

Supplier Response Form

Issue Date

City of Hollywood, Florida
Solicitation # RFQ-4420A-14-IS

Contractors for Housing Rehabilitation Program
Solicitation # RFQ-4420A-14-IS

Issue Date:

Closing Date: Aug 7, 2014

Pre-Proposal Meeting Date:

Location: City Hall/Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

Please enter your password below and click Save to update your response.

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

To take exception:

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **daniel secu**

Password *

* Required fields

Supplier Response Form

City of Hollywood, Florida
Solicitation # RFQ-4420A-14-IS

Issue Date

SUBMISSION

Proposal Due Date: Aug 7, 2014 3:00:00 PM EDT

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid document. If submitting a hard copy, it will be the sole responsibility of the Bidder/Proposer to ensure that the Bid/Proposal reaches the City of Hollywood, City Hall, City Clerks Office, 2600 Hollywood Boulevard, Room 221, Hollywood Florida 33020, prior to the opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.


Bids/Proposal should be submitted either:

- A. Electronic response to this Bid may be submitted through a secure mailbox at BidSync until the date and time as indicated in this document. It is the sole responsibility of the Bidder to ensure its Bid reaches BidSync before the closing date and time specified in this solicitation. There is no cost to the Bidder to submit a response to the City of Hollywood solicitation via BidSync.

OR

- B. Response to this Bid maybe submitted to the City of Hollywood, City Hall, City Clerks Office, 2600 Hollywood Boulevard, Room 221, Hollywood Florida 33020 in a sealed envelope marked with a completed solicitation label below, with the specified number of copies, no later than the time and date specified in this solicitation.

Always use the label the below on all packages when returning your bid or proposal to the City



Bid/Proposal Name: Contractors for Housing Rehabilitation Program
Bid/Proposal Number: RFQ-4420A-14-IS
Bid/Proposal Opening Date: Aug 7, 2014

Firm Name/Address: DANIEL SECU CORP Dba DSG CONSTRUCTION

3701 MCKINLEY STR

daniel secu

Return to:

City of Hollywood, Florida
c/o: Office of City Clerk
2600 Hollywood Blvd., Rm#: 221
Hollywood, Florida 33020

Important Notice:

The Procurement Services Division shall distribute all official changes, modifications, responses to questions or notices relating to the requirements of this document. Any other information of any kind from any other source shall not be considered official, and bidders relying on other information do so at their own risk.

The responsibility for submitting a bid/proposal on or before the time and date is solely and strictly the responsibility of the bidder/proposer, the City will in no way be responsible for delays caused by technical difficulty or caused by any other occurrence. No part of a bid/proposal can be submitted via FAX or via direct Email to the City. No variation in price or conditions shall be permitted based upon a claim of ignorance

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Password *

* Required fields

Supplier Response Form



CONE OF SILENCE

The City of Hollywood City Commission adopted Ordinance No. O-2007-05, which created Section 30.15(F) imposing a Cone of Silence for certain City purchases of goods and Services.

The Cone of Silence refers to limits on communications held between vendors and vendors representatives and City elected officials, management and staff during the period in which a Formal Solicitation is open.

The Ordinance does allow potential vendors or vendors representatives to communicate with designated employees for the limited purpose of seeking clarification or additional information. The names and contact information of those employees that may be contacted for clarification or additional information are included in the solicitation.

The Cone of Silence does not prohibit a vendor or vendors representative from communicating verbally, or in writing with the City Manager, the City Managers designee, the City Attorney or the City Attorneys designee on those procurement items to be considered by the City Commission.

The Cone of Silence does not prohibit a vendor or vendors representative from making public presentations at a duly noticed pre-bid conference or duly noticed evaluation committee meeting or from communicating with the City Commission during a duly noticed public meeting.

The Cone of Silence shall be imposed when a formal competitive solicitation has been issued and shall remain in effect until an award is made, a contract is approved, or the City Commission takes any other action which ends the solicitation.

To view the Cone of Silence, Ordinance No. O-2007-05, go to the City of Hollywoods Official website at <http://www.hollywoodfl.org/ConeOfSilence>

All communications regarding this bid should be sent in writing to the Procurement Services Division as identified in this bid.

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Please enter your password below and click Save to update your response.

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Username **daniel secu**

Password *

* Required fields

**Section 3
Business
Registry
Home**

**What is the
Section 3
Business
Registry?**

**Am I a
Section 3
Business?**

**Register a
Business**

**Search for a
Business**

**Update
Business
Info**

**Frequently
Asked
Questions**

Contact Us

Search for Section 3 Self Certified Businesses

Select Location:

ZIP's:

View All Miami Businesses ☐

<input type="checkbox"/> Brick Masonry	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> General Contractor
<input type="checkbox"/> HVAC	<input type="checkbox"/> IT	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Lead Hazard Control	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Painting Drywall	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Security	<input type="checkbox"/> Other		

Only Show Businesses That are Hiring: ☐

	Business Name	Business Address	Business Telephone	Business Type
1	DANIEL SECU CORPORATION INC - DBA DSG CONSTRUCTION	3701 McKINLEY STREET HOLLYWOOD, FL 33021	954-391-9922	Brick Masonry Carpentry Electrical General Contractor Janitorial Landscaping Lead Hazard Control Maintenance Painting Drywall Other: ROOFING, DEMOLITION, REMODELING, CNCRETE, FLOORING
2	DSG CONSTRUCTION	3701 MCKINLEY STREET HOLLYWOOD, FL 33021	954 8544222	Brick Masonry Carpentry General Contractor Janitorial Landscaping Lead Hazard Control Maintenance Painting Drywall Other: DEMOLITION, CONCRETE, FLOORING

Disclaimer:

HUD has not verified the information submitted by businesses listed in this registry

and does not endorse the services that they provide. Users of this database are strongly encouraged to perform due diligence by verifying Section 3 eligibility before providing preference or awarding contracts to firms that have self-certified their Section 3 status with the Department.

How Do I Notify HUD if I Suspect that a Business in this Registry Does Not Meet Section 3 Eligibility Criteria?

If you believe that a firm has misrepresented itself as a Section 3 Business, please submit an email to the U.S. Department of Housing and Urban Development by clicking here Sec3Biz@hud.gov.

Your email should contain the following information:

- Your name, telephone number, and email address (this information will not be shared outside of HUD)
- Name, city, and state of firm that has allegedly misrepresented their status as a Section 3 business.
- Any narrative explanations describing why you believe that this firm does not meet the Section 3 Business eligibility criteria.

ACORD™

Client#: 96608

DSGCO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/22/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Advanced Insurance Underwriters LLC 3250 N. 29th Ave Hollywood, FL 33020		CONTACT NAME: PHONE (A/C, No, Ext): 954 963-6666 FAX (A/C, No): 9549641438 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE INSURER A : Association Insurance Company	NAIC # 11240
INSURED DSG Construction d/b/a Daniel Secu Corp 3701 McKinley Street Hollywood, FL 33021		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	WCV014598101	03/25/2014	03/25/2015	WC STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)


Blanket Waiver of Subrogation Endorsement Included when required by contract.

Broward Alliance for Neighborhood Development, City of Hollywood FL, SoFi Corp., Jeffrey Igoe Architect, PA; 3625 W. Broward Blvd, Ste 110, Fort Lauderdale, FL 33312

Loc# 1 - 3701 McKinley Street; Hollywood, FL

CERTIFICATE HOLDER

CANCELLATION

Broward Alliance for Neighborhood Development 3625 W. Broward Blvd, Ste 110 Fort Lauderdale, FL 33312	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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ACORD™

Client#: 96608

DSGCO

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DATE (MM/DD/YYYY)

5/22/2014

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PRODUCER Advanced Insurance Underwriters LLC 3250 N. 29th Ave Hollywood, FL 33020		CONTACT NAME: PHONE (A/C, No, Ext): 954 963-6666 FAX (A/C, No): 9549641438 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE INSURER A: Association Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED DSG Construction d/b/a Daniel Secu Corp 3701 McKinley Street Hollywood, FL 33021		NAIC # 11240	

COVERAGES

CERTIFICATE NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	ANY AUTO <input type="checkbox"/>						
	ALL OWNED AUTOS <input type="checkbox"/>						
	HIRED AUTOS <input type="checkbox"/>						
	SCHEDULED AUTOS <input type="checkbox"/>						
	NON-OWNED AUTOS <input type="checkbox"/>						
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCV014598101	03/25/2014	03/25/2015	WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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Blanket Waiver of Subrogation Endorsement Included when required by contract.

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Loc# 1 - 3701 McKinley Street; Hollywood, FL

CERTIFICATE HOLDER

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Broward Alliance for
 Neighborhood Development
 3625 W. Broward Blvd, Ste 110
 Fort Lauderdale, FL 33312

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Charlotte Floyd

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Daniel Secu Corp. D.B.A. DSG Construction

3701 McKinley Str. Hollywood, FL 33021


Phone: 954-854-4222 Fax: 954-391-9922

www.dsg-construction.com

dsro@yahoo.com

CGC 1518847

This is a written statement to testify that there is no record of litigation or complaints filed against Daniel Secu Corp. D.B.A. DSG Construction or Daniel Secu within the last five years with any regulatory Board/Agency.

A handwritten signature in blue ink, appearing to read 'Daniel Secu', is written over a horizontal line.

Daniel Secu, Vice President

Date 8/6/2014

Daniel Secu Corp. D.B.A. DSG Construction

3701 McKinley Str. Hollywood, FL 33021


Phone: 954-854-4222 Fax: 954-391-9922

www.dsg-construction.com

dsro@yahoo.com

CGC 1518847

This is a written statement to testify that Daniel Secu Corp. D.B.A. DSG Construction has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

A handwritten signature in blue ink, appearing to read "Daniel", is written over a horizontal line.

Daniel Secu, Vice President

8/6/2014

Date



CITY OF HOLLYWOOD
TREASURY SERVICES DIVISION
LOCAL BUSINESS TAX RECEIPTING
2600 HOLLYWOOD BLVD, ROOM 103
HOLLYWOOD, FL 33020

DSG CONSTRUCTION
3701 MC KINLEY ST
HOLLYWOOD FL 33021

47 40135



CITY OF HOLLYWOOD LOCAL BUSINESS TAX RECEIPT

PRINT DATE: 1/17/14

THIS IS YOUR LOCAL BUSINESS TAX RECEIPT. PLEASE DETACH AND POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION. PLEASE DO NOT REMIT ANY PAYMENT. **THIS IS NOT A BILL.**

Business Name:	DSG CONSTRUCTION
Business Location:	3701 MC KINLEY ST
Business Class:	CONTRACTOR/GENERAL
Tax Basis:	1 WORKER (OWNER)
Receipt Number:	14 00048943
Receipt Year:	10/01/13
Expiration Date:	09/30/14

NEW CHARGES: (Itemized Below)	190.00
Base Fee	190.00
Additional Charges:	

Comments:

TOTAL NEW CHARGES:	190.00
Penalty Amount:	.00
Previous Balance Due:	.00
TOTAL AMOUNT PAID:	190.00

PURSUANT TO STATE LAW, THE LOCAL BUSINESS TAX IS LEVIED ON THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO ANY LOCAL, STATE OR FEDERAL LAWS OR REGULATIONS.

