
(must attach to your bid)

Document C
Drug Free Work Place Certification
(must attach to your bid)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title

Signature	Date
X	

Document D
Public Contracting and Environmental Crimes Certification
(must attach to your bid)

PUBLIC CONTRACTING AND ENVIRONMENTAL CRIMES CERTIFICATION

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

This sworn statement is submitted to the Manatee County Board of County Commissioners by:

_____ for
[print individual's name and title]

_____
[print name of entity submitting sworn statement]

whose business address is:

_____

and (if applicable) its Federal Employer Identification Number (FEIN) is
_____ . If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:

I understand that no person or entity shall be awarded or receive a County contract for public improvements, procurement of goods or services (including professional services) or a County lease, franchise, concession or management agreement, or shall receive a grant of County monies unless such person or entity has submitted a written certification to the County that it has not:

been convicted of bribery or attempting to bribe a public officer or employee of Manatee County, the State of Florida, or any other public entity, including, but not limited to the Government of the United States; any state, or any local government authority in the United States, in that officer's or employee's official capacity; or

been convicted of an agreement or collusion among bidders or prospective bidders in restraint of freedom of competition, by agreement to bid a fixed price or otherwise; or

been convicted of a violation of an environmental law that, in the sole opinion of the County's Purchasing Director, reflects negatively upon the ability of the person or entity to conduct business in a responsible manner; or

made an admission of guilt of such conduct described in items (1), (2), or (3) above, which is a matter of record, but has not been prosecuted for such conduct, or has made an admission of guilt of such conduct, which is a matter of record, pursuant to formal prosecution. An admission of guilt shall be construed to include a plea of *nolo contendere*; or

where an officer, official, agent or employee of a business entity has been convicted of or has admitted to any of the crimes set forth above on behalf of such entity and pursuant to the direction or authorization of an official thereof (including the person committing the offense, if he is an official of the business entity), the business shall be chargeable with the conduct herein above set forth. A business entity shall be chargeable with the conduct of an affiliated entity, whether wholly owned, partially owned, or one which has common ownership or a common Board of Directors. For purposes of this form, business entities are affiliated if, directly or indirectly, one business entity controls or has the power to control another business entity, or if an individual or group of individuals controls or has the power to control both

entities. Indicia of control shall include, without limitation, interlocking management or ownership, identity of interests among family members, shared organization of a business entity following the ineligibility of a business entity under this Article, or using substantially the same management, ownership or principles as the ineligible entity.

Any person or entity who claims that this Article is inapplicable to him/her/it because a conviction or judgement has been reversed by a court of competent jurisdiction, shall prove the same with documentation satisfactory to the County's Purchasing Director. Upon presentation of such satisfactory proof, the person or entity shall be allowed to contract with the County.

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR MANATEE COUNTY IS VALID THROUGH DECEMBER OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT ANY CONTRACT OR BUSINESS TRANSACTION SHALL PROVIDE FOR SUSPENSION OF PAYMENTS, OR TERMINATION, OR BOTH, IF THE CONTRACTING OFFICER OR THE COUNTY ADMINISTRATOR DETERMINES THAT SUCH PERSON OR ENTITY HAS MADE FALSE CERTIFICATION.

_____
[Signature]

STATE OF FLORIDA
COUNTY OF_____

Sworn to and subscribed before me this _____ day of _____, 20_____ by _____ .

Personally known _____ OR produced identification

_____ My commission

expires_____
[Notary Public Signature]

_____
[Print, type or stamp commissioned name of Notary Public]

Signatory Requirement – In the case of a business entity other than a partnership or a corporation, this affidavit shall be executed by an authorized agent of the entity. In the case of a partnership, this affidavit shall be executed by the general partner(s). In the case of a corporation, this affidavit shall be executed by the corporate president.

Document E
Contractor's Questionnaire
(must complete and include in bid package – answer all questions or indicate why the question does not apply to you - do not leave any blanks)

CONTRACTOR'S QUESTIONNAIRE

The Bidder warrants the truth and accuracy of all statements and answers herein contained (include additional sheets if necessary).

