# INVITATION TO BID PRICE FORM – BID 23-12 (Page 1 of 2)

By signing this bid, the bidder agrees that this bid is made without any understanding, agreement or connection with any other person, firm or corporation making a bid for the same purpose and that this bid is in all respects fair and without collusion or fraud. Unsigned bids will be considered incomplete and subject to rejection.

It is agreed by the undersigned bidder that the signing and delivery of the bid represents the bidder's acceptance of the terms and conditions of the foregoing specifications and provisions, and if awarded the bid by Authority, will represent the agreement between the parties. The undersigned has attended the mandatory pre-bid conference, if applicable to this bid, examined all documents within this bid for the above titled project and agrees to furnish all materials and services required under the specifications/requirements of this bid.

The Proposer, in submitting this bid, guarantees the following pricing for forty-five (45) days unless an extension of time agreement is reached between the Proposer and the Authority:

The following are submitted by the bidder for the purpose of:

- 1. Arriving at an estimated Lump Sum/Total Bid price.
- 2. Establishing price factors to be utilized in adjusting the estimated total price resulting from modification.

| NAME OF BIDDER               |  | • •        |                        |
|------------------------------|--|------------|------------------------|
| PROJECT BID                  |  |            |                        |
| Total Price in words         |  | Dollars    | \$<br>Price in Figures |
| Notice to Proceed. The Contr | on this building will be complete with actor should submit a schedule for the following items of work (Please list). |            |                        |
| DESCRIPTION                  | SUB-CONTRACTOR   | VALUE OF F | PROJECT SUB-CONTRACTED |
| 1                            |  |            |                        |
|                              |  | \$         |                        |
|                              |  |            | -                      |
| 2                            |  | \$         |                        |
| 2                            |  | \$<br>\$   |                        |

# INVITATION TO BID PRICE FORM – BID 23-12 (Page 2 of 2)

# Approximate quantities for the items of repair shown on the drawings are as follows:

| TASK<br>ITEM | DESCRIPTION   | UNITS | QUANTITY<br>(1) | UNIT PRICE<br>(2) | EXTENSION<br>(1) X (2)= |
|--------------|---|-------|-----------------|-------------------|-------------------------|
| 0            | Project Mobilization and<br>Demobilization              | L.S.  | 1               | \$                | \$                      |
| 1            | Demolition  | L.S.  | 1               | \$                | \$                      |
| 2            | New Hollow Core Planks                                  | L.S.  | 1               | \$                | \$                      |
| 3            | New Concrete Topping Slab                               | L.S.  | 1               | \$                | \$                      |
| 4            | New Edge Beam/Curb Closure                              | L.S.  | 1               | \$                | \$                      |
| 5            | New Guardrails  | L.S.  | 1               | \$                | \$                      |
| 6            | Concrete Topping Slab Repair                            | S.F.  | 20              | \$                | \$                      |
| 7            | Concrete Curb Repair                                    | L.S.  | 1               | \$                | \$                      |
| 8            | Slab Repair Overhead                                    | S.F.  | 30              | \$                | \$                      |
| 9            | Concrete Beam Repair                                    | S.F.  | 30              | \$                | \$                      |
| 10           | Concrete Penetrating Sealer                             | L.F.  | 1               | \$                | \$                      |
| 11           | Crack Repair West Walkway                               | L.F.  | 800             | \$                | \$                      |
| 12           | Contraction Joint Sealant<br>Replacement – West Walkway | L.F.  | 125             | \$                | \$                      |
| 13           | Cove Sealant at G/R Posts                               | L.S.  | 1               | \$                | \$                      |

# Description of Abbreviations

| L.F. | Lineal Feet |
|------|-------------|
| S.F. | Square Feet |
| L.S. | Lump Sum    |