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

DBA:
Business Name: DSG CONSTRUCTION
DANIEL SECU

Receipt #: 180-262634
Business Type: GENERAL CONTRACTOR

Owner Name: DANIELA SECU-GODICIU
Business Location: 3701 MCKINLEY ST
HOLLYWOOD

Business Opened: 06/02/2014
State/County/Cert/Reg: CGC1518847
Exemption Code:

Business Phone:

Rooms

Seats

Employees

2

Machines

Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
13.50	0.00	0.00	0.00	0.00	0.00	13.50

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

DSG CONSTRUCTION DANIEL SECU
3701 MCKINLEY ST
HOLLYWOOD, FL 33021

Receipt # 10B-13-00002278
Paid 06/02/2014 13.50

2013 - 2014



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

SECU, DANIEL
DSG CONSTRUCTION
3701 MCKINLEY ST
HOLLYWOOD

FL 33021

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6321974

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12083003245

DATE	BATCH NUMBER	LICENSE NBR
08/30/2012	118215820	CGC1518847

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

SECU, DANIEL
DSG CONSTRUCTION
3701 MCKINLEY ST
HOLLYWOOD

FL 33021

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY



Certificate of Completion

This certificate is presented to

DANIEL SECU

In Recognition of Successful Attendance and Achievement in the

**OSHA 30 HOUR CONSTRUCTION INDUSTRY
SAFETY AND HEALTH STANDARDS 29 CFR 1926**

Introduction to OSHA; Focus Four: Electrical, Fall Protection, Caught in Between, Struck By; Personal Protective Equipment; Safety and Health Programs; Confined Spaces; Concrete and Masonry; Crystalline Silica; Health Hazards in Construction; Materials Handling; Storage, Use and Disposal; Tools: Hand and Power; Scaffolds, Machinery; Cranes, Derricks, Hoists, Elevators and Conveyors; Excavations; Stairways and Ladders; Steel Erection, Fire Safety; Signs, Signals and Barricades; Welding and Cutting.

Date Completed: October 11th, 2013

Fort Lauderdale, FL

A blue ink signature of Patricia Dampas, written in a cursive style.

Patricia Dampas
OSHA Authorized Construction Trainer

CERTIFICATE OF COMPLETION

Awarded to:

DANIEL SECU



for attendance of the following program:
**Pipeline Emergency Response & Awareness for Excavator
Operations**

Attended: 9/24/2013 5:30:00 PM Hollywood, FL



Steve Roberts
Steve Roberts
Director of Corporate Training

SEAGULL ENVIRONMENTAL TRAINING
900 NORTHWEST FIFTH AVENUE
FORT LAUDERDALE, FLORIDA 33311

LEAD - ASBESTOS - MOLD
ENVIRONMENTAL TRAINING RESOURCE

www.seagulltraining.com

FOR ADDITIONAL TRAINING OR CONSULTING
1-800-966-9933



CERTIFIED RENOVATOR

Daniel Secu

3701 McKinley St., Hollywood, FL 33021

Date of Birth: December 15, 1973

has successfully completed an English

8-Hour Initial Renovation, Repair, & Painting Course

From: June 6, 2011 To: June 6, 2011

And has passed an examination on June 6, 2011

Seagull Environmental Management Company, Inc.
certifies that this course complies with

40 CFR PART 745.225

Certification Expires:
June 5, 2016

Training Address

900 Northwest Fifth Ave., Fort Lauderdale, FL 33311

Course No.: SE1122

Certificate 148144

Guest Instructor

James F. Stump, Training Manager/Principal Instructor

(See reverse side for certificate verification information.)



Our Best.
Nothing Less.

OFFICE OF ECONOMIC AND SMALL BUSINESS DEVELOPMENT

Governmental Center Annex
115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301
954-357-6400 • FAX 954-357-5674 • TTY 954-357-5664

May 14, 2013

Mr. Daniel Secu
DANIEL SECU CORP., INC. DBA DSG CONSTRUCTION
3701 McKinley Street
Hollywood, FL 33021

Dear Mr. Secu:

The Broward County Office of Economic and Small Business Development is pleased to announce that your firm's **County Business Enterprise (CBE)** and **Small Business Enterprise (SBE)** certification has been renewed.

Your firm's certification is continuing from your anniversary date, but is contingent upon the firm verifying its eligibility annually through this office. You will be notified in advance of your obligation to continue eligibility in a timely fashion. However, the responsibility to assure continued certification is yours. Failure to document your firm's continued eligibility for the CBE and SBE program within **thirty (30) days** from your anniversary will result in the expiration of your firm's certification. Should you continue to be interested in certification after it has expired, you will need to submit a new application and all required supporting documentation for review.

To review current Broward County Government bid opportunities visit:

<http://www.broward.org/purchasing/currentsolicitations>. Bid opportunities over \$3,500 will be advertised to vendors via e-mail. Please keep both the Purchasing Division and the Office of Economic and Small Business Development apprised of your current e-mail address.

Your primary certification group is: **Construction Services**. This is also how your listing in our directory will read. You may access your firm's listing by visiting the Office of Economic and Small Business Development Directory, located on the internet at: <https://www.broward.org/small business>. Click on "Small Business Directory".

We look forward to working with you to achieve greater opportunities for your business through county procurement.

Sincerely,

Christopher Atkinson, Assistant Director
Office of Economic and Small Business Development

Cert Agency: BC-CBE SBE
ANNIVERSARY DATE: MAY 25TH



Governmental Center Annex
115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-5674 • TTY 954-357-5664

Office of Economic and Small Business Development

This Certificate is Awarded to:

DANIEL SECU CORP., INC. D/B/A DSG CONSTRUCTION

As set forth in the Broward County Business
Opportunity Act of 2012, the certification requirements
have been met for:

**County Business Enterprise
Small Business Enterprise
Anniversary Date: May 25th**

A blue ink signature of the Authorized Representative, written over a horizontal line.

Authorized Representative

The Office of Economic and Small Business Development must be notified within 30 days of any material changes in the business which may affect ownership and control.
Failure to do so may result in the revocation of this certificate and/or imposition of other sanctions.

A service of the Broward County Board of County Commissioners
www.broward.org/smallbusiness

Certificate of Completion

This is to certify that

Daniel Secu

Has successfully completed the

"Turner School of Construction Management"

*conducted by Turner Construction Company
in Broward County, Florida this 20th day of June, 2012*



CONTRACTOR CERTIFICATE OF WARRANTY

PROJECT:

2216 Farragut Street
Hollywood, FL

OWNER:

BAND

Broward Alliance for Neighborhood Development
3625 West Broward Boulevard, Suite 110
Lauderhill, FL 33312

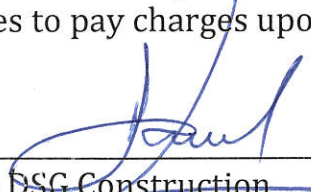
GENERAL CONTRACTOR:

DSG Construction
3701 Mckinley Street
Hollywood, FL 33021

We, DSG Construction, do hereby warrant that all labor and materials furnished and work performed in conjunction with the above referenced project are in accordance with the Contract Documents and authorized modifications thereto, and will be free from defective materials or workmanship for a period of one year from the Date of Substantial Completion.

Should any defect develop during the warranty period due to improper materials, workmanship or arrangement, the defect, including adjacent work displaced, shall be made good by the undersigned at no expense to the Owner.

The Owner will give Contractor written notice of defective work. Should Contractor fail to correct defective work within 60 days after receiving written notice, the Owner may, at his option, correct defects and charge Contractor costs for such correction. Contractor agrees to pay charges upon demand.



FOR: DSG Construction
BY: Daniel Secu
TITLE: VP

CGC 151 8847
Tel: 9548544222

DATE: 6/30/14



August 4th, 2014

Daniel Secu, Corp
DBA DSG Construction
3701 McKinley St.
Hollywood, FL 33021

Re: Business checking account ending ****4535

To whom it may concern,

Daniel Secu Corp. has a business account with BankUnited since 1/7/2013 with an YTD average balance of \$35,000.00. The account is handled in a satisfactory manner and Mr. Secu is a valuable client of BankUnited.

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads 'Ronnie Shane'. The signature is fluid and cursive, with the first name 'Ronnie' being more prominent.

Ronnie Shane
Assistant Branch Manager
3795 Hollywood Blvd
Hollywood, FL 33021

954-322-4800

J & K 8 INC., KITCHEN, BATH & STONE

8 / 6 / 2014

J & K 8 INC., KITCHEN, BATH & STONE

1591 N. POWERLINE RD. | POMPANO BEACH, FL 33069

TEL: (954) 984-8585 | FAX: (954) 984-8713

WEBSITE: [HTTP://JK8INC.COM](http://jk8inc.com)

To Whom It May Concern,

This letter is per request of Mr. Daniel Secu. He has been a loyal customer to our company for four years.

Mr. Secu has no outstanding balances with us. We have never encountered any issues with Mr. Secu during business operations.

He also proves himself to be a well mannered and loyal customer.

Luana Tamagnone

J&K 8 Inc., Kitchen Bath & Stone
1591 N. Powerline Rd. | Pompano Beach, FL 33069
Tel: (954) 984-8585 | Fax: (954) 984-8713
Email: ltamagnone@live.com



SHERWIN-WILLIAMS.

August 4, 2014

To Whom it may Concern,

This letter will serve to confirm that Daniel Secu has been working with Sherwin Williams for the last four years and it has been our pleasure to work with him. We continue to work closely with Daniel with each individual project and our experience with Daniel has been positive. We value the business relationship we have with Daniel and we appreciate the opportunity to be the supplier for our customer's projects. Should you have any questions, please feel free to contact me directly at 954-275-1273.

Sincerely,

Jorge Amaya Jr
Sales Representative
The Sherwin Williams Company
Swrep4252@sherwin.com

NOTICE TO PROPOSERS REGARDING **SECTION 3***

The work to be performed under this Request for Qualifications is associated with a program funded in whole or in part by the Department of Housing and Urban Development (HUD). All Department of Community Development projects shall uniformly comply with the requirements of Section 3 of the HUD Act of 1968, as amended, 12 U.S.C. 170 u.

What is *Section 3*? *Section 3* is a provision that helps foster local economic development, neighborhood economic development, and individual self-sufficiency.

HUD funds represent one of the largest sources of federal dollars in communities and the expenditure of these funds typically results in new contracting and employment opportunities. The *Section 3* requirements ensure that when new jobs or contracts are created as a result of the usage of certain HUD funds, priority consideration is given to low- and very low-income persons residing in the community in which the funds are spent and to the businesses that are owned by or substantially employ these persons

Who is a *Section 3* Resident?

- 1) Public housing residents; or
- 2) Low and very low income persons who live in the area where a HUD-assisted project is located. (See map on following page of eligible areas in Hollywood.)

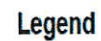
What is a *Section 3* Business? A business that meets one of the following:

1. Is 51% or more owned by *Section 3* residents; or
2. Employs *Section 3* residents for at least 30% of its full-time, permanent staff; or
3. Provides evidence of a commitment to subcontract 25% or more of the dollar amount of the awarded contract to *Section 3* businesses.

Compliance with the provisions of *Section 3*, the regulations set forth in 24 CFR 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the Contract, shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient, its contractors and subcontractors, its successors, and assignees to those sanctions specified by the grant or loan agreement or contract through which Federal assistance is provided, and to such sanctions as are specified by 24 CFR 135.

To register as a *Section 3* Business and **qualify for a *Section 3* preference**, contact Anthony Grisby, Community Development Program Administrator at (954) 921-3271. For more information on the requirements of *Section 3*, visit the HUD website at www.hud.gov/Section3.