THIS QUESTIONNAIRE MUST BE COMPLETED AND SUBMITTED WITH YOUR BID.

LICENSE # and COMPANY NAME: _____

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: ( ) _____ FAX: ( ) _____

Bidding as an individual: ___; a partnership: ___; a corporation: ___; a joint venture:___

If a partnership, list names and addresses of partners. If a corporation, list names of officers, directors, shareholders, and state of incorporation. If a joint venture, list names and address of venturers and the same if any venture is a corporation for each such corporation, partnership or joint venture:

_____

_____

_____

Your organization has been in business under this firm's name as a
_____ for how many years? _____

Describe and give the date and owner of the last three government projects you've completed which are similar in cost, type, size and nature as the one proposed. Include contact names and phone numbers:

_____

_____

_____

Have you ever been assessed liquidated damages under a contract during the past (5) five years? If so, state when, where and why and provide contact names, addresses and phone numbers.

_____

_____

_____

Have you ever failed to complete work awarded to you? If so, state when, where and why and provide contact names, addresses and phone numbers.

_____

_____

Have you ever been debarred or prohibited from bidding on a governmental entity's construction project? If yes, name the entity and describe the circumstances:

_____

_____

_____

Name three individuals, governmental entities, or corporations for which you have performed work (preferably similar in nature) and to which you refer. Include contact name and phone number:

_____

_____

_____

What specific steps have you taken to examine the physical conditions at or contiguous to the site, including but not limited to, the located of existing underground facilities?

_____

_____

What specific physical conditions, including but not limited to the location of existing underground facilities have you found, which will in any manner affect the cost, progress performance or completion of the work?

_____

_____

_____

Will you subcontract out any part of this work? If so, describe which major portion(s):

_____

_____

List any/all WBE/MBEs that will be utilized in this project, including the contract amount:

_____

_____

What equipment do you own that will be used for this project?

_____

_____

_____

What equipment will you purchase/rent that will be used for this project?

_____

_____

_____

If applicable, list the Surety that will provide the bond(s) for this project:

Surety's Name: _____

Surety's Address: _____

_____

Surety's resident agent for service of process in Florida:

Name: _____

Address: _____

_____

Phone: _____

Document F
List of Proposed Subcontractors
(must be attached to your bid)

PROPOSED SUBCONTRACTORS

Subcontractor Legal Company Name	Subcontractor DBA Name	Address	Type of Trade/ Specialty	Estimated Contract Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Document G
MBE/WBE/Section 3 Certification

(must be attached to your bid to be eligible for up to 10% pricing consideration)

Document H
Proof of Insurance
(must be attached to your bid)

Document I
Byrd Anti-Lobbying Certificate
(must be attached to bids over $100,000K)

BYRD ANTI-LOBBYING CERTIFICATE

Certification for Contracts, Grants, Loans and Cooperative Agreements (to be submitted with each bid)

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension , continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form—LL, "Disclosure Form to Report Lobbying," in accordance with its instructions as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96).

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Pursuant to 31, U.S.C. § 1352 (c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such expenditure or failure.

The Contractor, _____ , certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801, *et seq.*, apply to this certification and disclosure.

Date: _____

Signature: _____

Company Name: _____

Title: _____

Document J
Bid Bond (5% of Total Bid)
(Must be included in bid package for any Bid over $100,000K)

Document K
Authorized Agent Form

(must be completed, notarized and brought
to the Information Conference
when Prime sends alternate
to act on his behalf)

AUTHORIZED AGENT FORM

DATE:_____

I, _____(name of Owner), authorize _____(name of agent), to be an agent for _____(company name) in all matters regarding my business. This authorization shall include but not be limited to the signing of contracts, leases, agreements, accounts and any other related documents that shall be necessary.

_____
Signature - (NAME OF OWNER)

_____
Signature - (NAME OF AGENT)

State of Florida
County of_____

The foregoing instrument was acknowledged before me this ___ day of _____, 20___ by _____, who produced identification OR is personally known to me and who did/did not take an oath.