## **GUARANTEE OF BID PROPOSAL**

| Name of Company      | <i></i>                  |                             |               |                         |  |
|----------------------|--------------------------|-----------------------------|---------------|-------------------------|--|
| Street<br>Address:   |                          | -                           |               |                         |  |
| Mailing<br>Address:  | City                     | St                          | ate           | Zip                     |  |
| Phone #:             |                          | Fax #:                      |               |                         |  |
| E-Mail Address:      |                          |                             |               |                         |  |
| Business is licensed | d (unless exempt by app  | olicable law), permitted, a | and certified | I to do business in the |  |
| State of Florida: [  | ☐ Yes ☐ No If yes, Licen | se #:                       |               |                         |  |
| State of Florida Co  | rporation ID # (From Se  | cretary of State):          |               | Putting 4.00            |  |
| Federal Employer I   | dentification Number (   | FEIN):                      |               |                         |  |
| IN WITNESS WHER      | REOF, this Bid Proposal  | is hereby signed and sea    | led as of the | e date indicated.       |  |
| Witness              |                          | (Authorized Signat          | ure in Ink)   |                         |  |
|                      |                          | (Printed Name of A          | Nbove Signe   | r)                      |  |
| Corporate Seal (WI   | here appropriate)        | (Printed Title of Ab        | ove Signer)   |                         |  |
|                      |                          | (Date Signed)               |               |                         |  |

By signing above, I attest that all the information listed herein is correct, to the best of my knowledge, and agree to be bound by the terms, conditions, and my company's submitted pricing with regards to this bid agreement.

# **Bid Bond**

# (Attach any additional forms from Surety Company)

| ***************************************   |   | **************  |
|---|---|---|
| KNOW ALL MEN BY THESE PRESENTS, that we, t  | the undersigned   |   |
| as Principal, hereinafter called the Principal, and   |   |   |
|   | , a corpora   | ation duly  |
| organized under the laws of the State of  | as (Surety), hereinafter called the Surety  | y, are held   |
| and firmly bound unto   |   |   |
|   | as  | OWNER,  |
| hereinafter, called the OWNER, in the sum of  |   |   |
|   | h sum well and truly to be made, the said Principal and the sa  |   |
|   |   |   |
| bind ourselves, our neirs, executors, administrators, s   | successors and assigns, jointly and severally, firmly by these  | e presents.   |
|   |   |   |
| WHEREAS, the Principal has submitted a bid for  |   |   |
| ***************************************   |   |   |
|   |   |   |
| the OWNER in accordance with the terms of such be Documents with good and sufficient surety for the fait and material furnished in the prosecution thereof, or give such bond or bonds, if the Principal shall pay to the amount specified in said bid and such larger amounts. | the bid of the Principal and the Principal shall enter into a Coloid, and give such bond or bonds as may be specified in the othful performance of such Contract and for the prompt paymer in the event of the failure of the Principal to enter such Couthe OWNER the differences not-to-exceed the penalty herecount for which the OWNER may in good faith contract with and obligation shall be null and void, otherwise to remain in full | e Contract<br>ent of labor<br>ntract and<br>of between<br>other party |
| Signed and sealed this day of   | 20  |   |
|   |   |   |
|   | (Principal) (SEAL)  |   |
|   |   |   |
|   |   |   |
|   |   |   |
| (Witness)   | (Title)   |   |
|   |   |   |
| (Witness)   | (Title)   |   |
| (**************************************   | (Tide)  |   |
|   |   |   |
| (Surety)  | (Title)   |   |

## **ACKNOWLEDGMENT OF ADDENDA**

| i,   |                               | , on this              | , day of          | , 2024          | hereby |
|--|-------------------------------|------------------------|-------------------|-----------------|--------|
| acknowledge receipt of all Addenda Notice.<br><u>Tampa Sports Authority.</u> | s hereby issued regardin<br>· | ng <u>this Bid #23</u> | -12 for NY Yankee | s Ramp Project, |        |
|  | Addenda Numbers               | Received:              |                   |                 |        |
|  |                               | <del></del>            |                   |                 |        |
|  |                               | <u> </u>               |                   |                 |        |
|  |                               | ·····                  |                   |                 |        |
|  |                               |                        |                   |                 |        |
|  |                               |                        |                   |                 |        |
| AUTHORIZED SIGNATURE:  |                               |                        |                   | _               |        |
| PRINTED NAME OF ABOVE:   |                               |                        |                   |                 |        |
| TITLE OF ABOVE:  |                               |                        |                   | _               |        |
| COMPANY NAME:  |                               |                        |                   |                 |        |