* Information obtained from HUD-972-FHEO



-  City Boundary
 Streets
 Major Roads
 LMI Block Groups



Year	Population (Millions)
1980	1,800
1985	2,000
1990	2,200
1995	2,400
2000	2,600
2005	2,800
2010	3,000
2015	3,200
2020	4,200

GIS File: Date: Project:

NOTE: It is the responsibility of each Proposer to redact all financial information, (i.e., social security numbers and bank account numbers) which are exempt from Florida Statutes Chapter 119 (Public Records Law), from their Submittal prior to responding to this Request for Qualifications.

I. STATEMENT OF PURPOSE

The City of Hollywood Department of Community and Economic Development is announcing the availability of Home Investment Partnership (HOME), State of Florida Housing Initiatives Partnership Program (SHIP), and Department of Housing and Urban Development Community Development Block Grant (CDBG) funds to provide for the rehabilitation and/or construction of eligible dwellings in the city during the program period. It is the intent of the Department of Community and Economic Development to solicit proposals for a sufficient number of State of Florida General Contractors and Building Contractors to provide construction services in conjunction with the Department's Housing Rehabilitation and Voluntary Demolition/Relocation Programs. The services include:

- Repair and rehabilitation of owner- occupied dwellings on behalf of households that meet specific program guidelines.
- Construction of new housing to replace substandard housing on property owned by an eligible household who will occupy the new housing upon completion.

The City will provide participants in the Housing Rehabilitation and Voluntary Demolition/Relocation Programs a list of qualified contractors from which bids will be solicited for the project. . The maximum amount of each project is \$55,000.00 unless code violations are being corrected, in which case the cap may be exceeded. Participants will enter into a construction contract with the contractor submitting the most responsive, responsible bid. The contract is between the property owner and the contractor. However, each project will be overseen by staff from the Department of Community and Economic Development. Upon completion of the project, the contractor will be required to provide the property owner a one-year, written warranty on completed work commencing when the Certificate of Completion or Certificate of Occupancy is issued. A sample warranty statement should be included with the response to the Request for Qualifications.

The City of Hollywood places great emphasis on the delivery of high quality customer service. Approved contractors will be conducting business as agents of the City of Hollywood and are therefore expected to provide exemplary service to clients of the Housing Rehabilitation Program.

Once placed on the list of approved contractors, firms are required to bid on each project presented. Projects are typically solicited one at a time. The City of Hollywood may limit the number of open projects any single contractor has underway simultaneously. In these instances, the affected contractor will be excused from bidding on new projects pending successful completion of the open projects.

II. SCOPE OF SERVICES

The City is soliciting for licensed general contractors to perform the following services for a two (2) year period beginning in October, 2014:

- 1) Provide general contracting services in conjunction with Housing Rehabilitation and Voluntary Demolition/Relocation Programs to ensure that projects are completed on-time and within budget.

- 2) Projects will be bid, administered, and closed out using approved forms provided by the City. All forms and documentation are to be typed/printed legibly.
- 3) Prepare and submit all documents, drawings and fees required to obtain City of Hollywood building permits.
- 4) Furnish all supervision, technical personnel, labor, materials, supplies, permits, licenses, bonds, insurance, taxes, machinery, tools, equipment, transportation and services to perform and complete all work required for the project.
- 5) The nature of the repair work may include, but is not limited to, one or more of the following items: roofing replacement, septic tank replacement, fence repair/replacement, window/door replacement, electrical, plumbing, and mechanical systems repair/upgrade, and other repairs related to health and safety.
- 6) Supervise work throughout the construction period to ensure that all completed work is in compliance with HUD Uniform Physical Condition Standards) and applicable Florida Building Code (Broward Edition) and City of Hollywood regulations, including any work performed by sub-contractors.
- 7) If necessary, abate hazardous materials, including lead-based paint and asbestos, in accordance with industry standards and applicable regulations. Provide all necessary certificates and/or licenses of the contractors or sub- contractors to substantiate capacity to perform such work, and documentation that the work has been completed.
- 8) Provide for building security, materials storage and proper containerization and disposal of debris.
- 9) Provide written progress reports to owner through project completion; respond promptly to all requests from the owner or project manager. Written approval of both the property owner and City staff is required on all change orders, prior to the work commencing. Exceptions may be granted in the case of a bonafide hazardous or emergency condition.
- 10) Complete final tasks per punch list prepared by city staff. Obtain Certificate(s) of Completion and provide copies of all close-out documents.
- 11) Provide all required close-out documents, including, but not limited to copies of building permits, recorded Notice of Commencement and recorded Termination of Notice of Commencement, Certificate(s) of Completion/Occupancy, written warranties, receipts, and lien releases for all material, labor, supplies, equipment, and sub-contractors used during, or as a result of the project. All close-out documents shall be provided prior to the contractor receiving final payment.
- 12) Work closely with program participants and City staff to ensure overall satisfaction with the completed project.
- 13) All repaired items shall pass each required inspection by the City's Building Department, and any other applicable entity. For rehabilitation projects, up to two (2) draws will be disbursed in accordance with the schedule listed below.
 - First draw not to exceed 50% when project is 50% complete;
 - Second draw not to exceed 40% upon issuance of Certificate(s) of Completion;
 - Retainage (10%) is typically disbursed within thirty (30) days of satisfactory completion of the project.

For voluntary demolition/relocation projects, up to four (4) draws will be disbursed in accordance with the schedule listed below.

- First draw not to exceed (22.5%) when project is 22.5% complete;
- Second draw not to exceed 22.5% when project is 45% complete.
- Third draw not to exceed 22.5% when project is 67.5% complete.

- Fourth draw not to exceed 22.5% upon issuance of Certificate of Completion
- Retainage (10%) is typically disbursed within thirty (30) days of satisfactory completion of the project.

For all payments, funds will be disbursed directly to the contractor upon authorization by the property owner. Payments are typically processed within two (2) weeks of submission.

- 14) Firms will be evaluated by the customer and City staff upon completion of each project. A substandard evaluation may result in removal from the list of approved contractors.

III. PROCEDURES

For information concerning procedure for responding to this Request for Qualifications (RFQ), contact the Procurement Services Division, Ian Superville, Procurement Contracts Officer at (954) 921-3552 or Joel Wasserman, Director, Procurement Services at 954-921-3290 or his designee. Such contact is to be for clarification purposes only. Material changes, if any, to the scope of services, or Proposal procedures will only be transmitted by written addendum.

It is preferred that all questions be submitted in writing. Questions should be directed to the City of Hollywood, P.O. Box 229045, Hollywood, Florida 33022-9045, Attention: Ian Superville, Procurement Contracts Officer, or Lashonne Williams-Canty, Procurement Specialist, Procurement Services Division, or to facilitate prompt receipt of questions, they may be sent via fax at (954) 921-3086, or via e-mail, isuperville@hollywoodfl.org or lcanty@hollywoodfl.org. **Questions must be received no later than Thursday, July 24, 2014.**

IV. MANDATORY PRE-PROPOSAL CONFERENCE

A Mandatory Pre-Proposal Conference for all firms interested in submitting Proposals will be held on Thursday, July 17, 2014 AT 10:00 A.M. IN ROOM 215, CITY HALL, CITY OF HOLLYWOOD, 2600 HOLLYWOOD BOULEVARD to answer questions about the engagement. Written addendum will be issued, if required, as soon as possible after that conference. Attendance at the conference is required in order to submit a proposal.

All materials submitted in response to the Request for Qualifications become the property of the City of Hollywood and will be returned only at the option of the City. The City has the right to use any or all ideas presented in any response to the Request for Qualifications whether amended or not and selection or rejection of the Submittal does not affect this right, provided however, that any Submittal that has been submitted may be withdrawn prior to Submittal opening time stated herein, upon proper identification and signature releasing Submittal documents back to the Respondent.

V. CONTRACTOR EVALUATION PROCESS

An Evaluation Committee will review the Submittals and rank all responsive submissions based upon the selection criteria contained in the Request for Qualifications. Oral (telephonic) interviews may be conducted.

VI. EVALUATION CRITERIA

Contractors seeking to provide construction services in conjunction with the City's Housing Rehabilitation and Voluntary Demolition/Relocation Programs shall submit information addressing the criteria described below. Proposals that do not address all topic areas adequately will be deemed unresponsive. Responses will be scored according to the criteria listed below and, upon approval by the Hollywood City Commission, at least eight (8) of the highest ranking respondents will be placed on a list of pre-qualified contractors. The list will be updated bi-annually through a public solicitation. Firms submitting the following information will be evaluated:

General Quality of Submittal – Maximum of five (5) points possible.

Submittals shall be typed/printed legibly and contain complete information, including all applicable attachments and supporting documents in the order shown on the Scoring Matrix, within the three sections. A complete original and four (4) copies are to be included. The Submittal shall be signed by an authorized representative of the applicant business entity.

I. Company Profile – Maximum of five (5) points possible.

At a minimum, to include:

- A description of company services;
- Size and scope of work usually performed;
- Names of all principals and licenses held, if any;
- Physical address of offices;
- Number of years in business;
- A written statement indicating that the applicant business entity has not been debarred;
- Proof of General Commercial Liability Insurance (minimum \$300,000.00 coverage) and Worker's Compensation Policy.

II. Professional Competency – Maximum of fifteen (15) points possible.

- If, within the past five years there is any record of litigation, or any complaints have been filed against the applicant business entity with any regulatory Board/Agency list each incidence, including applicable details. If no such record exists, so state;
- Copy of State of Florida Contractor's License (GC or BC) and current Broward County Contractor registration;
- A sample warranty statement on contractor's completed work.

III. Relevant Work Experience – Maximum fifty (50) points possible.

- A list of repair, renovation and/or new construction projects completed within the past five (5) years, including property address, owner's name and contact information, description of work performed, and contract dollar value (photographs of completed projects are encouraged);
- Documented ability to successfully complete simultaneous rehabilitation/construction projects by submitting a list of projects showing overlapping start/finish dates.

IV. Financial Competency – Maximum of twenty-five (25) points possible.

- A letter on bank letterhead and signed by a bank officer stating that the applicant business entity has maintained an active business account in good standing for at least the past three (3) years and reflecting the average account balance during the period;
- Letters of reference from at least four (4) trade suppliers.

The Scoring Matrix being utilized to evaluate Submittals is included below. Please attach supporting documents in the order shown on the scoring matrix, within the four sections.

Section 3 Businesses

This Request for Qualifications provides for a ten (10) point preference for Section 3 Businesses. See page 4 of the Request for Qualifications for further information about requirements related to Section 3. To register as a Section 3 Business contact Anthony Grisby, Community Development Program Administrator, at (954) 921-3271.

CRITERIA	MAX. POINTS POSSIBLE	EVALUATION COMMITTEE'S COMMENTS & SCORE
General Quality of Submittal: <ul style="list-style-type: none">- Submittal is typed/printed legibly and contains complete information;- All applicable attachments are included;- A complete original and four (4) copies are included;- Submittal is signed by authorized representative.	5	
I. Company Profile: <ul style="list-style-type: none">- Description of company services;- Size and scope of work usually performed;- Names of all principals and licenses held, if any;- Physical address of offices;- Number of years in business;- Includes statement indicating that the applicant business entity has not been debarred;- Proof of General Commercial Liability Insurance (minimum \$300,000 coverage) and Worker's Compensation Policy.	5	
II. Professional Competency: <ul style="list-style-type: none">- Any record of litigation, or complaints against the applicant business entity with any Regulatory Board/Agency within the past five (5) years?- Copy of State of Florida Contractor's License (GC or BC) and current Broward County Contractor registration;- A sample warranty statement on contractor's completed work.	15	
III. Relevant Work Experience <ul style="list-style-type: none">- A list of completed repair or renovation jobs completed within the past five (5) years, including property address, owner's name and contact information, description of work, and contract dollar value;- Documented ability to successfully complete simultaneous rehabilitation/construction projects.	50	
IV. Financial Competency: <ul style="list-style-type: none">- A letter on bank letterhead and signed by a bank officer stating that the applicant business entity has maintained an active business account in good standing for at least the past three (3) years and reflecting average account balance during the period.- Letters of reference from at least four (4) trade suppliers.	25	

MAXIMUM POINTS POSSIBLE	100	EVAL POINTS	
Written Documentation of Section 3 Status Attached? (If Yes, Add 10 Preference Points)		TOTAL EVAL POINTS	

ONE ORIGINAL AND FOUR (4) COPIES OF ALL SUBMITTALS SHALL BE RECEIVED IN THE CITY OF HOLLYWOOD, OFFICE OF THE CITY CLERK, ATTN: PROCUREMENT SERVICES NO LATER THAN 3:00 P.M. ON Thursday, August 7, 2014.

The City of Hollywood reserves the right to accept or reject any or all Submittals, to waive any irregularities, and to extend the deadline for submission when it is in the best interest of the City.

The City of Hollywood reserves the right to terminate this agreement with or without cause effective thirty (30) days from date of written notice. In the event that any of the provisions of the agreement are violated by the successful Proposer, the City of Hollywood may serve written notice upon such Proposer of its intention to immediately terminate the agreement. Such notice will state the reason(s) for termination of the agreement.

Projected Timeline Related to this Request for Qualifications:

RFQ Released	Thursday, July 3, 2014
Mandatory Pre-proposal meeting	10:00 a.m., July 17, 2014
Deadline to Submit Questions	Thursday, July 24, 2014
Deadline for Submittals	3:00 p.m., August 7, 2014
Evaluation of Submittals	10:00 a.m., August 21, 2014

VII. NON-COLLUSIVE

The Respondent warrants that he/she has not employed or retained any company or person, other than a bonafide employee working solely for the Respondent to solicit or secure this Request for Qualifications, and that he has not paid or agreed to pay any person, company, corporation, individual, or firm other than a bonafide employee working solely for the Respondent, any fee, commission, percentage, gift or any other consideration, contingent upon or resulting from the award of this Request for Qualifications. For breach or violation of this warranty, the City shall have the right to annul this Request for Qualifications without liability or at its discretion to deduct the full amount of such fee, commission, percentage, gift or contingent fee from any fees due the Respondent.

VIII. ASSIGNMENT

The Respondent shall not assign, transfer, or sublet all or any part of its interest in this Request for Qualifications without the prior written consent of the City unless noted in this document.

IX. KEY PERSONNEL

The Respondent shall designate the personnel to be assigned specifically to the performance of this work. At the time of engagement, the City shall have the right to specify those key project personnel to whom the Respondent shall not be allowed to substitute other personnel without prior written permission of the City.

X. REPRESENTATIVE OF CITY AND RESPONDENT

The City and the Respondent shall each designate in writing the sole person through which all communication and correspondence pertaining to this Request for Qualifications shall be addressed.

XI. RESPONSIBILITY FOR ACCURACY, ERRORS, OR OMISSIONS

The Respondent shall be responsible for the accuracy of all data, computations, analyses, etc., and for any errors or omissions in the work of the Respondent. The Respondent shall correct any inaccuracies, errors, or omissions found in its work without additional compensation.

- A. The Respondent shall, at all times hereafter, indemnify, hold harmless, and defend the City, its agents, servants, and employees, from and against any claim, demand, judgment, decree, or cause of action of any kind or nature which may arise out of any error, omission, or activity of the Respondent, its agents, servants, or employees.
- B. The Respondent shall pay all costs, attorney's fees, expenses, and liabilities incurred in the investigation and defense of any claim, demand, judgment, decree, or cause of action of any kind or nature which may arise out of any error, omission, or activity of the Respondent, its agents, servants, or employees.
- C. The provisions of this Section shall survive the expiration or earlier termination of this Request for Qualifications.

Nothing in this Request for Qualifications shall be deemed to affect the rights, privileges, or immunities of the City under the doctrine of sovereign immunity or as set forth in Section 768.28 of the Florida Statutes.

XII. LICENSES AND INSURANCE

- A. Proposer shall provide a copy of current State of Florida professional licensing applicable to providing the scope of services contained in the Request for Qualifications.
- B. Contractor shall maintain, at its sole expense, during the term of this agreement the following insurances:

- 1. Commercial General Liability Insurance naming the City as an additional insured with not less than the following limits:

General Aggregate	\$300,000
Products-Comp/Op Aggregate	\$300,000
Personal and Advertising Injury	\$300,000
Each Occurrence	\$300,000
Fire Damage	\$ 50,000

Coverage shall include contractual liability assumed under this agreement, products and completed operations, personal injury, broad form property damage, and premises-operations.

- 2. Commercial Automobile Liability Insurance naming the City as an additional insured with not less than the following limits:

Combined Single Limit

\$100,000

Coverage shall include contractual liability assumed under this agreement, owned, hired and non-owned vehicles.

3. Worker's compensation insurance covering the contractor and the contractor's employees with not less than the following Florida Statutory minimum limits:

Worker's Compensation

\$100,000/500,000/100,000 for coverage

Any General Contractor who claims an exemption to Worker's Compensation coverage for himself must include exemption certificates for all officers of the corporation AND a copy of trade licenses and proof of liability and Worker's Compensation coverage (not exemptions) for subcontractors, to include roofing, HVAC, plumbing, septic tank, electrical and framing or carpentry sub-contractors; ONLY these contractors will be able to perform on any awarded contracts

Sub-contractors shall carry insurances with limits not less than those detailed above, and naming the City as an additional insured. A certificate of insurance reflecting evidence of the required coverage, as evidence of compliance, shall be delivered to the owner/occupant and copied to the City of Hollywood prior to the performance of any work associated with this Request for Qualifications. The Certificate shall contain a provision that coverage afforded under the policy will not be cancelled until at least thirty (30) days prior written notice has been issued to the City. In the event the Certificate of Insurance provided indicates that the insurance shall terminate and lapse during the period covering the proposal period, the proposer shall furnish, at least thirty (30) days prior to the expiration of the date of such insurance, a renewed Certificate of Insurance as proof that equal and like coverage for the balance of the period of the Proposal period or extension thereunder is in effect.

The insurance policy shall not contain any exceptions that would exclude coverage for risks that can be directly or reasonably related to the scope of goods or services in this bid/proposal. A violation of this requirement at any time during the term, or any extension thereof shall be grounds for the immediate termination of any contract entered in to pursuant to this bid/proposal. In order to show that this requirement has been met, along with an insurance declaration sheet demonstrating the existence of a valid policy of insurance meeting the requirements of this bid/proposal, the successful proposer must submit a signed statement from insurance agency of record that the full policy contains no such exception.

XIII. TRUTH-IN-NEGOTIATION CERTIFICATE:

Signature of this Request for Qualifications by Respondent shall act as the execution of a truth-in-negotiation certificate stating that wage rates and other unit costs supporting the compensation of this Request for Qualifications are accurate, complete, and current at the time of Request for Qualifications. The original Request for Qualifications price and any additions thereto shall be adjusted to exclude any significant sums by which the City determines the Request for Qualifications price was increased due to inaccurate, incomplete, or non-current wage rates and other unit costs. All such Request for Qualifications adjustments shall be made within one (1) year following the end of this Request for Qualifications.

XIV. MAINTENANCE OF RECORDS

The Respondent and all sub-consultant's shall keep all books, documents, papers, accounting records and other evidence pertaining to cost incurred and shall make such materials available

at all reasonable times during their period of engagement and for three (3) years from the date of final payment under this Request for Qualifications, for inspection by authorized representatives of the City and applicable regulatory agencies, if any. Copies thereof shall be furnished, if requested, and the City shall pay a reasonable cost of reproduction. Incomplete or incorrect entries in such books and records will be grounds for the disallowance of any fees or expenses based on such entries.

XV. RIGHT TO REDUCE THE SCOPE OF WORK

The City reserves the right to reduce the scope of work under this Request for Qualifications at any time, and if such is done, the total fees to Respondent shall be reduced in the same ratio as the estimate cost of the deleted work to the cost of the work as originally planned, or when appropriate, the Respondent's fees shall be re-computed for the reduced scope of work in the same manner used for determining the original fee, provided that if work has already been performed on the portion of services to be eliminated, the Respondent shall be paid for the actual time spent plus any associated direct expenses.

XVI. RIGHT TO TERMINATE

The City reserves the right to terminate this Request for Qualifications at any time, with or without cause, and if this project should be abandoned, or the processing of same indefinitely postponed, or the Request for Qualifications terminated for any other reasonable value by the City for work delivered, or ready for delivery upon receipt thereof, such determination by the City shall be conclusive and binding.

XVI. HOLD HARMLESS AND INDEMNITY CLAUSE

DSG CONSTRUCTION [Signature] DANIEL SEU VP
(Company Name and Authorized Signature, Print Name),

the contractor shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

DSG CONSTRUCTION [Signature] DANIEL SEU VP
(Company Name and Authorized Signature, Print Name),

further certifies that it will meet all insurance requirements of the City of Hollywood and agrees to produce valid, timely certificates of coverage.

XVII. DISCLOSURE OF CONFLICT OF INTEREST

Vendor shall disclose below, to the best of his or her knowledge, any City of Hollywood officer or employee, or any relative of any such officer or employee as defined in Section 112.3135, Florida Statutes, who is an officer, partner, director or proprietor of, or has a material interest in the vendor's business or its parent company, any subsidiary, or affiliated company, whether such City official or employee is in a position to influence this procurement or not.

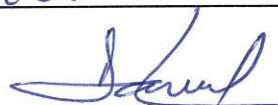
RFQ CHECKLIST

Please check each line item after the completion of the appropriate item.

- ☒ I verify that the signature on page number one (1) is the signature of the person authorized to bind the agreement. (Preferably in blue ink)
- ☒ I acknowledge reading and signing the Hold Harmless Statement.
- ☒ I have included all information, certificates, licenses and additional documentation as required by the City in this RFQ document.
- ☒ I have checked for any addendums to this RFQ, and will continue to check for any addendums up to the due date and time of this RFQ.
- ☒ I have submitted one (1) original and four (4) copies of the entire proposal with addendums.
- ☒ I have verified that the outside address label of my RFQ package is clearly marked to include my company's name, address, RFQ number and date of RFQ opening.
- ☒ I have read and completed (if applicable) the "Disclosure of Conflict of Interest".

NAME OF COMPANY: DSG CONSTRUCTION

PROPOSER'S NAME: Daniel Sam

PROPOSER'S AUTHORIZED SIGNATURE: 

DATE: 8/6/2014

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City of Hollywood Purchasing Ordinance.

Name

Relationship

In the event the vendor does not indicate any name, the City shall interpret this to mean that no such relationship exists.