_____
NOTARY PUBLIC

_____
My Commission Expires

Document L
E-Verify
(must attach to your bid)

Acknowledge and sign the status that best applies to your firm:

☐ My firm has 24 employees or less; or

☐ My firm has 25 or more employees, and I am required to complete the enclosed **E-Verify Registration Affidavit**.

I, _____ , affirm the truthfulness and accuracy of each statement and disclosure, if any.

Date: _____

Signature: _____

Company Name: _____

Title: _____

E-Verify Registration Affidavit
(Section 448.095, Florida Statutes)

I, _____, am the owner or authorized representative of the business entity shown below. I hereby acknowledge on behalf of my business or business entity that I am aware of the requirement in section 448.095(2)(a), Florida Statutes, that every private employer with more than 25 employees and every public employer, contractor, and subcontractor must be registered with and use the E-Verify system to verify the work authorization status of all newly hired employees.

Business or Business Entity Legal Name: _____
Business or Business Entity Legal Address: _____
Business or Business Entity Taxpayer Identification Number: _____

I hereby certify that my business or business entity:

1. Is registered the United States Department of Homeland Security's (DHS) E-Verify system (https://www.everify.gov/) to verify the employment eligibility of each new employee hired within three (3) business days after the employee begins working for pay, as required by 8 C.F.R s. 274a for contract\agreement eligibility purposes,.
2. Will certify compliance on the first unemployment tax return submitted to the Department of Economic Opportunity, as required by section 448.095(3), Florida Statues.
3. Does not hire and agrees not to hire employees who are not authorized to be employed in the United States pursuant to 8 U.S.C. s. 1324a(h)(3).
4. By signing this affidavit, I agree to maintain an active E-Verify registration and that I will notify the Contract Manager within ten (10) calendar days of any change in business entity status as an employer. I further acknowledge that the failure to comply with section 448.095, Florida Statutes, can result in fines of $1,000 per day, prohibit my business from entering into any contracts with a government entity in the State of Florida for a period of 1-year, suspension or revocation of any business or professional license issued to my business by any agency of the State of Florida and the immediate termination of my contract.

I HEREBY AFFIRM AND VERIFY THAT THE FOREGOING IS TRUE AND CORRECT.

_____
Name

_____
Signature

STATE OF FLORIDA
COUNTY OF MANATEE
Sworn to (or affirmed) and subscribed before me by means of
☐ physical presence or
☐ online notarization
this _____ day of _____, 20___, by _____[*insert name*] , who
☐ is personally known to me or
☐ has produced _____ as identification.
[CHECK APPLICABLE BOXES TO SATISFY IDENTIFICATION REQUIREMENT OF SECTION 117.05, FLORIDA STATUTES]

_____ My Commission Expires: _____
Signature of Notary Public
(Legibly print, type, or stamp commissioned name of Notary Public and affix official notary seal below.)

Document M
Addendum Acknowledgement Form
(must attach to your bid when addendums are issued)

ADDENDUM ACKNOWLEDGEMENT FORM

We, the undersigned hereby declare that we have carefully reviewed the bid documents/addendum(s), and with full knowledge and understanding of the aforementioned herewith submit this bid, meeting each and every specification, term and condition contained in this Invitation for Bids.

We understand that the bid specifications, terms and conditions in their entirety shall be made a part of any agreement or contract between the Homeowner and the successful bidder and their subcontractors. Failure to comply shall result in contract default, whereupon, the defaulting contractor shall be required to pay for any and all re-procurement costs, damages, and attorney fees as incurred by Manatee County and the Homeowner.