## (ACKNOWLEDGMENT OF BIDDER, IF A CORPORATION)

| STATE OF                      | )   |   |  |
|-------------------------------|---|---|--|
|                               | SS  |   |  |
| COUNTY OF                     | )   |   |  |
| On this                       | day of  | , 20                                      | , before me, the undersigned authority, personally appeared  |
|                               |   |   | foregoing instrument asof<br>ily acknowledged the execution of such instrument as such an                                      |
| officer aforesaid, for and on | behalf of and as the act a<br>of Directors or other app | and deed of said co<br>ropriate authority | rporation, pursuant to the powers conferred upon said officer<br>of said corporation, and who, having knowledge of the several |
| Signature of Company Repre    | esentative  |   |  |
| WITNESS my hand               | and official seal the date                              | aforesaid.                                |  |
|                               | (Signature  | of Notary Public)                         |  |
|                               | (Print, Type  | e, or Stamp Comm                          | ssioned Name of Notary Public)   |
| Personally known              | r product identification                                |   |  |
| Type of identification produ- | ced   | (NOTAR)                                   | 'S SEAL)   |
|                               | (ACKNOWLEDGMENT   | OF BIDDER, IF A I                         | ARTNERSHIP OR INDIVIDUAL)  |
| STATE OF                      | <del></del> '   |   |  |
| COUNTY OF                     | )   |   |  |
| On this                       | day of  | , 20                                      | _, before me, the undersigned authority, personally appeared   |
|                               | dged the execution of sa                                |   | ed the foregoing instrument as a member of the firm of half of and as the act and deed of said firm, for the uses and          |
| Signature of Company Repr     | esentative  |   |  |
| WITNESS my hand a             | and official seal the date                              | aforesaid.                                |  |
|                               | (Signature  | of Notary Public)                         |  |
|                               | (Print, Type  | e, or Stamp Commi                         | ssioned Name of Notary Public)   |
| Personally knowno             | r produced identification                               |   |  |
| Type of identification produc | red   | (NOTA PV                                  | 'S SFALL   |

## **ACKNOWLEDGMENT OF PRINCIPAL, IF CORPORATION**

| (STATE OF)   |                                     |                         |
|--|-------------------------------------|-------------------------|
|  |                                     |                         |
| (COUNTY OF)  |                                     |                         |
| ACITY OF   |                                     |                         |
| (CITY OF)  |                                     |                         |
| The foregoing instrument was acknowledged be                         | efore me this day of                | , 20,                   |
| by(Name and Title of Officer)  | _ of                                |                         |
| (Name and Title of Officer)  | (Name of Princip                    | al)                     |
|  | corporation, on behalf of said corp | poration. He/She is     |
| (State of Corporation)   |                                     |                         |
| personally known to me or has produced                               |                                     | as identification.      |
|  | (Type of Identification)            |                         |
| He/She warrants that he/she is authorized by t foregoing instrument. | the Board of Directors of said corp | poration to execute the |
| Signature of company representative:                                 |                                     |                         |
|  | •                                   |                         |
|  | NOTARY PUBLIC:                      |                         |
|  |                                     |                         |
| NOTARY SEAL:   | SIGN:                               |                         |
|  | PRINT:                              |                         |
|  | Notary Public, Stat                 |                         |
|  | My Commission Ex                    | pires:                  |

## **LEGAL STATUS OF BIDDER**

| This Pr | орс  | sal is | submitted in the nar                         | me of:        |                 |                |             |             |                 |          |
|---------|------|--------|--|---------------|-----------------|----------------|-------------|-------------|-----------------|----------|
|         |      |        |  |               |                 |                | (Pi         | rint)       |                 |          |
|         |      |        | ed hereby designat<br>as may be served or n  |               | nis business    | address to     | which       | all notices | , directions    | or othei |
| Street  |      |        |  |               |                 |                |             | 4           |                 |          |
| City    |      |        |  | _ State _     |                 |                | Zip Cod     | de          |                 |          |
| The un  | der. | signe  | d hereby declares the                        | at he/she ha  | ıs legal statu: | checked be     | low:        |             |                 |          |
|         | (    | )      | INDIVIDUAL                                   |               |                 |                |             |             |                 |          |
|         | (    | )      | INDIVIDUAL DOING                             | BUSINESS      | UNDER AN A      | SSUMED NA      | ME          |             |                 |          |
|         | (    | )      | CO-PARTNERSHIP<br>The Assumed Nam<br>Florida | e of the Co-i | Partnership is  | registered i   | n the Cou   | nty of      |                 |          |
|         | (    | )      | CORPORATION INC                              | ORPORATE      | D UNDER THI     | LAW OF TH      | E STATE (   | OF          |                 | ·        |
|         |      |        | The Corporation is:                          | :             |                 |                |             |             |                 |          |
|         | (    | )      | LICENSED TO DO B                             | USINESS IN    | FLORIDA         |                |             |             |                 |          |
|         | (    | )      | NOT NOW LICENSE                              | D TO DO BU    | ISINESS IN FL   | ORIDA          |             |             |                 |          |
| The na  | me,  | title  | s, and home address                          | of all persor | ıs who are of   | ficers or Part | tners in tl | he organiza | ition are as fo | llows:   |
| NAME    | ANI  | ודוד כ | LE   |               | HOME A          | ADDRESS        | -           |             |                 |          |
|         |      |        |  |               |                 |                |             |             |                 |          |
|         |      |        |  |               |                 |                |             |             |                 |          |
|         |      |        |  | _             |                 |                |             |             |                 |          |
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|         | 200  | l Casi | ed this                                      | -<br>dov.of   |                 |                |             |             |                 |          |
| Signeu  | anu  | Seal   | eu tiiis                                     | uay or        |                 |                |             |             |                 |          |
|         |      |        |  |               | Ву:             |                |             |             |                 |          |
|         |      |        |  | Prin          | ted Name:       |                |             |             |                 |          |
|         |      |        |  |               | Title:          |                |             |             |                 |          |

## **BIDDER REFERENCES**

The bidder shall submit at least five (5) references as Contractor's Qualifications. References will be contacted; projects will be reviewed for quality of workmanship. Information supplied will be considered in the award of this contract.

| BIDDER/PROPOSER CO | OMPANY NAME:    |  |  |
|--------------------|-----------------|--|--|
|                    |                 |  |  |
|                    |                 |  |  |
| BIDDER/PROPOSER CO | JIMPANY NAIVIE: |  |  |

## **SEE ATTACHMENTS**

PAGES 00 11 53 - 5 THRU 00 11 53 - 12

| TABLE I - LAST FIVE STRUCTURAL RESTORATION PROJECTS COMPLETED      |  |                                       |                |
|--|--|---------------------------------------|----------------|
| Name and Address of Contractor                                     |  | · · · · · · · · · · · · · · · · · · · | Date:          |
| Name and Address of Owner Type of Restoration Work Contract Amount |  |                                       | Date Completed |
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| Name and Address of Contractor |                          |                 | Date:          |
|--------------------------------|--------------------------|-----------------|----------------|
| Name and Address of Owner      | Type of Restoration Work | Contract Amount | Date Completed |
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| TABLE III - LAST FIVE PRECAST CONCRETE BUILDING PROJECTS COMPLETED  Name and Address of Contractor  Date: |                          |                 |                |  |
|---|--------------------------|-----------------|----------------|--|
| lame and Address of Contractor  | Type of Restoration Work | Contract Amount | Date:          |  |
| anie and Address of Owner   | Type of Restoration work | Contract Amount | Date Completed |  |
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| TABLE IV - LIST OF STRUCTURAL RESTORATION PROJECTS IN PROGRESS |                                |                 |                           |
|--|--------------------------------|-----------------|---------------------------|
| Name and Address of Contractor                                 | Name and Address of Contractor |                 |                           |
| Name and Address of Owner                                      | Type of Work                   | Contract Amount | Scheduled Completion Date |
|  |                                |                 |                           |
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| Name and Address of Contractor |              |                 | Date:                     |  |
|--------------------------------|--------------|-----------------|---------------------------|--|
| Name and Address of Owner      | Type of Work | Contract Amount | Scheduled Completion Date |  |
|                                |              |                 |                           |  |
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| Name and Address of Contractor |               |                 | Date:                     |
|--------------------------------|---------------|-----------------|---------------------------|
| Name and Address of Owner      | Type of Work  | Contract Amount | Scheduled Completion Date |
|                                |               |                 |                           |
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| Name and addr | ess of Contractor:  |              |              |                 | Date: |
|---------------|---------------------|--------------|--------------|-----------------|-------|
| Name Position | Years of Experience |              | Type of Work | Contract Amount |       |
|               |                     | Construction | Restoration  |                 |       |
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WPM PROJECT NO. D07.23061.00

| TABLE IV - LIST OF EQUIPMENT    |          |                  |           |            |
|---------------------------------|----------|------------------|-----------|------------|
| Name and address of Contractor: |          |                  | Date:     |            |
| Description of Equipment        | Quantity | Years of Service | Current l | Book Value |
|                                 |          |                  |           |            |
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PLEASE PROVIDE A LISTING OF ALL CERTIFICATIONS RELATED TO THE SCOPE OF WORK FOR THIS PROJECT.

END OF SECTION 00 11 53

# SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a), FLORIDA STATUTES - PUBLIC ENTITY CRIMES

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

|                                  | (Print name of the public entity)                               |
|----------------------------------|---|
|                                  |   |
| (Print individual's name and tit | le)   |
| r                                |   |
| (Print name of entity submitting | g sworn statement)  |
| nose business address is         |   |
|                                  | ployer Identification Number (FEIN) is:                         |
| •                                | the Social Security Number of the Individual signing this sworn |

- I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), 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 of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and 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 of 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 jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
- 4. I understand that 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, shall be a prima facie case that one person controls another person. A person who knowingly enters a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
  - c. I understand that a "person" as defined in Paragraph 287.133(1)(e), <u>Florida Statutes</u>, 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 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 management of an entity.
  - d. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)

| shareholders, employees, members, or agents wh  | t, nor any of its officers, directors, executives, partners, no are active in the management of the entity, nor any convicted of a public entity crime subsequent to July 1,   |
|---|--|
| shareholders, employees, members, or agents wh  | or more of its officers, directors, executives, partners, no are active in the management of the entity, or an onvicted of a public entity crime subsequent to July 1,   |
| shareholders, employees, members, or agents wh<br>affiliate of the entity has been charged with and co<br>1989. However, there has been a subsequent pro-<br>Division of Administrative Hearings and the Final O  | or more of its officers, directors, executives, partners, no are active in the management of the entity, or an privided of a public entity crime subsequent to July 1, deeding before a Hearing Officer of the State of Florida, and rder entered by the Hearing Officer determined that it privilege this sworn statement on the convicted vendor |
| I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT P THOROUGH DECEMBER 31 OF THE CALENDAR YEAR IN W REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTER! AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUINFORMATION CONTAINED IN THIS FORM. | UBLIC ENTITY ONLY AND THAT THIS FORM IS VALID<br>HICH IT IS FILED. I ALSO UNDERSTAND THAT I AM<br>ING INTO A CONTRACT IN EXCESS OF THE THRESHOLD   |
|   | (Signature)  |
| STATE OF  |  |
| COUNTY OF   |  |
| The foregoing instrument was acknowledged before me this  | Day of, 20, by   |
| who has produced  |  |
|   | NOTARY PUBLIC:   |
|   | NOTALL LOSSIE.   |
| NOTARY SEAL   | SIGN:  |
|   | PRINT:   |
|   | Notary Public, State at large  |
|   | My Commission Expires:   |

# SWORN STATEMENT UNDER SECTION 105.08, TAMPA SPORTS AUTHORITY - DISCLOSURE OF RELATIONSHIPS

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS. This sworn statement is submitted with Bid, Proposal or Contract No. 1. 2. This sworn statement is submitted by: (Name of entity submitting 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 3. My name is (Please print name of individual signing) and my relationship to the entity named above is \_\_\_\_\_\_ 4. I understand that an "affiliate" as defined in Section 105.08, Tampa Sports Authority rules, means: The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of the entity. I understand that the relationship with a TSA Commissioner or TSA employee that must be disclosed as 5. follows: Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandparent, or grandchild. 6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. [Please 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 management of the entity, have any relationships as defined in section 105.08, Tampa Sports Authority rules, with any TSA Commissioner or TSA employee. The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents, who are active in management of the entity, have the following relationships with a TSA Commissioner or TSA employee:

| Name of Affiliate or entity | Name of TSA Commission or employee | ier      |             | Rela          | tionship   |            |
|-----------------------------|------------------------------------|----------|-------------|---------------|------------|------------|
|                             |                                    |          | 11 11 11    |               |            |            |
|                             |                                    |          |             |               |            |            |
|                             |                                    |          |             |               |            |            |
|                             |                                    |          |             | (Sign         | ature)     |            |
|                             |                                    |          |             | (Date         | ≘)         |            |
| STATE OF                    |                                    |          |             |               |            |            |
| COUNTY OF                   |                                    |          |             |               |            |            |
| The foregoing instrument v  | vas acknowledged before me this    |          | _ Day of    |               | , 20       | , by       |
|                             |                                    |          | , v         | vho is perso  | nally know | n to me or |
| who has produced            |                                    | _as iden | tification. |               |            |            |
|                             |                                    | NOTAR    | Y PUBLIC:   |               |            |            |
| NOTARY SEAL:                |                                    | SIGN:    |             |               |            |            |
|                             |                                    | PRINT:_  | Notary Pub  | lic, State at |            |            |
|                             |                                    |          | My Commis   | •             | _          |            |

# PREFERENCE TO BUSINESSES WITH DRUG-FREE WORKPLACE PROGRAMS UNDER SECTION 287.087, FLORIDA STATUTES

- 1. This statement is submitted with <u>Invitation to Bid #23-12, NY Yankees Ramp Project, TSA.</u>
- 2. Preference shall be given to businesses with drug-free workplace programs. Whenever two or more Proposals which are equal with respect to price, quality, and service are received by the Authority for the procurement of commodities or contractual services, a bid received from a business that certifies that is has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie Proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:
  - a. 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 specifying the actions that will be taken against employees for violations of such prohibition.
  - b. 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 drug abuse violations.
  - c. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (A).
  - d. In the statement specified in subsection (A), 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, 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.
  - e. 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.
  - f. 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 COMPANY COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.

| BIDDER/PROPOSER SIGNATURE: | DATE: |
|----------------------------|-------|
|                            |       |
| COMPANY NAME:              |       |

#### **E-VERIFY AFFIDAVIT**

**Obligation for State-Funded Contracts:** 

Florida Statutes Sections 288.061 and 448.095 require all State of Florida agencies to verify the employment eligibility of all new agency employees through the U.S. Department of Homeland Security E-Verify system. Further, agencies are directed to include as a condition of all contracts for the provision of goods and services to the state in excess of nominal value, an express requirement that contractors utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the contractor during the contract term, and an express requirement that contractors include in such contracts the requirement that subcontractors performing work or providing services pursuant to the state contract utilize the E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

In accordance with Fla. Stat. §§ 288.061 and 448.095(2), Tampa Sports Authority ("TSA") requires all vendors doing business with TSA who are awarded state-funded contracts to verify employee eligibility using the E-Verify system. It is the responsibility of the awarded vendor to ensure compliance with E-Verify requirements. To enroll in E-Verify, vendors should visit the E-Verify website at http://www.e-verify.gov and follow the instructions to register. The vendor must also retain the I-9 Forms for inspection, per usual.

By affixing your signature below, you hereby affirm that you will comply with the E-Verify system requirements. Federal Employer Identification Number (FEIN): Printed Name of Affiant Printed Title of Affiant Signature of Affiant Name of Firm Date Address of Firm State Zip Code **Notary Public Information** Notary Public - State of \_\_\_\_\_ County of Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_\_, 2024. By \_\_\_\_\_\_\_. He/she is personally known to me \_\_\_\_\_\_\_or has produced identification \_\_\_\_\_ (Type of Identification Produced) Signature of Notary Public Serial Number Affix Notary Seal Here: (Expiration Date) (Print or Stamped name of Notary Public)

## **STATEMENT OF NO BID**

| Bid Num             | _                          | 3-12<br>Y Yankees Ramp Project, TSA  |
|---------------------|----------------------------|--|
| LRAD ODT            | ABIT NOTIC                 | TO VENDORS. If you do not introduce wheat a high-  |
| notice o<br>Mail on | f Tampa Sp<br>the day of o | CE TO VENDORS: If you do not intend to submit a bid/proposal and wish to continue to receive orts Authority procurements, please return this "Statement of No Bid" via fax, email, or U.S. or prior to the bid opening. If you elect not to submit a bid/proposal, please indicate the reason mail this form to: <a href="mailto:djones@tampasportsauthority.com">djones@tampasportsauthority.com</a> or mail this for to the address above. |
|                     | We do not                  | offer this product/service or an equivalent.   |
|                     | Our sched                  | ule would not permit us to perform.  |
|                     | Insufficien                | t time to respond to solicitation.   |
|                     | Unable to                  | meet specifications.   |
|                     | Specification              | ons not clear.   |
|                     | Unable to                  | meet bond and/or insurance requirements.   |
|                     | Specification              | ons "too tight"/restrictive (i.e., geared to a specific brand or manufacturer).  |
|                     | Sub-Contra                 | actor (submitted bid to General Contractor).   |
|                     |                            | ase explain below):  |
| REMARK              |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            |  |
|                     |                            | t if the "No Bid" letter is not executed and returned, our name may be deleted from the list of<br>r the Tampa Sports Authority.   |
| SIGNATU             | JRE:                       | DATE:  |
| NAME (P             | PRINTED):                  |  |
| COMPAN              | NY:                        |  |
| PHONE N             | NUMBER:                    | EMAIL:   |

## **BID CHECKLIST**

| *********** |  |
|-------------|--|
|             | use this Bid Checklist form to mark off all forms within this bid package as signed and/or |
| acknowl     | <u>ledged</u> .  |
|             |  |
|             | General Terms, Conditions, & Provisions/Performance & Payment Bond Acknowledgments15       |
|             | Invitation To Bid (ITB) Form26   |
|             | Guarantee of Bid Proposal  |
|             | Bid Bond Form29  |
|             | Acknowledgment Of Addenda (If Applicable)30  |
|             | Acknowledgment Of Bidder, If a (Corporation, Partnership Or Individual)31                  |
|             | Acknowledgment Of Principal if a Corporation32   |
|             | Legal Status of Bidder   |
|             | Bidder References  |
|             | Sworn Statement – Public Entity Crimes35   |
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|             | Drug-Free Workplace Acknowledgment39   |
|             | E-Verify Affidavit40   |
|             | Statement Of No Bid41  |
|             | Bid Checklist42  |
|             |  |
| L acknow    | vledge by my signature above that all the above forms Date                                 |

(If applicable) have been included in my bid to the Authority.

# GOVERNMENT PURCHASING COUNCIL LIST

#### City of Plant City

Buddy Storey, Purchasing Manager Drawer C Plant City, FL 33563 813-659-4270 – Telephone 813-659-4216 – Fax Wstorev@plantcitygov.com

#### City of Temple Terrace

Judy Crutcher, Asst. Purchasing Agt. PO Box 16930
Temple Terrace, FL 33687
813-506-6420 — Telephone
813-989-7185 — Fax
jcrutcher@templeterrace.com

#### Clerk of Circuit Court

601 E. Kennedy Blvd., - 13<sup>th</sup> Floor PO Box 1110 Tampa, FL 33601 813-276-8100 Ext. 7721 - Telephone 813-272-5521 - Fax www.hillsclerk.com

#### Tampa-Hillsborough County Expressway Authority

1104 E. Twiggs St., Suite #300 Tampa, FL 33602 813-272-6740 – Telephone 813-276-2492 – Fax Man.le@tampa-xway.com

#### Hillsborough Area Regional Transit Authority

Melissa Smiley 4305 E. 21<sup>st</sup> Street Tampa, FL 33605 813-623-5835 – Telephone 813-664-1119 – Fax smileym@gohart.org

# Hillsborough County Aviation Authority

Tampa International Airport PO Box 22287 Tampa, FL 33622-2287 813-870-8730 – Telephone 813-875-6670 – Fax www.tampaairport.com

#### Hillsborough County School Board

PO Box 3408 Tampa, FL 33601-3408 813-272-4329 — Telephone 813-272-4007 — Fax www.sdhc.k12.fl.us

#### Hillsborough Community College

Vonda Melchior, Director of Purchasing 39 Columbia Drive Tampa, FL 33606 813-253-7060 – Telephone 813-253-7561 – Fax ymelchoir@hcc.fl.edu

#### Hillsborough County Board of County Commissioners

Scott Stromer, Director 601 E. Kennedy Blvd., 26<sup>th</sup> Floor Tampa, FL 33601 813-272-5790 – Telephone 813-272-6290 – Fax procurementservices@hillsboroughcounty.org

### Hillsborough County Sheriff's Office

Christina R. Porter, CFO
PO Box 3371
Tampa, FL 33601
813-247-8032 – Telephone
813-242-1825 – Fax
CRPorter@hcso.tampa.fl.us

#### State Attorney's Office

Mark Ober, State Attorney 800 E. Kennedy Blvd., 5<sup>th</sup> Floor Tampa, FL 33602 813-272-5400 – Telephone 813-272-7014 – Fax Ober M@SAO13th.com

### Tampa Port Authority

Donna Casey, Procurement Analyst PO Box 2192 Tampa, FL 33601 813-905-5164 – Telephone 813-905-5109 – Fax dwebb@tampaport.com

### Supervisor of Elections

601 E. Kennedy Blvd., 16<sup>th</sup> Floor Tampa, FL 33602 813-276-8274 – Telephone 813-272-7043 – Fax www.votehillsborough.org

#### City of Tampa Housing Authority

Jerome Ryans, President/CEO 1514 Union Street Tampa, FL 33607 813-253-0551 – Telephone irenew@thafl.com

#### **Tampa Sports Authority**

Deltecia Jones, Procurement Manager 4201 N. Dale Mabry Hwy.
Tampa, FL 33607
813-350-6500 Ext. 6511 – Telephone diones@tampasportsauthority.com

#### Tax Collector

601 E. Kennedy Blvd., 14<sup>th</sup> Floor Tampa, FL 33602 813-307-6222 – Telephone 813-307-6521 – Fax www.hillstax.org

# The Children's Board of Hillsborough County

1002 E. Palm Avenue Tampa, FL 33605 813-229-2884 – Telephone 813-228-8122 – Fax www.childrensboard.org

### University of South Florida

George Cotter,
Director of Purchasing Services
4202 E. Fowler Avenue, SVC-1072
Tampa, FL 33620
813-971-3340 – Telephone
gcotter@admin.usf.edu

### **Property Appraiser**

601 E. Kennedy Blvd., 16<sup>th</sup> Floor Tampa, FL 33602 813-272-6100 — Telephone 813-272-5519 — Fax www.hepafl.org

### Tampa Palms Community Dev. Dist.

16311 Tampa Palms Blvd. W. Tampa, FL 33647 813-977-3933 – Telephone 813-977-6571 – Fax www.tpoa.net