Search bids

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hollywood

Florida

Current bids

Welcome daniel secu | [Logout](#)

Need assistance?
Contact us
 or call 800-990-9339

[Home](#)[My account](#)[Agency list](#)[Support](#)**Bid Alerts****Addendum acceptance required**

City of Hollywood, Florida, FL
 REQUIRES THAT ALL ADDENDUMS BE
 ACCEPTED in order to finalize an
 offer on this bid. [Review
 addendums](#)

Bid #RFQ-4420A-14-IS - Contractors for Housing Rehabilitation Program

City of Hollywood, Florida, FL

[See other bids by this agency](#)

Community and Economic Development

[See other bids by this department](#)[How do I place an offer?](#)

Time left: 20 hrs, 55 mins

Bid started: Jul 08, 2014 4:56:59 PM EDT

Bid ends: Aug 07, 2014 3:00:00 PM EDT

Pre-bid conference: **Mandatory**[Download bid packet](#)[Add to My bids](#)[Details](#)[Documents](#)[Line items](#)[Q&A](#)[Pre-bid conference](#)[Vendor ads](#)[Planholder's list](#)**Bid #RFQ-4420A-14-IS - Contractors for Housing Rehabilitation Program**

Conference on Jul 17, 2014 11:00:00 AM EDT

Attendance: **Mandatory**

Location: City Hall
2600 Hollywood Boulevard
Hollywood, FL 33020
Rm: 219

[Transcript](#)

Fill out the qualifications for this agency. [Click here](#)

Addendum # 1 - made on Jul 09, 2014 10:22:33 AM EDT

Pre-Bid Conference information has changed. Please review all Pre-Bid Conferences.

Addendum # 2 - made on Jul 09, 2014 2:26:23 PM EDT

Pre-Bid Conference information has changed. Please review all Pre-Bid Conferences.

Place offer

Place "No bid"

[Back to bid list](#)

Questions? Contact a BidSync representative: 800-990-9339 or email: support@bidsync.com

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Supplier Response Form



REFERENCES


RFQ-4420A-14-IS Contractors for Housing Rehabilitation Program

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Company Name:	Broward Alliance for Neighborhood Development		
Address:	3625 West Broward boulevard, suite 110		
City, State, ZIP:	Lauderhill, FL. 33312	Phone Number:	954-581-9899
Point of Contact:	Kemissa Colin	Fax Number:	954-581-9881
Email:	daniel secu		
Explain How This Referenced Work Is Similar To This Request:			
Residential home remodeling, including window/doors replacement, kitchen/bath			
Date service was provided:	May, 2014 - present		

Company Name:	City of Hollywood		
Address:	2600 Hollywood Blvd., room 203		
City, State, ZIP:	Hollywood, FL. 33022	Phone Number:	954-921-3271
Point of Contact:	Clay Milan	Fax Number:	954-921-3390
Email:	Cmilan@hollywoodfl.org		
Explain How This Referenced Work Is Similar To This Request:			
Residential home remodeling including kitchen/bath remodel, plumbing, electric, HVAC,			
Date service was provided:	January, 2014 to present		

Company Name:	West Lake Village Homeowner's Association		
Address:	1200 Lemonwood Str		
City, State, ZIP:	Hollywood, FL. 33019	Phone Number:	954-925-4488
Point of Contact:	Lorie Moccia	Fax Number:	954-925-0410
Email:	Lmoccia@westlakehoa.c		
Explain How This Referenced Work Is Similar To This Request:			

Gym expansion, build new walls, new windows/doors, electric, HVAC, pavers, drywall, 

Date service was provided: January - May, 2014

Please enter your password below and click Save to update your response.

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Username **daniel secu**

Password *

* Required fields

Daniel Secu
DSG Construction
3701 McKinley Street
Hollywood, FL 33021
954-854-4222
dsro@yahoo.com

Professional Licenses:

Certified General Contractor
CGC 1518847
State of Florida

Realtor SL License
State of Florida
SL 3063754

Graduate of Turner School
of Construction Management
in Broward County, Florida 6/20/2012

Work Experience:

2014

House remodeling projects for City of Hollywood:

Gabriel Angel
631 N. 72nd Ave
Hollywood, FL
March – May, 2014

Barbara Delano
1300 N 26th Ave
Hollywood, FL
Feb – March, 2014

Michael Fiorelli
Grandview Apartments
H476 46th Ave
Hollywood, FL
April – May, 2014

West Lake Village
Club House - Gym Addition
1200 Lemonwood Street
Hollywood, FL
January – March, 2014

James A Cummins, Inc
Tutor Perini Corp

Office remodeling
One East Broward, Suite 1300
Ft. Lauderdale, FL
Feb – March, 2014

2012

City of Hollywood
Hollywood, FL

-Van Buren Street Parking Garage – painting
-2100 Hollywood Blvd – sidewalk/pavers

First Romanian Baptist Church
Hollywood, FL

-driveway/landscaping
-windows and doors replacement
-install mini split AC units

Sunset Apartments
Sunrise, FL

-pool demolition, landscaping

2011

Broward County Health Department
Ft Lauderdale, FL

- Railing removal/replacement
- Roof repairs on maintenance building
- Exterior paint and stairs repair

2010

ALBBA Investment
Positano Construction
R & R Design Group
Miami, FL

- various remodeling projects - residential and commercial
- conversion of 10 unit motel to condominiums
- exterior: stucco, painting
- interior: framing, drywall, flooring, carpentry
- kitchen and bathrooms, including plumbing and electric work
- windows and doors replacement
- outside deck, fence and gates
- wood floor installation and refinish

1999 - present

Property Management
over 15 individual properties - residential
maintenance, rentals, remodeling

1997 - present
Hardwood Floor Specialist
Installation, sand, finish and custom design

2001 - 2010
Broward County
Miami - Dade County
Palm Beach County
-various subcontractor jobs for builders
-remodeling and wood floor
- complete house remodeling including kitchen/bath

1997 - 2001
Chicago, IL
-project manager
-various subcontractor jobs
-residential remodeling
-wood floor
-carpentry

Supplier Response Form



NONCOLLUSION AFFIDAVIT

STATE OF: florida

COUNTY OF: broward, being first duly sworn, deposes and says that:

- (1) He/she is Daniel Secu of Dsg construction, the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) 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 of its agents, representatives, owners, employees, or parties in interest, including this affiant.

DANIEL SECU
Signature
DSG CONSTRUCTION
Name of Company

DANIEL SECU
Printed Name
daniel secu
Title

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

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Username **daniel secu**

Password *

* Required fields

Supplier Response Form**ACKNOWLEDGMENT OF CONFORMANCE WITH O.S.H.A. STANDARDS**

, hereby acknowledges and agrees that as Contractor for the City of Hollywood, Florida, within the limits of the City of Hollywood, Florida, that we have the sole responsibility for compliance with all requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and agrees to defend, indemnify and hold harmless the City of Hollywood, Florida, its officials, employees, service providers, and its agents against any and all legal liability or loss the City of Hollywood, Florida may incur due to the Contractor's failure to comply with such act.

Contractor:

Witness Signature

Name of Contractor

Print Name

Contractor Signature

Witness Signature

Print Name, Title

Print Name

day of ,

(CORPORATE SEAL)

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

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Password *

* Required fields

Supplier Response Form



SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

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

1. This form statement is submitted to

By for
 (Print individuals 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.

2. I understand that 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 with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

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 an 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 that Affiliate, as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. 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 arms length agreement, shall 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 shall be considered an affiliate.

5. I understand that person, as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any 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 let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term person includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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 sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any 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, 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, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, 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 (ONE) 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 THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Signature

Name of Company

Printed Name

Title

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Please enter your password below and click Save to update your response.

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Username **daniel secu**

Password *

Save **Take Exception** **Close**

* Required fields

Supplier Response Form**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

DANIEL SECU
3701 MCKINLEY STR
HOLLYWOOD FL 33021

Application Number and/or Project Name:

RFQ-4420A-14-IS contractors for housing rehab program

Applicant IRS/Vendor Number: 010796976

Daniel Secu

Signature

DSG CONSTRUCTION

Name of Company

DANIEL SECU

Printed Name

daniel secu

Title

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

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Username **daniel secu**

Password *

* Required fields

Supplier Response Form



DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids 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:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the businesss 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.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employees community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

VENDORS SIGNATURE

PRINTED NAME

NAME OF COMPANY

TITLE

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
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Username **daniel secu**

Password *

* Required fields

Supplier Response Form



SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby.. The term public officer includes any person elected or appointed to hold office in any agency, including any person serving on an advisory body.

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of gifts includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.


SIGNATURE

Daniel Secu
PRINTED NAME

DSG CONSTRUCTION
NAME OF COMPANY

daniel secu
TITLE

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

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Username **daniel secu**

Password *

* Required fields

Supplier Response Form



SOURCE OF INFORMATION

How did you find out about this solicitation? Check all that apply.

1. www.hollywoodfl.org ☒
2. www.bidsync.com ☒
3. Daily Business Review ☐
4. The Miami Herald ☐
5. Referral/word- of mouth ☐ Specify Source:
6. Search Engine/Internet search ☐
7. E-mail, newsgroup, online chat ☐ Specify Source:
8. Banner or Link on another website ☐
9. Flyer, newsletter, direct mail ☐ Specify Source:
- Other ☐ Specify Source:

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

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2600 Hollywood Boulevard, Room 303
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Password *

* Required fields

Supplier Response Form



ACKNOWLEDGMENT AND SIGNATURE PAGE

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): Federal Tax Identification Number:

If Corporation - Date Incorporated/Organized:

State Incorporated/Organized:

Company Operating Address:

City State Zip Code

Remittance Address (if different from ordering address):

City State Zip Code

Company Contact Person: Email Address:

Phone Number (include area code): Fax Number (include area code):

Company's Internet Web Address:

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

Bidder/Proposers Authorized Representatives Signature: Date

Type or Print Name:

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

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Username **daniel secu**

Password *

* Required fields



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/28/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Reliance Group Insurance 2328a Hollywood Blvd. Hollywood, FL 33020 Phone (954) 922-9400 Fax (954) 922-9013		CONTACT NAME: ANDREW DEEHAN PHONE (A/C, No, Ext): (954) 922-9400 FAX (A/C, No): (954) 922-9013 E-MAIL ADDRESS: reliancegroupinc@yahoo.com	
INSURED Dsg Construction 3701 MCKINLEY STREET HOLLYWOOD, FL 33021 (954) 854-4222		INSURER(S) AFFORDING COVERAGE INSURER A : LLOYDS OF LONDON INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			AMT004606	04/24/2014	04/24/2015	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COM/OP AGG \$ 1,000,000.00 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CONTRACTOR, BUILDING CONSTRUCTION AND REPAIR

CERTIFICATE HOLDER

CANCELLATION

CITY OF HOLLYWOOD 2600 HOLLYWOOD BLVD HOLLYWOOD, FL 33020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Supplier Response Form

W-9(Rev. August 2013)
Department of the Treasury Internal
Revenue Service**Request for Taxpayer
Identification Number and Certification****Give to the
requester. Do not
send to the IRS.**Print or type
See Specific
Instructions
on page 2.

Name (as shown on your income tax return)

Daniel Secu Corp.

Business name/disregarded entity name, if different from above

Daniel Secu Corp. DBA DSG Construction

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)▶ ☐ Other (see instructions)

Exemptions (see instructions):

Exempt payee code (if any)

Exemption from FATCA reporting
code (if any)

Address (number, street, and apt. or suite no.)

3701 McKinley street

City, state, and ZIP code

Hollywood, fl 33021

Requester's name and address (optional)

List account number(s) here (optional)

Part I**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

010796976

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other

Sign HereSignature of
U.S. person

Date▶

Aug, 6, 2014

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

withholding tax on foreign partners' share of effectively connected income, and

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

• An estate (other than a foreign estate), or

• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Cat. No. 10231X

Form **W-9** (Rev. 8-2013)

Form W-9 (Rev. 8-2013)

Page **2**

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal

has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1Ã—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2Ã—The United States or any of its agencies or instrumentalities

3Ã—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

4Ã—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5Ã—A corporation

6Ã—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7Ã—A futures commission merchant registered with the Commodity Futures Trading Commission

8Ã—A real estate investment trust

9Ã—An entity registered at all times during the tax year under the Investment Company Act of 1940

10Ã—A common trust fund operated by a bank under section 584(a)

11Ã—A financial institution

12Ã—A middleman known in the investment community as a nominee or custodian

13Ã—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt

GÃ—A real estate investment trust

HÃ—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

IÃ—A common trust fund as defined in section 584(a)

JÃ—A bank as defined in section 581

KÃ—A broker

LÃ—A trust exempt from tax under section 664 or described in section 4947(a)(1)

MÃ—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling

from backup withholding. The chart applies to the exempt payees listed above, 1 through 13

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,0001	Generally, exempt payees 1 through 52
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.

2 However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

AA—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

BA—The United States or any of its agencies or instrumentalities

CA—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

DA—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

EA—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

FA—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester**For this type of account:**

1. Individual
2. Two or more individuals (joint account)
3. Custodian account of a minor (Uniform Gift to Minors Act)
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law
5. Sole proprietorship or disregarded entity owned by an individual
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))

Give name and SSN of:

- The individual
- The actual owner of the account or, if combined funds, the first individual on the account 1
- The minor 2
- The grantor-trustee 1
- The actual owner 1
- The owner 3
- The grantor*

1 List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

2 Circle the minor's name and furnish the minor's SSN.

3 You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

4 List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

• Protect your SSN,

• Ensure your employer is protecting your SSN, and

• Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA.

The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Please enter your password below and click Save to update your response.

Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

To take exception:

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **daniel secu**

Password *

		
---	---	---

* Required fields

daniel secu corporation

Bid Contact **daniel secu**
dsro@yahoo.com
Ph 954-854-4222

Address **3701 mckinley**
hollywood, FL 33021

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
RFQ-4420A-14-IS--01-01	Professional Services	Supplier Product Code:	First Offer -	1 / contract	Y	Y
Supplier Total						\$0.00

daniel secu corporation

Item: **Professional Services**

Attachments

20140806184257223.pdf

[Section 3 Business Registry Home](#)
[What is the Section 3 Business Registry?](#)
[Am I a Section 3 Business?](#)
[Register a Business](#)
[Search for a Business](#)
[Update Business Info](#)
[Frequently Asked Questions](#)
[Contact Us](#)

Search for Section 3 Self Certified Businesses

Select Location:

ZIP's:

View All Miami Businesses ☐

<input type="checkbox"/> Brick Masonry	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Electrical	<input type="checkbox"/> General Contractor
<input type="checkbox"/> HVAC	<input type="checkbox"/> IT	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Painting Drywall	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Security
<input type="checkbox"/> Lead Hazard Control	<input type="checkbox"/> Other		

Only Show Businesses That are Hiring: ☐

Business Name	Business Address	Business Telephone	Business Type
1 DANIEL SECU CORPORATION INC - DBA DSG CONSTRUCTION	3701 MCKINLEY STREET HOLLYWOOD, FL 33021	954-391-9922	Brick Masonry Carpentry Electrical General Contractor Janitorial Landscaping Lead Hazard Control Maintenance Painting Drywall Other: ROOFING, DEMOLITION, REMODELING, CONCRETE, FLOORING
2 DSG CONSTRUCTION	3701 MCKINLEY STREET HOLLYWOOD, FL 33021	954 8544222	Brick Masonry Carpentry General Contractor Janitorial Landscaping Lead Hazard Control Maintenance Painting Drywall Other: DEMOLITION, CONCRETE, FLOORING

Disclaimer:

HUD has not verified the information submitted by businesses listed in this registry

and does not endorse the services that they provide. Users of this database are strongly encouraged to perform due diligence by verifying Section 3 eligibility before providing preference or awarding contracts to firms that have self-certified their Section 3 status with the Department.

How Do I Notify HUD if I Suspect that a Business in this Registry Does Not Meet Section 3 Eligibility Criteria?

If you believe that a firm has misrepresented itself as a Section 3 Business, please submit an email to the U.S. Department of Housing and Urban Development by clicking here Sec3Biz@hud.gov.

Your email should contain the following information:

- Your name, telephone number, and email address (this information will not be shared outside of HUD)
- Name, city, and state of firm that has allegedly misrepresented their status as a Section 3 business.
- Any narrative explanations describing why you believe that this firm does not meet the Section 3 Business eligibility criteria.

Daniel Secu Corp. D.B.A. DSG Construction

3701 McKinley Str. Hollywood, FL 33021

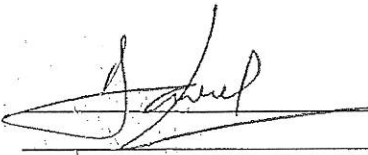
Phone: 954-854-4222 Fax: 954-391-9922

www.dsg-construction.com

dsro@yahoo.com

CGC 1518847

This is a written statement to testify that there is no record of litigation or complaints filed against Daniel Secu Corp. D.B.A. DSG Construction or Daniel Secu within the last five years with any regulatory Board/Agency.

A handwritten signature in black ink, appearing to read 'Daniel Secu', is written over a horizontal line.

Daniel Secu, Vice President

Date 8/6/2014

Daniel Secu Corp. D.B.A. DSG Construction

3701 McKinley Str. Hollywood, FL 33021

Phone: 954-854-4222 Fax: 954-391-9922

www.dsg-construction.com

dsro@yahoo.com

CGC 1518847

This is a written statement to testify that Daniel Secu Corp. D.B.A. DSG Construction has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

A handwritten signature in black ink, appearing to read 'Daniel Secu', is written over a horizontal line.

Daniel Secu, Vice President

8/6/2014
Date



CITY OF HOLLYWOOD
TREASURY SERVICES DIVISION
LOCAL BUSINESS TAX RECEIPTING
2600 HOLLYWOOD BLVD, ROOM 103
HOLLYWOOD, FL 33020

DSG CONSTRUCTION
3701 MC KINLEY ST
HOLLYWOOD FL 33021

47 40135



CITY OF HOLLYWOOD LOCAL BUSINESS TAX RECEIPT

PRINT DATE: 1/17/14

THIS IS YOUR LOCAL BUSINESS TAX RECEIPT. PLEASE DETACH AND POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION. PLEASE DO NOT REMIT ANY PAYMENT. **THIS IS NOT A BILL.**

Business Name: DSG CONSTRUCTION
Business Location: 3701 MC KINLEY ST
Business Class: CONTRACTOR/GENERAL
Tax Basis: 1 WORKER (OWNER)
Receipt Number: 14 00048943
Receipt Year: 10/01/13
Expiration Date: 09/30/14

NEW CHARGES: (Itemized Below) 190.00
Base Fee 190.00
Additional Charges:

Comments:

TOTAL NEW CHARGES: 190.00
Penalty Amount: .00
Previous Balance Due: .00
TOTAL AMOUNT PAID: 190.00

PURSUANT TO STATE LAW, THE LOCAL BUSINESS TAX IS LEVIED ON THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO ANY LOCAL, STATE OR FEDERAL LAWS OR REGULATIONS.

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000
VALID OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014

DBA: DSG CONSTRUCTION
Business Name: DANIEL SECU

Receipt #: 180-262634
Business Type: GENERAL CONTRACTOR

Owner Name: DANIELA SECU-GODICIU
Business Location: 3701 MCKINLEY ST
 HOLLYWOOD

Business Opened: 06/02/2014
State/County/Cert/Reg: CGC1518847
Exemption Code:

Business Phone:

Rooms

Seats

Employees
2

Machines

Professionals

		For Vending Business Only			Vending Type:	
Number of Machines:						
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
13.50	0.00	0.00	0.00	0.00	0.00	13.50

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

DSG CONSTRUCTION DANIEL SECU
 3701 MCKINLEY ST
 HOLLYWOOD, FL 33021

Receipt # 10B-13-00002278
Paid 06/02/2014 13.50

2013 - 2014



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

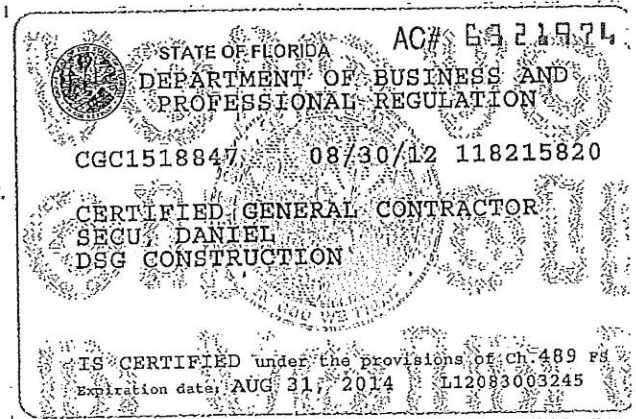
SECU, DANIEL
DSG CONSTRUCTION
3701 MCKINLEY ST
HOLLYWOOD

FL 33021

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6321974

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12083003245

DATE	BATCH NUMBER	LICENSE NBR
08/30/2012	118215820	CGC1518847

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS:
Expiration date: AUG 31, 2014

SECU, DANIEL
DSG CONSTRUCTION
3701 MCKINLEY ST
HOLLYWOOD

FL 33021

8/7/2014

BidSync

RICK SCOTT

KEN LAWSON
SECRETARY



Certificate of Completion

This certificate is presented to

DANIEL SECU


In Recognition of Successful Attendance and Achievement in the

**OSHA 30 HOUR CONSTRUCTION INDUSTRY
SAFETY AND HEALTH STANDARDS 29 CFR 1926**

Introduction to OSHA; Focus Four: Electrical, Fall Protection, Caught in Between, Struck By; Personal Protective Equipment; Safety and Health Programs; Confined Spaces; Concrete and Masonry; Crystalline Silica; Health Hazards in Construction; Materials Handling; Storage, Use and Disposal; Tools; Hand and Power; Scaffolds, Machinery; Cranes, Derricks, Hoists, Elevators and Conveyors; Excavations; Stairways and Ladders; Steel Erection, Fire Safety; Signs, Signals and Barricades; Welding and Cutting.

Date Completed: October 11th, 2013

Fort Lauderdale, FL


Patricia Dams
OSHA Authorized Construction Trainer

CERTIFICATE OF COMPLETION

Awarded to:

DANIEL SECU



for attendance of the following program:
Pipeline Emergency Response & Awareness for Excavator
Operations

Attended: 9/24/2013 5:30:00 PM Hollywood, FL




Steve Roberts
Steve Roberts
Director of Corporate Training

SEAGULL ENVIRONMENTAL TRAINING
 900 NORTHWEST FIFTH AVENUE
 FORT LAUDERDALE, FLORIDA 33311

LEAD - ASBESTOS - MOLD
 ENVIRONMENTAL TRAINING RESOURCE

www.seagulltraining.com

FOR ADDITIONAL TRAINING OR CONSULTING
1-800-966-9933



CERTIFIED RENOVATOR

Daniel Secu

3701 McKinley St., Hollywood, FL 33021
 Date of Birth: December 15, 1973
has successfully completed an English
8-Hour Initial Renovation, Repair, & Painting Course
 From: June 6, 2011 To: June 6, 2011
And has passed an examination on June 6, 2011
 Seagull Environmental Management Company, Inc.
 certifies that this course complies with

40 CFR PART 745.225

Certification Expires:
 June 5, 2016
 Training Address:
 900 Northwest Fifth Ave., Fort Lauderdale, FL 33311

Course No.: SE1127 Certificate: 143144

Guest Instructor: James F. Sharp, Training Manager/Principal Instructor
 (See reverse side for certificate verification information.)



115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301
954-357-6400 • FAX 954-357-5674 • TTY 954-357-5664

May 14, 2013

Mr. Daniel Secu
DANIEL SECU CORP., INC. DBA DSG CONSTRUCTION
 3701 McKinley Street
 Hollywood, FL 33021

Dear Mr. Secu:

The Broward County Office of Economic and Small Business Development is pleased to announce that your firm's **County Business Enterprise (CBE)** and **Small Business Enterprise (SBE)** certification has been renewed.

Your firm's certification is continuing from your anniversary date, but is contingent upon the firm verifying its eligibility annually through this office. You will be notified in advance of your obligation to continue eligibility in a timely fashion. However, the responsibility to assure continued certification is yours. Failure to document your firm's continued eligibility for the CBE and SBE program within **thirty (30) days** from your anniversary will result in the expiration of your firm's certification. Should you continue to be interested in certification after it has expired, you will need to submit a new application and all required supporting documentation for review.

To review current Broward County Government bid opportunities visit:

<http://www.broward.org/purchasing/currentsolicitations>. Bid opportunities over \$3,500 will be advertised to vendors via e-mail. Please keep both the Purchasing Division and the Office of Economic and Small Business Development apprised of your current e-mail address.

Your primary certification group is: **Construction Services**. This is also how your listing in our directory will read. You may access your firm's listing by visiting the Office of Economic and Small Business Development Directory, located on the internet at: <https://www.broward.org/small-business>. Click on "Small Business Directory".

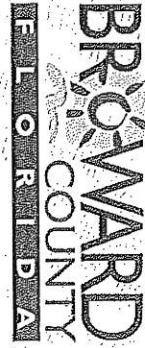
We look forward to working with you to achieve greater opportunities for your business through county procurement.

Sincerely,

Chris Ashmoe

Christopher Atkinson, Assistant Director
Office of Economic and Small Business Development

Cert Agency: BC-CBE SBE
ANNIVERSARY DATE: MAY 25TH



Governmental Center Annex
115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-5674 • TTY 954-357-5664

Office of Economic and
Small Business Development

This Certificate is Awarded to:

DANIEL SECU CORP., INC. D/B/A DSG CONSTRUCTION

As set forth in the Broward County Business
Opportunity Act of 2012, the certification requirements
have been met for:

County Business Enterprise
Small Business Enterprise
Anniversary Date: May 25th

Authorized Representative

The Office of Economic and Small Business Development must be notified within 30 days of any material changes in the business which may affect ownership and control.
Failure to do so may result in the revocation of this certificate and/or imposition of other sanctions.

A service of the Broward County Board of County Commissioners
www.broward.org/smallbusiness

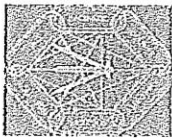
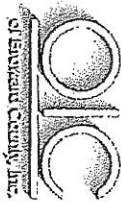
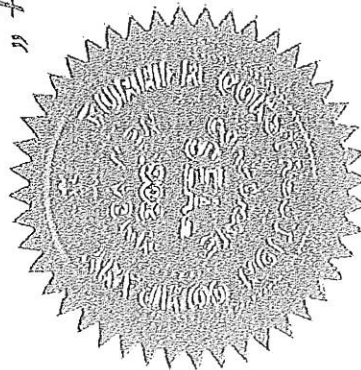
Certificate of Completion

This is to certify that

Daniel Secu

Has successfully completed the

"Turner School of Construction Management"
conducted by Turner Construction Company
in Broward County, Florida this 20th day of June, 2012



CONTRACTOR CERTIFICATE OF WARRANTY**PROJECT:**

2216 Farragut Street
Hollywood, FL

OWNER:

BAND

Broward Alliance for Neighborhood Development
3625 West Broward Boulevard, Suite 110
Lauderhill, FL 33312

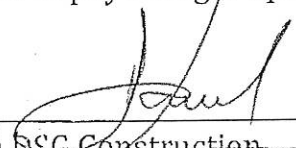
GENERAL CONTRACTOR:

DSG Construction
3701 McKinley Street
Hollywood, FL 33021

We, DSG Construction, do hereby warrant that all labor and materials furnished and work performed in conjunction with the above referenced project are in accordance with the Contract Documents and authorized modifications thereto, and will be free from defective materials or workmanship for a period of one year from the Date of Substantial Completion.

Should any defect develop during the warranty period due to improper materials, workmanship or arrangement, the defect, including adjacent work displaced, shall be made good by the undersigned at no expense to the Owner.

The Owner will give Contractor written notice of defective work. Should Contractor fail to correct defective work within 60 days after receiving written notice, the Owner may, at his option, correct defects and charge Contractor costs for such correction. Contractor agrees to pay charges upon demand.


FOR: ~~DSG Construction~~

BY: Daniel Secu

TITLE: VP

CGC 151 8847

Tel: 9548544222

DATE: 6/30/14



August 4th, 2014

Daniel Secu, Corp
DBA DSG Construction
3701 McKinley St.
Hollywood, FL 33021

Re: Business checking account ending ****4535

To whom it may concern,

Daniel Secu Corp. has a business account with BankUnited since 1/7/2013 with an YTD average balance of \$35,000.00. The account is handled in a satisfactory manner and Mr. Secu is a valuable client of BankUnited.

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Ronnie Shane'.

Ronnie Shane
Assistant Branch Manager
3795 Hollywood Blvd
Hollywood, FL 33021

954-322-4800

J & K 8 INC., KITCHEN, BATH & STONE
8/6/2014

J & K 8 INC., KITCHEN, BATH & STONE
1591 N. POWERLINE RD. | POMPAÑO BEACH, FL 33069
TEL: (954) 984-8585 | FAX: (954) 984-8713
WEBSITE: [HTTP://JK8INC.COM](http://jk8inc.com)

To Whom It May Concern,

This letter is per request of Mr. Daniel Secu. He has been a loyal customer to our company for four years.

Mr. Secu has no outstanding balances with us. We have never encountered any issues with Mr. Secu during business operations.

He also proves himself to be a well mannered and loyal customer.

Luana Tamagnone

J&K 8 Inc., Kitchen Bath & Stone
1591 N. Powerline Rd. | Pompano Beach, FL 33069
Tel: (954) 984-8585 | Fax: (954) 984-8713
Email: ltamagnone@live.com



SHERWIN-WILLIAMS.

August 4, 2014

To Whom it may Concern,

This letter will serve to confirm that Daniel Secu has been working with Sherwin Williams for the last four years and it has been our pleasure to work with him. We continue to work closely with Daniel with each individual project and our experience with Daniel has been positive. We value the business relationship we have with Daniel and we appreciate the opportunity to be the supplier for our customer's projects. Should you have any questions, please feel free to contact me directly at 954-275-1273.

Sincerely,

Jorge Amaya Jr
Sales Representative
The Sherwin Williams Company
Swrep4252@sherwin.com

Supplier: daniel secu corporation

Issue Date

City of Hollywood, Florida
Solicitation # RFQ-4420A-14-IS



Contractors for Housing Rehabilitation Program
Solicitation # RFQ-4420A-14-IS

Issue Date:

Closing Date: Aug 7, 2014

Pre-Proposal Meeting Date:

Location: City Hall/Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

Supplier: daniel secu corporation

Issue Date

City of Hollywood, Florida
Solicitation # RFQ-4420A-14-IS**SUBMISSION****Proposal Due Date:** Aug 7, 2014 3:00:00 PM EDT

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid document. If submitting a hard copy, it will be the sole responsibility of the Bidder/Proposer to ensure that the Bid/Proposal reaches the City of Hollywood, City Hall, City Clerk's Office, 2600 Hollywood Boulevard, Room 221, Hollywood Florida 33020, prior to the opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.


Bids/Proposal should be submitted either:

- A. Electronic response to this Bid may be submitted through a secure mailbox at BidSync until the date and time as indicated in this document. It is the sole responsibility of the Bidder to ensure its Bid reaches BidSync before the closing date and time specified in this solicitation. There is no cost to the Bidder to submit a response to the City of Hollywood solicitation via BidSync.

OR

- B. Response to this Bid maybe submitted to the City of Hollywood, City Hall, City Clerk's Office, 2600 Hollywood Boulevard, Room 221, Hollywood Florida 33020 in a sealed envelope marked with a completed solicitation label below, with the specified number of copies, no later than the time and date specified in this solicitation.

Always use the label the below on all packages when returning your bid or proposal to the City



Bid/Proposal Name: Contractors for Housing Rehabilitation Program
Bid/Proposal Number: RFQ-4420A-14-IS
Bid/Proposal Opening Date: Aug 7, 2014

Firm Name/Address: DANIEL SECU CORP DbA DSG CONSTRUCTION
3701 MCKINLEY STR
HOLLYWOOD FL 33021

Return to:

City of Hollywood, Florida
c/o: Office of City Clerk
2600 Hollywood Blvd., Rm#: 221
Hollywood, Florida 33020

Important Notice:

The Procurement Services Division shall distribute all official changes, modifications, responses to questions or notices relating to the requirements of this document. Any other information of any kind from any other source shall not be considered official, and bidders relying on other information do so at their own risk.

The responsibility for submitting a bid/proposal on or before the time and date is solely and strictly the responsibility of the bidder/proposer, the City will in no way be responsible for delays caused by technical difficulty or caused by any other occurrence. No part of a bid/proposal can be submitted via FAX or via direct Email to the City. No variation in price or conditions shall be permitted based upon a claim of ignorance

Supplier: **daniel secu corporation**



CONE OF SILENCE

The City of Hollywood City Commission adopted Ordinance No. O-2007-05, which created Section 30.15(F) imposing a Cone of Silence for certain City purchases of goods and Services.

The Cone of Silence refers to limits on communications held between vendors and vendor's representatives and City elected officials, management and staff during the period in which a Formal Solicitation is open.

The Ordinance does allow potential vendors or vendor's representatives to communicate with designated employees for the limited purpose of seeking clarification or additional information. The names and contact information of those employees that may be contacted for clarification or additional information are included in the solicitation.

The Cone of Silence does not prohibit a vendor or vendor's representative from communicating verbally, or in writing with the City Manager, the City Manager's designee, the City Attorney or the City Attorney's designee on those procurement items to be considered by the City Commission.

The Cone of Silence does not prohibit a vendor or vendor's representative from making public presentations at a duly noticed pre-bid conference or duly noticed evaluation committee meeting or from communicating with the City Commission during a duly noticed public meeting.

The Cone of Silence shall be imposed when a formal competitive solicitation has been issued and shall remain in effect until an award is made, a contract is approved, or the City Commission takes any other action which ends the solicitation.

To view the Cone of Silence, Ordinance No. O-2007-05, go to the City of Hollywood's Official website at <http://www.hollywoodfl.org/ConeOfSilence>

All communications regarding this bid should be sent in writing to the Procurement Services Division as identified in this bid.

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Supplier: **daniel secu corporation**



REFERENCES

RFQ-4420A-14-IS Contractors for Housing Rehabilitation Program

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Company Name: Broward Alliance for Neighborhood Development	
Address: 3625 West Broward boulevard, suite 110	
City, State, ZIP: Lauderdale, FL. 33312	Phone Number: 954-581-9899
Point of Contact: Kemissa Colin	Fax Number: 954-581-9881
Email: Kcolin@bandflorida.org	
Explain How This Referenced Work Is Similar To This Request: Residential home remodeling, including window/doors replacement, kitchen/bath remodeling, roofing, plumbing, electric, HVAC, landscaping, exterior/interior alterations.	
Date service was provided: May, 2014 - present	

Company Name: City of Hollywood	
Address: 2600 Hollywood Blvd., room 203	
City, State, ZIP: Hollywood, FL. 33022	Phone Number: 954-921-3271
Point of Contact: Clay Milan	Fax Number: 954-921-3390
Email: Cmilan@hollywoodfl.org	
Explain How This Referenced Work Is Similar To This Request: Residential home remodeling including kitchen/bath remodel, plumbing, electric, HVAC, window/doors replacement, interior/exterior alterations, landscaping, roofing	
Date service was provided: January, 2014 to present	

Company Name: West Lake Village Homeowner's Association	
Address: 1200 Lemonwood Str	
City, State, ZIP: Hollywood, FL. 33019	Phone Number: 954-925-4488
Point of Contact: Lorie Moccia	Fax Number: 954-925-0410
Email: Lmoccia@westlakehoa.org	
Explain How This Referenced Work Is Similar To This Request: Gym expansion, build new walls, new windows/doors, electric, HVAC, pavers, drywall, insulation, painting, stucco	
Date service was provided: January - May, 2014	

Supplier: **daniel secu corporation**



NONCOLLUSION AFFIDAVIT

STATE OF: florida

COUNTY OF: **broward**, being first duly sworn, deposes and says that:

- (1) He/she is **Daniel Secu of Dsg construction**, the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) 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 of its agents, representatives, owners, employees, or parties in interest, including this affiant.

DANIEL SECU
Signature
DSG CONSTRUCTION
Name of Company

DANIEL SECU
Printed Name
VP
Title

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Supplier: daniel secu corporation



ACKNOWLEDGMENT OF CONFORMANCE WITH O.S.H.A. STANDARDS

DANIEL SECU CORP Dba DSG CONSTRUCTION, hereby acknowledges and agrees that as Contractor for the City of Hollywood, Florida, within the limits of the City of Hollywood, Florida, that we have the sole responsibility for compliance with all requirements of the Federal Occupational Safety and Health Act of 1970, and all State and local safety and health regulations, and agrees to defend, indemnify and hold harmless the City of Hollywood, Florida, its officials, employees, service providers, and its agents against any and all legal liability or loss the City of Hollywood, Florida may incur due to the Contractor's failure to comply with such act.

Contractor:

DANIEL SECU
Witness Signature

DSG CONSTRUCTION
Name of Contractor

DANIEL SECU
Print Name

DANIEL SECU
Contractor Signature

Witness Signature

VP
Print Name, Title

Print Name

3day of **AUGUST, 2014**

(CORPORATE SEAL)

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

Supplier: **daniel secu corporation**



SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

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

1. This form statement is submitted to **CITY OF HOLLYWOOD**

By **Daniel Secu** for **DSG Construction**

(Print individual's name and title)

(Print name of entity submitting sworn statement)

whose business address is **3701 McKinley Street, Hollywood, FL. 33021**

and if applicable its Federal Employer Identification Number (FEIN) is **010796976** If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

2. I understand that "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 with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

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 an 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 that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. 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 into 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.

5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any 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 let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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.)

X Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any 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, 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, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, 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 (ONE) 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 THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Daniel Secu
Signature
DSG Construction
Name of Company

DANIEL SECU
Printed Name
Vice President
Title

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Supplier: **daniel secu corporation**



CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

DANIEL SECU
3701 MCKINLEY STR
HOLLYWOOD FL 33021

Application Number and/or Project Name:

RFQ-4420A-14-IS contractors for housing rehab program

Applicant IRS/Vendor Number: **010796976**

Daniel Secu
Signature
DSG CONSTRUCTION
Name of Company

DANIEL SECU
Printed Name
Vice President
Title

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

Supplier: daniel secu corporation**DRUG-FREE WORKPLACE PROGRAM**

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids 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:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Daniel Secu
VENDOR'S SIGNATURE

Daniel Secu
PRINTED NAME

DSG Construction
NAME OF COMPANY

Vice President
TITLE

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

Supplier: daniel secu corporation



SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby.". The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

SIGNATURE

Daniel Secu
PRINTED NAME

DSG CONSTRUCTION
NAME OF COMPANY

Vice President
TITLE

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

Supplier: **daniel secu corporation**



SOURCE OF INFORMATION

How did you find out about this solicitation? Check all that apply.

- | | |
|---|--|
| 1. www.hollywoodfl.org | <input checked="" type="checkbox"/> |
| 2. www.bidsync.com | <input checked="" type="checkbox"/> |
| 3. Daily Business Review | <input type="checkbox"/> |
| 4. The Miami Herald | <input type="checkbox"/> |
| 5. Referral/word- of mouth | <input type="checkbox"/> Specify Source: |
| 6. Search Engine/Internet search | <input type="checkbox"/> |
| 7. E-mail, newsgroup, online chat | <input type="checkbox"/> Specify Source: |
| 8. Banner or Link on another website | <input type="checkbox"/> |
| 9. Flyer, newsletter, direct mail | <input type="checkbox"/> Specify Source: |
| Other | <input type="checkbox"/> Specify Source: |

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

Supplier: **daniel secu corporation**



ACKNOWLEDGMENT AND SIGNATURE PAGE

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): **DANIEL SECU CORP DBA DSG CONSTRUCTION** Federal Tax Identification Number: **010796976**

If Corporation - Date Incorporated/Organized: **2003**

State Incorporated/Organized: **Florida**

Company Operating Address: **3701 McKinley Street**

City **Hollywood** State **FL** Zip Code **33021**

Remittance Address (if different from ordering address):

City State Zip Code

Company Contact Person: **Daniel Secu** Email Address: **Dsro@yahoo.com**

Phone Number (include area code): **954-854-4222** Fax Number (include area code): **954-391-9922**

Company's Internet Web Address: **Www.dsg-construction.com**

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

Bidder/Proposer's Authorized Representative's Signature: **Daniel Secu** Date **Aug. 6, 2014**

Type or Print Name: **Daniel Secu**

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

Bid/RFP/RFQ Number: RFQ-4420A-14-IS Title: Contractors for Housing Rehabilitation Program

Procurement Services Division
2600 Hollywood Boulevard, Room 303
Hollywood, Florida 33020

ACORD.		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)								
PRODUCER		<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p> <p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">COMPANY</td></tr> <tr><td style="border-bottom: 1px solid black;">A</td></tr> <tr><td style="border-bottom: 1px solid black;">B</td></tr> <tr><td style="border-bottom: 1px solid black;">COMPANY</td></tr> <tr><td style="border-bottom: 1px solid black;">C</td></tr> <tr><td style="border-bottom: 1px solid black;">COMPANY</td></tr> <tr><td style="border-bottom: 1px solid black;">D</td></tr> </table>				COMPANY	A	B	COMPANY	C	COMPANY	D
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COMPANY												
B												
COMPANY												
C												
COMPANY												
D												
<p>COVERAGE</p> <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>												
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS							
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					GENERAL AGGREGATE \$300,000							
					PRODUCTS-COMP/OP AGG \$300,000							
					PERSONAL & ADV INJURY \$300,000							
					EACH OCCURRENCE \$300,000							
					FIRE DAMAGE (ANY ONE FIRE) \$50,000							
					MED EXP (ANY ONE PERSON)							
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/>					COMBINED SINGLE LIMIT \$100,000							
					BODILY INJURY (PER PERSON) \$							
					BODILY INJURY (PER ACCIDENT) \$							
					PROPERTY DAMAGE \$							
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/>					AUTO ONLY - EA ACCIDENT \$							
					OTHER THAN AUTO ONLY:							
					EACH ACCIDENT \$							
					AGGREGATE \$							
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM					EACH OCCURRENCE \$							
					AGGREGATE \$							
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR / PARTNER(S) <input type="checkbox"/> INCL EXECUTIVE OFFICERS ARE <input type="checkbox"/> <input type="checkbox"/> EXCL <input type="checkbox"/>					STATUTORY LIMITS							
					EACH ACCIDENT \$100,000							
					DISEASE - POLICY LIMIT \$500,000							
					DISEASE - EACH EMPLOYEE \$100,000							
OTHER												
<p>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</p> <p style="text-align: center;">City of Hollywood is named Additional Insured (Required as shown)</p>												
<p>CERTIFICATE HOLDER</p> <p>City of Hollywood 2600 Hollywood Blvd. Hollywood, FL 33020 (Required as shown)</p>			<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS</p> <p>AUTHORIZED REPRESENTATIVE</p>									
<p>ACORD 25-9 (1/05)</p> <p style="text-align: center;">ATTENTION: DOLLAR LIMITS ARE SUBJECT TO CHANGE BASED UPON TYPE AND TOTAL COST OF SERVICES PROVIDED.</p>												

Supplier: **daniel secu corporation****W-9**(Rev. August 2013)
Department of the Treasury Internal
Revenue Service**Request for Taxpayer
Identification Number and
Certification****Give to the
requester. Do
not send to the
IRS.**Print or type
See Specific
Instructions
on page 2.

Name (as shown on your income tax return)

Daniel Secu Corp.

Business name/disregarded entity name, if different from above

Daniel Secu Corp. DBA DSG Construction

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☒ S Corporation ☐ Partnership☐ Trust/estate☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) *☐ Other (see instructions)Exemptions (see
instructions):

Exempt payee code (if any)

Exemption from FATCA
reporting code (if any)

Address (number, street, and apt. or suite no.)

3701 McKinley street

City, state, and ZIP code

Hollywood, fl 33021

Requester's name and address (optional)

List account number(s) here (optional)

Part I**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

Employer identification
number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II**Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other

Sign HereSignature of
U.S. person *Date **Aug, 6, 2014****General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a

Purpose of

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Cat. No. 10231X

Form **W-9** (Rev. 8-2013)

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For

from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 52
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

1 See Form 1099-MISC, Miscellaneous Income, and its instructions.

2 However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen,

and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester**For this type of account:**

1. Individual
2. Two or more individuals (joint account)
3. Custodian account of a minor (Uniform Gift to Minors Act)
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law
5. Sole proprietorship or disregarded entity owned by an individual
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))

Give name and SSN of:

- The individual
- The actual owner of the account or, if combined funds, the first individual on the account 1
- The minor 2
- The grantor-trustee 1
- The actual owner 1
- The owner 3
- The grantor*

1 List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

2 Circle the minor's name and furnish the minor's SSN.

3 You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

4 List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.