PROJECT ADDRESS: _____

_____

Acknowledge Addendum No. ____ Dated: _____

Acknowledge Addendum No. ____ Dated: _____

Acknowledge Addendum No. ____ Dated: _____

Acknowledge Addendum No. ____ Dated: _____

Acknowledge Addendum No. ____ Dated: _____

COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____

_____
(Print Name & Title of Signer)

DATE: _____

COMPANY ADDRESS: _____

_____

PHONE: _____ FAX: _____

E-Mail Address:_____

Document N
Build America, Buy America (BABA) Certification
(must attach to your bid)

If bidder requires a Waiver from BABA Requirements, please reach out to Project Manager:

Julia H. Vieira, Community Development Project Manager
(941) 748-4501, ext. 1266
Julia.vieira@mymanatee.org

CERTIFICATION

Build America, Buy America Act:

Optional Buy America Preference (BAP) Certification

COMMUNITY PLANNING & DEVELOPMENT

Project Information

Grantee	
Grant Number	
Activity Name	
Activity Number (IDIS/DRGR)	

This "*Optional Buy America Preference Certification*" is used to certify that, as required by the Build America, Buy America (BABA) Act, all of the iron, steel, manufactured products, and construction materials incorporated into an infrastructure project are produced in the United States, unless exempted by a HUD general waiver or a project-/product-specific waiver approved by the Made in America Office (MIAO) at the Office of Management and Budget (OMB).

For covered materials not otherwise exempted from the Buy America Preference (BAP), the undersigned certifies the following:

- All iron and steel used in the project are produced in the United States. This means all manufacturing processes, from the initial melting stage through the application of coatings, occurred in the United States;
- All manufactured products used in the project are produced in the United States. This means the manufactured product was manufactured in the United States, and the cost of the components of the manufactured product that are mined, produced, or manufactured in the United States is greater than 55 percent of the total cost of all components of the manufactured product, unless another standard that meets or exceeds this standard has been established under applicable law or regulation for determining the minimum amount of domestic content of the manufactured product;
- All construction materials used in the project are manufactured in the United States. This means that all manufacturing processes for the construction material occurred in the United States.

Attach a list of all covered materials procured by the signatory and used in the project.

I hereby certify this information is complete and accurate and agree to provide documentation collected on the country of origin for all covered materials I caused to be incorporated into or affixed to an infrastructure project to the CPD grantee and HUD upon request. I understand and agree that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

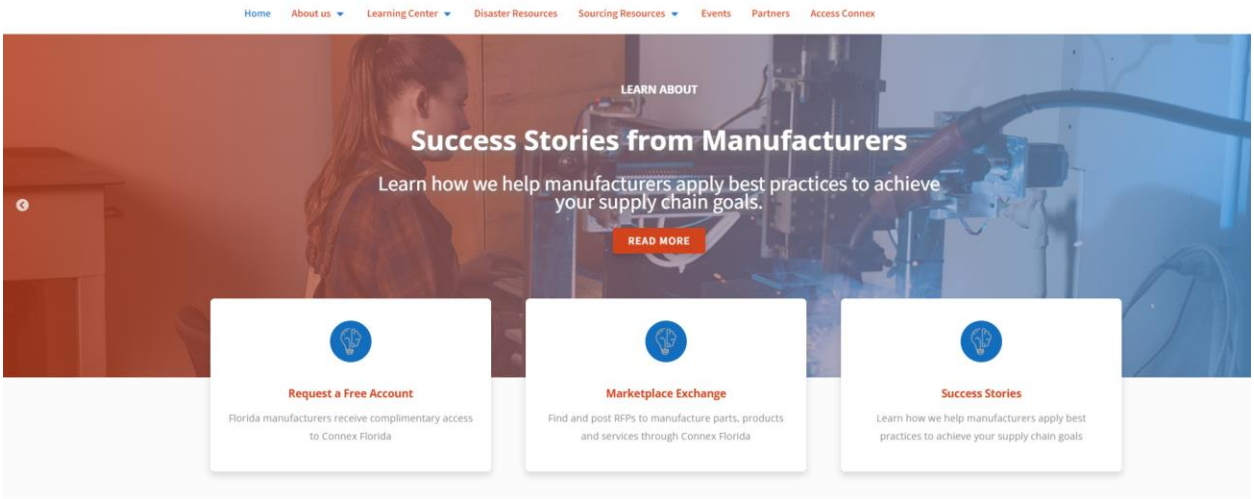
Signature	Title/Organization	Date

This material is based upon work supported, in whole or in part, by Federal award number C-21-TA-MD-0009 awarded to Enterprise Community Partners, Inc. by the US Dept of HUD. The substance and findings of the work are dedicated to the public. Neither the United States Government, nor any of its employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe privately-owned rights. Reference herein to any individuals, agencies, companies, products, process, services, service by trade name, trademark, manufacturer, or otherwise does not constitute or imply an endorsement, recommendation, or favoring by the author(s), contributor(s),the U.S. Government or any agency thereof. Opinions contained herein are those of the author(s) and do not necessarily reflect the official position of, or a position that is endorsed by, HUD or any Federal agency.

Build America, Buy America Act (BABA)
Buy America Preference Requirements for HUD funded Projects (CDBG & HOME)

National Database of Construction Materials produced in the United States.

Step 1: https://www.floridamakes.com/supplychainflorida/home



Supply Chain Solutions for
Florida Manufacturers and Consumers

Thank you for visiting Supply Chain Florida brought to you by the FloridaMakes Network. Supply Chain Florida is designed to provide you with the latest news, information and tools to build a more resilient and efficient supply chain.

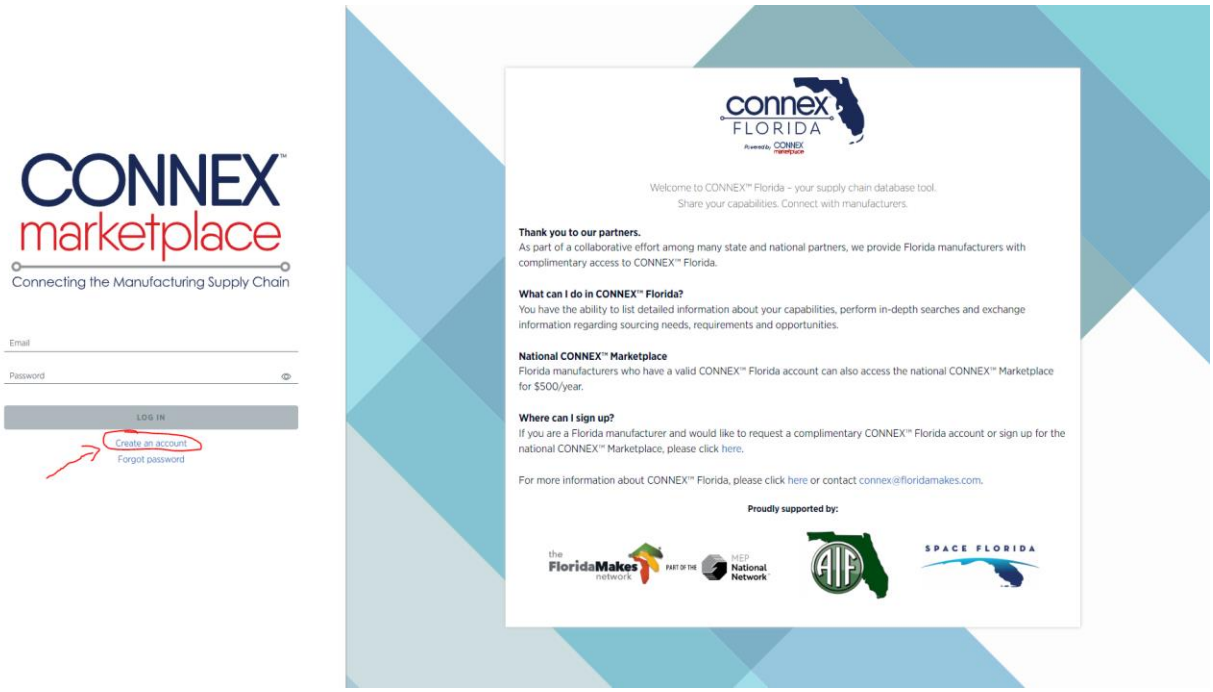
Step 2: Click on Register to obtain access to Connex Florida manufacturers database.

The Connex Florida platform contains in-depth information on a broad scale along with detailed search functions to find specific manufacturers' production capabilities, including equipment and manufacturing processes, as well as industry certifications, material types, industry sectors, NAICS and SIC codes, and more.

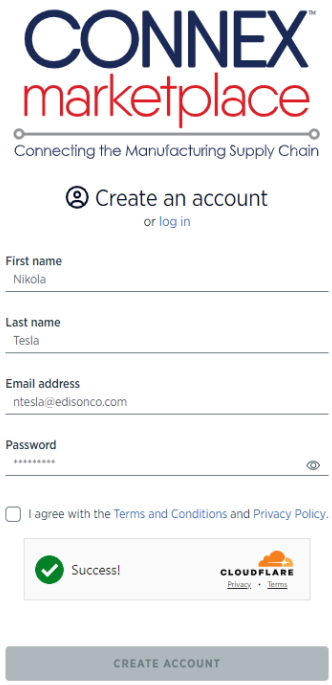
The result is an innovative platform that allows buyers and suppliers to search through thousands of local and national manufacturers to quickly find those that match their needs. In an instant, discover the services companies provide, build user relationships with one another, and decrease gaps in the supply chain.

Using the Connex Florida Exchange Center, businesses connect by posting and responding to RFQs, RFIs, and RFPs, leading to new market opportunities. By gathering industries under one platform, Connex Florida can strengthen our supply chain, and significantly improve production integrity, accuracies, and efficiencies in our manufacturing ecosystems.

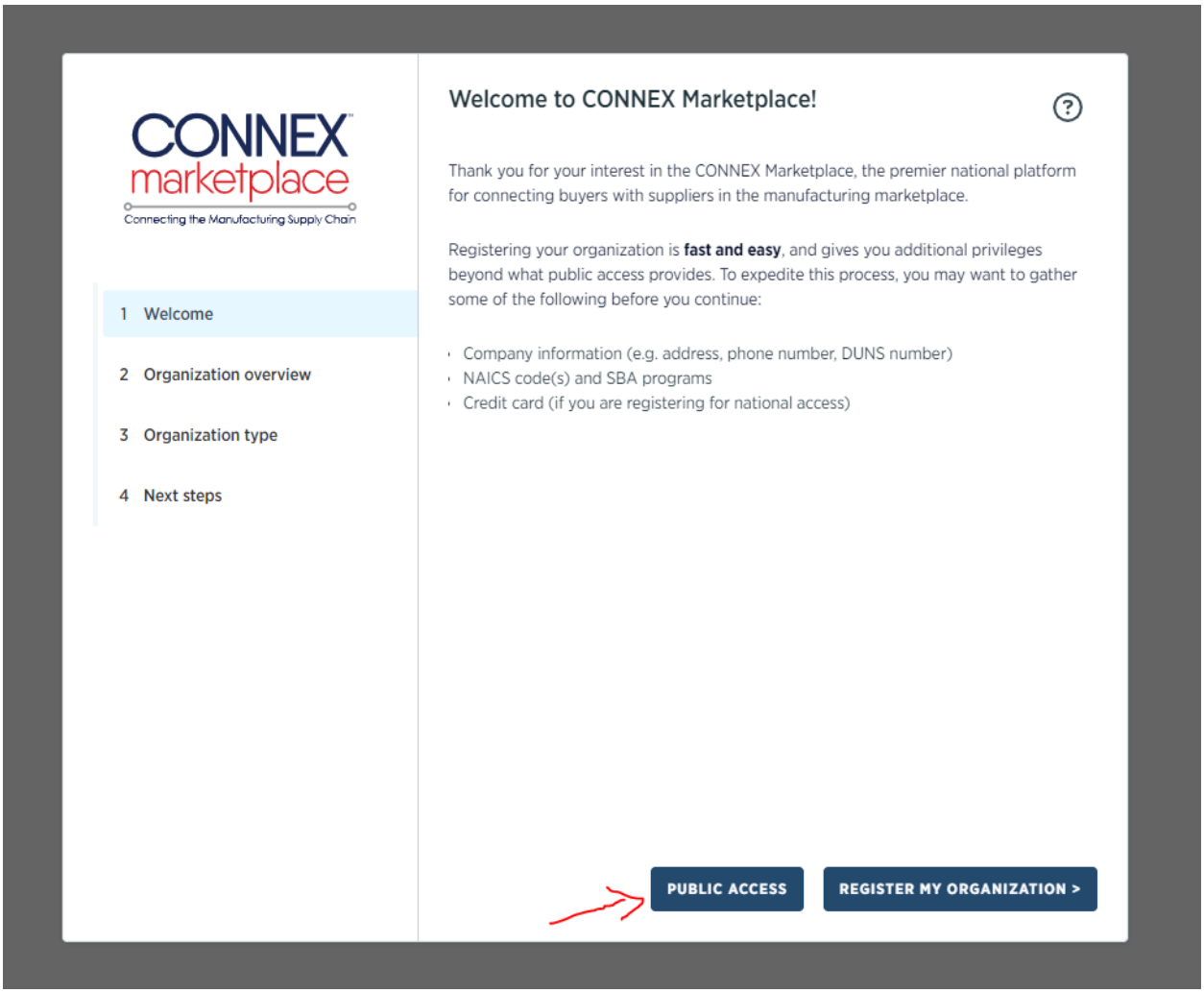
Step 3: You will be prompted to the following screen. Please create an account.



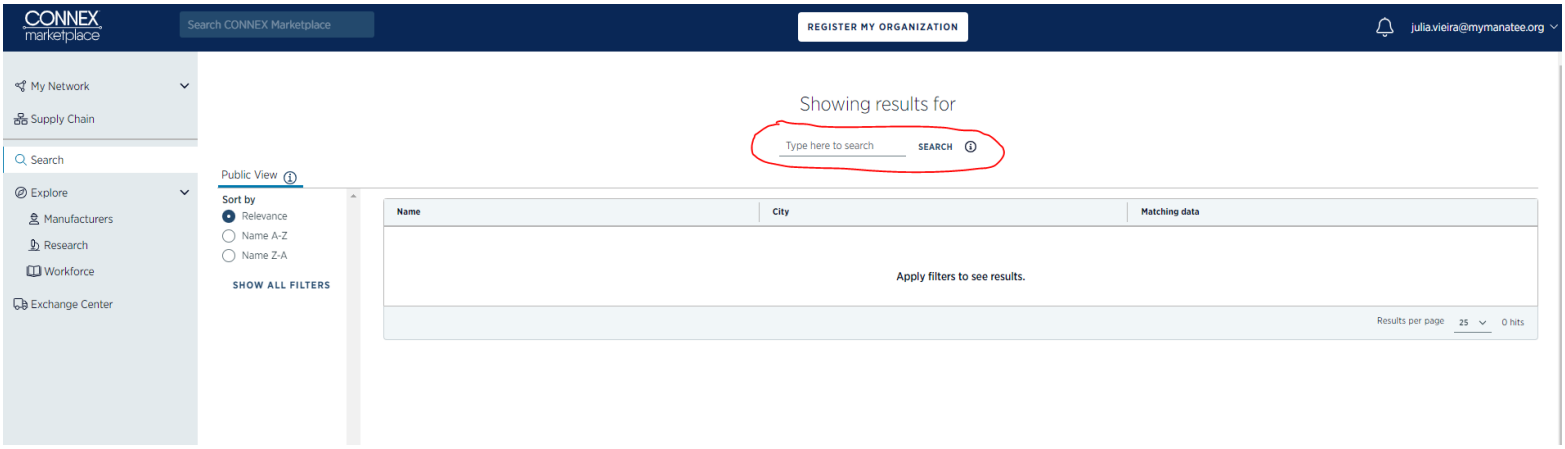
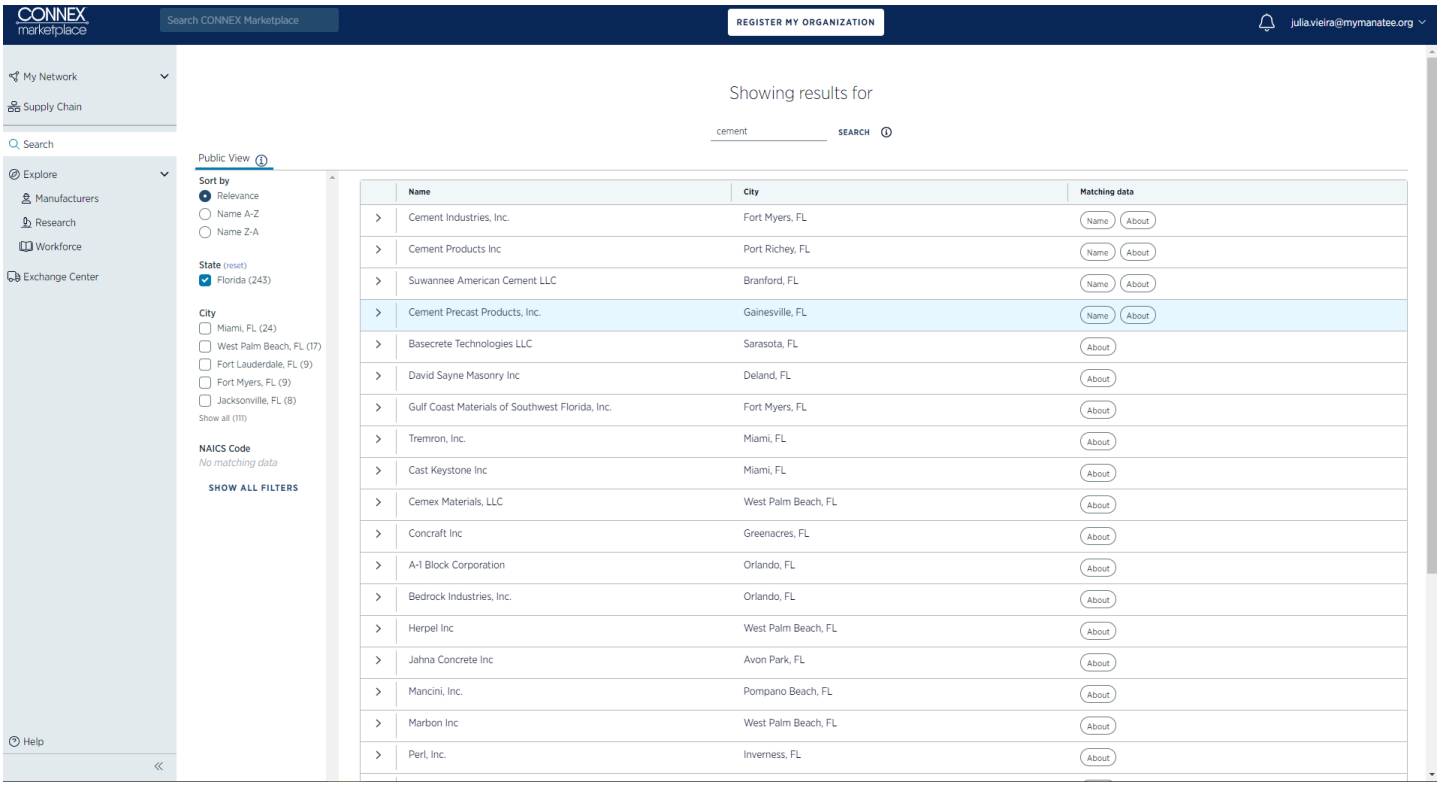
Step 4: Fill out Registration information.



Step 5: After logging in, you may choose to just select "Public Access".



Step 6: Landing page for research: type the key word for the material you are looking for.



Here is an example of search results when searching for “cement”: