



PROPOSAL DOCUMENT REPORT

IFB No. REQ-038-23-JJ

Clarifier No. 3 Repair

RESPONSE DEADLINE: March 2, 2023 at 3:00 pm

Report Generated: Monday, March 6, 2023

Razorback LLC Proposal

CONTACT INFORMATION

Company:

Razorback LLC

Email:

anthony@razorbackllc.com

Contact:

Anthony Houllis

Address:

177 Anclote Road
Tarpon Springs, FL 34689

Phone:

N/A

Website:

<https://www.razorbackllc.com/>

Submission Date:

Mar 2, 2023 2:46 PM

ADDENDA CONFIRMATION

Addendum #1

Confirmed Mar 2, 2023 2:11 PM by Anthony Houllis

Addendum #2

Confirmed Mar 2, 2023 2:11 PM by Anthony Houllis

Addendum #3

Confirmed Mar 2, 2023 2:11 PM by Anthony Houllis

Addendum #4

Confirmed Mar 2, 2023 2:11 PM by Anthony Houllis

QUESTIONNAIRE

1. SUBMITTAL CHECKLIST CONFIRMATION*

The items below are required components of your solicitation response in order for your bid/proposal/submittal to be considered responsive and responsible. Please confirm this submittal includes the following items in this checklist

- A. Forms and Certifications (Completed)
 - 1. This Submittal Checklist Confirmation
 - 2. Information Required from Bidders
 - 3. Bid Form (see [#PRICING \(BID FORM\)](#))
 - 4. Vendor Reference Form*
 - 5. Hold Harmless and Indemnity Clause
 - 6. Non-Collusion Statement

7. Sworn Statement...Public Entity Crimes
8. Certifications Regarding Debarment
9. Drug-Free Workplace Program
10. Solicitation, Giving, and Acceptance
11. W-9 (Request for Taxpayer Identification)
12. Trench Safety Form
13. Bid Guaranty Form
14. List of Subcontractors
15. Certificate(s) of insurance that meet the requirements of the [#SPECIAL TERM AND CONDITIONS](#) section.
16. Proof of State of Florida Sunbiz Registration
17. Acknowledgement and Signature Questionnaire
18. Proposal Form

This checklist is only a guide, please read the entire solicitation to ensure that your submission includes all required information and documentation.

Confirmed

2. INFORMATION REQUIRED FROM BIDDERS*

GENERAL INFORMATION

The Bidder shall furnish the following information. Failure to comply with this requirement may cause its rejection. Additional sheets shall be attached as required.

- A. Contractor's License (attach copy):
 1. Primary Classification:

2. Broward County License Number (attach copy):
- B. Number of years as a Contractor in construction work of the type involved in this Contract:
- C. List the names and titles of all officers of Contractor's firm:
- D. Name of person who inspected site or proposed work for your firm:
 1. Name:
 2. Date of Inspection:
- E. What is the last project of this nature you have completed?
- F. Have you ever failed to complete work awarded to you; if so, where and why?
- G. Name three individuals or corporations for which you have performed work and to which you refer:
- H. List the following information concerning all contracts on hand as of the date of submission of this proposal (in case of co-venture, list the information for all coventures).
 1. Name of Project
 2. City
 3. Total Contract Value
 4. Contracted Date of Completion
 5. % Completion to Date
- I. What equipment do you own that is available for the work?
- J. What equipment will you purchase for the proposed work?
- K. List at least three (3) similar projects completed within the last seven (7) years by the bidder and the proposed project manager. For purposes of this requirement, 'similar' projects shall be considered to include projects of similar size and scope as outlined in the Scope of Work/Services section. Include owner, project value, completion date, reference contact

information, and brief project description. The determination of whether a project is sufficiently similar shall be at the sole discretion of the City and the Engineer.

- L. Name the Project Manager proposed for this project. Attach a copy of the project manager's resume.
- M. Information and/or documentation that addresses and/or meets the requirements outlined in the Scope of Work/Services section, including any procedural or technical enhancements/innovations which do not materially deviate from the objectives or required content of the Scope of Work/Services.

NOTE: If requested by CITY, the Bidder shall furnish a notarized financial statement, references and other information, sufficiently comprehensive to permit an appraisal of its current financial condition.

General_Information.pdf

3. PRICING (BID FORM)*

I understand that I shall insert my pricing electronically in the [#PRICING \(BID FORM\)](#) section.

Confirmed

4. VENDOR REFERENCE FORM*

Please download the below documents, complete, and upload.

- [Vendor Reference Form.pdf](#)

Vendor_Reference_Forms.pdf

5. HOLD HARMLESS AND INDEMNITY CLAUSE*

I, an authorized representative, 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.

Confirmed

6. NON-COLLUSION STATEMENT*

I, being first duly sworn, depose that:

- A. He/she is an authorized representative of the Company, the Proposer that has submitted the attached Proposal.
- B. He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- C. Such Proposal is genuine and is not a collusion or sham Proposal;
- D. Neither the said Proposer 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 Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal 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 Proposer, firm or person to fix the price or prices, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- E. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Confirmed

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

Please download the below documents, complete, and upload.

- [Sworn Statement Public Enti...](#)

Sworn_Statement_Public_Entity_Crimes_Form.pdf

8. 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.

Confirmed

9. DRUG-FREE WORKPLACE PROGRAM*

- A. IDENTICAL TIE PROPOSALS - 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 proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:
 - 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.

Confirmed

10. 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/Hollywood CRA 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/CRA 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.

Confirmed

11. W9 FORM*

Please download the below documents, complete, and upload.

- [Form 11 - W-9.pdf](#)

W-9.pdf

12. TRENCH SAFETY*

Please download the below documents, complete, and upload.

- [Form 12 - Trench Safety For...](#)

Trench_Safety_Form.pdf

13. BID GUARANTY FORM*

Please download the below documents, complete, and upload.

- [Form 13 - Bid Guaranty Form...](#)

Bid_Bond_Form.pdf

14. LIST OF SUBCONTRACTORS*

Please download the below documents, complete, and upload.

- [Form 14 - List of Subcontra...](#)

List_of_Subcontractors_Form.pdf

15. Certificate of Insurance*

See requirements in the [#SPECIAL TERM AND CONDITIONS](#) section.

Certificate_of_Insurance.pdf

16. PROOF OF SUNBIZ REGISTRATION*

Enter company FEIN to be verified in Sunbiz

26-3447303

[Click to Verify](#) *Value will be copied to clipboard*

17. ACKNOWLEDGMENT AND SIGNATURE PAGE

IF CORPORATION - DATE INCORPORATED/ORGANIZED:*

09/18/2008

STATE INCORPORATED/ORGANIZED:*

Florida

REMITTANCE ADDRESS*

177 Anclote Rd, Tarpon Springs, FL 34689

BIDDER/PROPOSER'S AUTHORIZED REPRESENTATIVE'S TYPED FULL NAME*

Anthony Houllis

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.*

Confirmed

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.*

Confirmed

PROPOSAL FORM*

Please download the below documents, complete, and upload.

- [Proposal Form.docx](#)

Proposal_Form.pdf Proposal_Package.pdf

PRICE TABLES

BID ITEMS

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
1	Mobilization (shall not exceed 3% of the sum of Bid Items No. 2 and No. 3).	1	Lump Sum	\$17,000.00	\$17,000.00
2	Clarifier No. 3 Repair: All work required for the repair of a failed 16-inch diameter 90-degree elbow joint and pipe segment on the return sludge line (ductile iron pipe) located below grade within the 48-inch diameter clarifier feed line at Clarifier No. 3, as required in the Contract Documents.	1	Lump Sum	\$390,000.00	\$390,000.00
3	Clarifier No. 3 Reinstallation of Mechanism: All work required for the reinstallation of Clarifier No. 3 mechanism if removed under Bid Item No. 2, including reassembly/installation of existing equipment post-repair, and all work necessary to return clarifier to service.	1	Lump Sum	\$178,000.00	\$178,000.00
4	Permit Fee Allowance	1	Allowance	\$50,000.00	\$50,000.00
5	Undefined Conditions Allowance	1	Allowance	\$285,000.00	\$285,000.00
6	Consideration for Indemnification	1	\$10.00	\$10.00	\$10.00
7	Demobilization (shall not exceed 3% of the sum of Bid Items No. 2 and No. 3).	1	Lump Sum	\$2,000.00	\$2,000.00
8	Field Crew (Superintendent)	40	HR	\$75.00	\$3,000.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
9	Field Crew (Operator)	40	HR	\$60.00	\$2,400.00
10	Field Crew (Laborer x 2)	40	HR	\$45.00	\$1,800.00
11	Equipment, Excavator, 5 CY	40	HR	\$75.00	\$3,000.00
12	Equipment, Flat Bed Truck, 12'	40	HR	\$50.00	\$2,000.00
13	Equipment, Loader	40	HR	\$50.00	\$2,000.00
TOTAL					\$936,210.00

ALTERNATE BID ITEMS

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
A-1	Furnish and Install Clarifier No. 3 Equipment (Complete Mechanism Replacement, Carbon Steel): All work for complete replacement of the mechanism at Clarifier No. 3, in the event it is deemed necessary. The material of the replacement mechanism shall be carbon steel components with required surface preparation and coating system per the Contract documents. Work includes but is not limited to furnishing, delivering, installing and testing Clarifier No. 3 drive and associated appurtenances.	1	Lump Sum	\$2,580,000.00	\$2,580,000.00
A-2	Furnish and Install Clarifier No. 3 Equipment (Complete Mechanism Replacement, 316 Stainless Steel): All work for complete replacement of the mechanism at Clarifier No. 3, in the event it is deemed necessary. The material of the replacement mechanism shall be 316 stainless steel components per the Contract documents. Work includes but is not limited to furnishing, delivering, installing and testing Clarifier No. 3 drive and associated appurtenances.	1	Lump Sum	\$3,616,000.00	\$3,616,000.00

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total
A-3	Furnish and Install Clarifier No. 3 Weirs and Scum Baffles: All work for replacement of the fiberglass v-notched weirs and scum baffles at Clarifier No. 3, in the event it is deemed necessary. Item shall include payment for all labor, equipment, and materials for all work necessary and required for the replacement of equipment, as detailed in the Contract Documents, for a complete and operable system.	1	Lump Sum	\$647,619.00	\$647,619.00
A-4	Furnish and Install Clarifier No. 3 Density Current Baffles: All work for replacement of the density current baffles at Clarifier No. 3, in the event it is deemed necessary. Item shall include payment for all labor, equipment, and materials for all work necessary and required for the replacement of equipment, as detailed in the Contract Documents, for a complete and operable system.	1	Lump Sum	\$444,602.00	\$444,602.00
TOTAL					\$7,288,221.00

FORM 15

INFORMATION REQUIRED FROM BIDDERS

GENERAL INFORMATION

The Bidder shall furnish the following information. Failure to comply with this requirement may cause its rejection. Additional sheets shall be attached as required.

1. Contractor's Name/Address: Razorback LLC
177 Anclote Road, Tarpon Springs, FL 34689

2. Contractor's Telephone Number: (727) 938-9500
and e-mail address: ANTHONY@RAZORBACKLLC.COM

3. Contractor's License (attach copy): CGC1526612
Primary Classification: Certified General Contractor
Broward County License Number (attach copy): _____

4. Number of years as a Contractor in construction work of the type involved in this Contract: 14+ years

5. List the names and titles of all officers of Contractor's firm:
Anthony Houllis, MGRM

6. Name of person who inspected site or proposed work for your firm:
Name: Trivon McDade
Date of Inspection: 02/01/2023

7. What is the last project of this nature you have completed?
Rehabilitate Everglades Flamingo Wastewater Treatment Plant

8. Have you ever failed to complete work awarded to you; if so, where and why?

No

9. Name three individuals or corporations for which you have performed work and to which you refer:

Royal Bridge Inc.

US Water Services Corp.

Jacksonville Aviation Authority

10. List the following information concerning all contracts on hand as of the date of submission of this proposal (in case of co-venture, list the information for all coventures).

Name of Project	City	Total Contract Value	Contracted Date of Completion	% Completion to Date
Master Water Treatment Plant	City of West Palm Beach	\$501,445.16	05/27/2024	Term - 80%
Utilities Painting Maintenance Continuing Services	Town of Jupiter	\$1,459,308	11/02/2023	Term - 90%
Re-painting of Aerial Crossings	Charlotte County	\$361,167.70	09/30/2023	Term - 80%
As Needed Utilities General Maintenance Services	Pasco County	\$97,045	11/18/2025	Term - 10%

(Continue list on inset sheet, if necessary) **See attached

11. What equipment do you own that is available for the work?

***See attached equipment list

12. What equipment will you purchase for the proposed work?

None Anticipated

13. List at least three (3) similar projects completed within the last five (5) years by the bidder and the proposed project manager. For purposes of this requirement, 'similar' projects shall be considered to include wastewater treatment equipment

and mechanical piping systems. Include owner, project value, completion date, reference contact information and brief project description. The determination of whether a project is sufficiently similar shall be at the sole discretion of the City and the Engineer.

See attached similar projects

(Add sheets as requested.)

14. Name the Project Manager proposed for this project. Attach a copy of the project manager's resume.

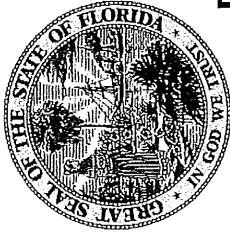
Daniel Dion

NOTE: If requested by CITY, the Bidder shall furnish a notarized financial statement, references and other information, sufficiently comprehensive to permit an appraisal of its current financial condition.

Current Contracts

Owner	Name of Project	Total Contract Value	Completion Date	Term	% of Completion to Date
CITY OF W PALM BEACH	MASTER WATER TREATMENT PLANT	\$501,445.16	5/27/2024	TERM	80%
TOWN OF JUPITER	UTILITIES PAINTING MAINTENANCE- CONT. SERVICES TERM	\$1,459,308.00	11/2/2023	TERM	90%
CITY OF ST. PETE	Painting, Water-Proofing and Associated Services TERM	\$328,000.00	8/31/2023	TERM	80%
CHARLOTTE COUNTY	Re-Painting of Aerial Crossings	\$361,167.70	9/30/2023	TERM	80%
PALM BEACH COUNTY	PAINTING, WATERPROOFING & ASSOC. SERVICES	\$193,627.88	4/9/2023	TERM	95%
HERNANDO COUNTY	Hernando Beach Water Tower Maintenance TERM (9-28-21 trough 9-27-24)	\$82,060.00	9/27/2024	TERM	95%
PEACE RIVER MANASOTA REGIONAL WATER SUPPLY AUTHORITY	As Needed Painting & Coating Services 5-Year TERM (12/1/2021 through 12/1/2026)	\$328,162.56	12/1/2026	TERM	40%
SYNERGY NDS	City of Dunedin Walls & Ceiling Painting	\$93,700.00			90%
CITY OF MIRAMAR	Pool of Qualified GCs for Small Scale Commercial Rehab Projects	TBD	5/13/2024	TERM	TBD
CITY OF TREASURE ISLAND	Small Project GC Construction Services	TBD	5/3/2025	TERM	TBD
CLAY COUNTY UTILITY AUTHORITY	Ground Storage Tank Maintenance & Rehabilitation Services	TBD	5/26/2025	TERM	TBD
CITY OF CLEARWATER	WTP 3 East Dome and Aeator & Misc Improvements	\$1,791,334.60			5%
PASCO COUNTY (TERM)	As Needed Utilities General Maintenance Services(3-year Term)	\$97,045.00	11/18/2025	TERM	10%
BAY TO BAY PROPERTIES	Bubble Down Car Wash - New River	TBD			TBD
DESOTO COUNTY	Utilities Potable Water Tanks Repair & Maintenance	\$353,675.00			99%
CITY OF HOLLY HILL	WTP Chlorine Canopy Replacement	\$298,000.00	2/5/2023		100%
SYNERGY NDS	Water Treatment Plant Pipe & Motor	\$5,200.00			80%
FDEP	Gasparilla Island Hurricane Ian	\$277,000.00			70%
NEW SMYRNA BEACH UTILITIES	GWTP Lime Silo Structural Repairs	\$89,000.00	12/22/2022		100%
CITY OF QUINCY	WTP Ground Storage Tank Repair	\$30,000.00	1/18/2023		100%
LEE COUNTY	Pressure Washing Services	\$0.00	TBD	TERM	TBD
ROWLAND INC	City of Clearwater Stevenson Creek Bridge Piping Part 2	\$11,450.00	1/23/2023		100%
CITY OF PALM COAST	Elevated Tank Inspections	\$4,424.00	12/28/2023	TERM	100%
SUPERIOR SCHOOLS	Steeple Rehab	\$23,000.00	1/9/2023		100%
LEE COUNTY	Painting Services - Annual	TBD		TERM	TBD
CITY OF NORTH MIAMI BEACH	Norwood Sulfuric Acid Containment	\$128,350.00			0%

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



HOULLIS, ANTHONY MICHAEL

RAZORBACK LLC
177 ANCLOTE RD
TARPOON SPRINGS FL 34689

LICENSE NUMBER: CGC1526612

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

RAZORBACK LLC - EQUIPMENT LIST

Last Modified 8/14/22

ID #	Status	Type	Year	Make	Model
001	In Use	Trailer Enclosed	2019	ARNI	16x7x7h
002	In Use	Trailer Enclosed	2016	EAGL	16x7x6.5h
003	In Use	Trailer Enclosed	2018	QLCG	20x8.5x7h
004	In Use	Trailer Gooseneck	2003	CHAMPION	30x8
005	In Use	Trailer Open	2021	TCTC (Triple Crown)	24x7
006	In Use	Trailer Enclosed	2021	Cove (Covered Wagon)	24x8.5x7h
007	In Use	Trailer Enclosed	2020	ISO GA CARGO (SGAC)	14x7x7h
008	In Use	Trailer	2022	Homemade Pontoon Trail	24x8
009		Trailer	1996	USAT	TL
100		Truck	1990	Ford F800 (Blue)	TK
101		Truck	2017	Ford F-450 (Black)	TK Diesel
102		Trailer	1970	Homemade 25'	TV
103	In Use	Trailer	2001	CNTR	TL
104					
105	In Use	Blast Pot	1999	8-Ton With Dryer (#1)	Trailer 4 Shoe
106		Blast Pot	1985	6-Ton (#2)	Skid 2 Shoe
107		Blast Pot	1994	6-Ton (#3)	Skid 4 Shoe Key
108		Blast Pot		Small 8cf	Roller 1 Shoe Key
109					
110		Dust Collector	1996	Blast Tech - ASPT	45000 cfm
111		VACUUM			
112					
113		Paint Pump	2016	Graco Pneumatic	Xtreme NXT X60
114		Paint Pump		Graco Pneumatic	
115					
116					
117		Paint Pump	2018	Graco Gas	GH833
118		Air Compressor	1999	Ingersol Rand	375 CFM
119		Air Compressor		Sullair	375 CFM
120		Air Compressor	2008	Sullair	375 CFM
121		Air Compressor	2012	Sullair	375 CFM
122		Air Compressor	2006	Sullair	300 CFM
123					
124		Blast Pot	1999	Schmit	8 Ton
125		Air Drier	2001	Van Air	1600 CFM
126		Welder	Miller	Bobcat	
127		Concrete Pump		Quickspray	5210
128		DRYER		2100 CFM	SKID MOUNT
129		FORKLIFT		CATIPILLAR 8K	
130		SCISSOR LIFT		SKYJACK	SJII 3219
131					
132					
133		BOAT	2020	Rabco Fliver	8'
134		BARGE			30X12
135		BOAT		PONTOON BOAT	24X8



177 Anclote Road
 Tarpon Springs, FL 34689
 (727) 958-9500
 info@razorbackllc.com
 razorbackllc.com

Similar Projects

1.

Project Owner	National Park Service
Contact Name	William Vazquez
Contact Email	William_vazquez@nps.gov
Contact Phone #	(305) 242-7793
Project Value	\$805,5000
Contract Completion Date	02/01/2021

Scope of Work: includes labor, materials, and equipment to rehabilitate the Flamingo Wastewater Treatment Plant. Work involved selective demolition, sludge removal, structural steel repairs, surface preparation, painting both interior & exterior walls of the membrane bioreactor and membrane treatment tanks, repaired steel piping, concrete form & pour, installing a sluice gate & actuators, replacing valves & flow systems, repairs to existing jet air systems, grouting, and patching using surfacing epoxy to repair voids/pits. Electrical improvements This consisted of the feeder power system and connections to motors, the installation of Instrumentation and Wiring Systems, the replacement of conduits and electrical wiring, the replacement of the panel air conditioning systems, all Bonding & grounding required, and the installation of new magnetic flow meters. Following installation, the new system was integrated with the existing control panel.

2.

Project Owner	City of Winter Haven
Contact Name	Terry Carver
Contact Email	tcarver@mywinterhaven.com
Contact Phone #	(863) 291-5766
Project Value	\$159,200
Contract Completion Date	09/11/2020

Scope of Work: Removed existing Clarifier Drive, cleaned and installed a new Clarifier Drive, surface preparation, sealed expansion joints and cracks, sludge removal, renewed gel coat on fiberglass reinforced plastic weirs and scum baffles, leveled weirs, inlet baffle ring, skimmers, and sludge collector arms, tested & adjusted torque switches for drive protection and painting & coating all new surfaces installed, existing steel surfaces within clarifier, and painting the concrete tank walls and concrete weir troughs.

3.

Project Owner	City of Atlantic Beach
Contact Name	Troy Stephens
Contact Email	tstephens@coab.us
Contact Phone #	(904) 588-4503
Project Value	\$168,900
Contract Completion Date	07/14/2021

Scope of Work: Removed the existing clarifier drives, clarifier bridges and associated hardware, and installed the new clarifier drives along with any necessary new hardware. Also, pressure washed, cleaned, and recoated the catwalk/bridge components at both clarifiers using Tnemec products.

RAZORBACK LLC | NO LIMIT

177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Daniel Dion

Lead Project Manager

E-mail: dan@razorbackllc.com

Cell: 727.312.6694

Professional Summary

Results-driven professional with 10+ years experience managing construction projects. Focused on establishing an open and clear line of communication with clients and team members to deliver timely and accurate project completion. Proven track record successfully managing all phases of projects. Ensures safety compliance, administers budgets, controls expenses, and boosts efficiency and productivity.

Skills

- Leadership
- Communication
- Logistics
- Strategic Planning
- Negotiation
- Project Safety
- Estimating
- Organization
- Adaptability
- Problem Solving

Experience

Razorback LLC • Lead Project Manager • 2021 to Present

- Managing complete life cycle of projects- from planning to completion
- Coordinating project schedules to maximize efficiency and mitigate costs
- Ensuring site safety compliance
- Communicating with Owners to ensure client satisfaction

Education

University of Rhode Island • 2001



177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Scope of Work Qualifications

Licensed as a general contractor in Florida since 2008, Razorback LLC has provided high quality, precision, performance, and delivery of services under contract for over 100 construction-related projects throughout the United States. Providing fabrication, installation, protective and high-performance coating systems, surface preparation, and inspection services to industrial, commercial, and government entities on a multitude of surface types such as iron, aluminum, stucco, concrete, masonry, structural steel, etc. Our projects focus on infrastructure restoration, ranging from minor and major repairs to continuous service agreements with projects that have included roads, bridges, and water and wastewater treatment plants.

Comprised of nationally Certified Safety and Quality Control experts, the Razorback Team utilizes the diverse experience of each employee to develop innovative strategies for each project. Our highly trained AWS-certified welders/pipefitters as well as our SSPC and NACE-certified coating applicators have extensive experience on projects such as this one and have developed a reputation as a leader in quality ensuring successful results on time and within budget.

FORM 4

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 038-23-JJ
 Reference for: Razorback LLC

Organization/Firm Name providing reference: City of St. Petersburg
 Organization/Firm Contact Name: Robert L. Ecklund Title: Construction Inspector
 Email: Robert.Ecklund@stpete.org Phone: (727) 244-7269
 Name of Referenced Project: Washington Terrace Tank Nos. 1 & 4 - Water Tanks Painting & Repair FY2018 Contract No: 18112-111
 Date Services were provided: 09/27/2021- 03/02/2022 Project Amount: \$895,115
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Power washing entire exterior surfaces and appurtenances, removed lead based paint on exterior shell, surface preparation on both tanks and appurtenances including overflow box and piping, removed and replaced stainless steel brackets and fasteners, applied caulking to all laps, joints, gaps, and connections, removed & replaced interior ladder including rungs, rails and supports and applied coating system to both tanks.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):
 Contractor met or exceeded the contract specifications; all restorations was done promptly, and I would look forward to working with them again.

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

FORM 4

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 038-23-JJ
 Reference for: Razorback LLC

Organization/Firm Name providing reference: City of Dunedin
 Organization/Firm Contact Name: Brian Antonian Title: Plant Superintendent
 Email: bantonian@dunedinfl.net Phone: (727) 298-3249 X 1620
 Name of Referenced Project: Rehabbing Belcher/Curlew/Jerry Lake Pump Stations Contract No: _____
 Date Services were provided: 05/12/2021- 05/25/2021 Project Amount: \$39,900
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Exterior surface prep and coatings ductile iron pipe located at 3 different locations. Surface prep included pressure washing and degreasing to remove contaminants, power tool and hand tool to remove rusted/bare areas. Also, spot blasting and spot priming.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):
RAZORBACK DID A FANTASTIC JOB, you will not be disappointed. Excellent work, great workers.
Brian Antonian 1/30/2023

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:			Title:		
	Department:			Date:		

FORM 4

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 038-23-JJ
 Reference for: Razorback LLC

Organization/Firm Name providing reference: National Park Service
 Organization/Firm Contact Name: William Vazquez Title: Contracting Officer
 Email: william_vazquez@nps.gov Phone: (305) 242-7793
 Name of Referenced Project: Rehabilitate Everglades Flamingo Wastewater Treatment Plant Contract No: 140P5420C0016
 Date Services were provided: 09/01/2020- 02/01/2021 Project Amount: \$805,500
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Selective demolition, sludge removal, structural steel repairs to the membrane bioreactor & membrane treatment tank, steel piping repairs, concrete form & pour, installing a sluice gate & actuators, replacing valves & flow system, interior & exterior tank surface blast cleaning, newly fabricated aluminum staircase, electrical improvements and coating systems applied.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):
 The contractor was very responsive and worked efficiently and diligently until project completion. I would recommend this contractor for future projects.

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

FORM 4

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 038-23-JJ
 Reference for: Razorback LLC

Organization/Firm Name providing reference: City of West Palm Beach
 Organization/Firm Contact Name: Sandra Feliciano Title: WTP Operations Coordinator
 Email: SFeliciano@wpb.org Phone: (561) 718-7900
 Name of Referenced Project: Master Water Storage Tank Cleaning and Repair Services Contract No: 18-19-115
 Date Services were provided: 05/28/2019- Ongoing (Term) Project Amount: \$501,445.16
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Cleaning, surface prep and coating services to multiple storage tanks. Work included pressure washing both steel and concrete tanks, disinfecting, baffle curtain repairs, cables replaced, Dome telemetry repairs, Dome void repairs, spalling repairs, interior surface repairs and replacements, interior piping sandblasting, and coating.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):
Sandra Feliciano 2/3/2023
City of West Palm Beach, WTP Operations Coordinator

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

FORM 7

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 the City of Hollywood by Anthony Houllis, MGRM for Razorback LLC
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 177 Anclote Road, Tarpon Springs, FL 34689
and if applicable its Federal Employer Identification Number (FEIN) is 26-3447303. 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.)

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)

Sworn to and subscribed before me this 8th day of February, 2023.

Personally known Anthony Houllis

Or produced identification _____ Notary Public-State of Florida

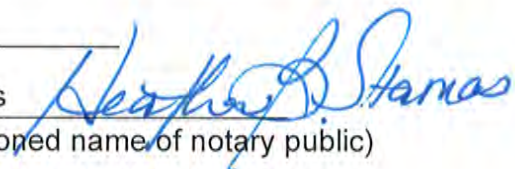
(Type of identification) my commission expires _____



Heather B. Stamas
Comm. # GG353611
Expires: July 10, 2023
Bonded Thru Aaron Notary

Heather B. Stamas

Printed, typed or stamped commissioned name of notary public



Request for Taxpayer Identification Number and Certification

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

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

See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. RAZORBACK LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u>S</u> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 177 ANCLOTE ROAD	Requester's name and address (optional)
6 City, state, and ZIP code TARPON SPRINGS, FL 34689	
7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
2	6		-	3	4	4	7	3	0	3

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 than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>2-10-21</u>
------------------	----------------------------	-----------------------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

FORM 12

TRENCH SAFETY

This form must be completed and signed by the Respondent.

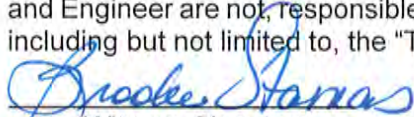
Failure to complete this form may result in the solicitation being declared non-responsive.

Respondent acknowledges that the Florida Trench Safety Act, Section 553.60 et. seq., which became effective October 1, 1990, shall be in effect during the period of construction of the project. The respondent by signing and submitting the solicitation is, in writing, assuring that it will perform any trench excavation in accordance with applicable trench safety standards. The respondent further identifies the following separate item of cost of compliance with the applicable trench safety standards as well as the method of compliance:

<u>Method of Compliance</u>	<u>Cost</u>
-	\$0
Total \$	<u>0</u>

Respondent acknowledges that this cost is included in the applicable items of their submittal and in the Grand Total Solicitation Price. Failure to complete the above will result in the solicitation being declared non-responsive.

The Respondent is, and the Owner and Engineer are not, responsible to review or assess Respondent's safety precautions, programs or costs, or the means, methods, techniques or technique adequacy, reasonableness of cost, sequences or procedures of any safety precaution, program or cost, including but not limited to, compliance with any and all requirements of Florida Statute Section 553.60 et. seq. cited as the "Trench Safety Act." Respondent is, and the owner and Engineer are not, responsible to determine if any safety related standards apply to the project, including but not limited to, the "Trench Safety Act."


Witness Signature

Brooke Stamas
Witness Printed Name

177 Anclote Road, Tarpon Springs, FL 34689

Witness Address

02/08/2023
Date


Contractor's Signature

Anthony Houllis
Printed Name

MGRM
Title

02/08/2023
Date

- END OF SECTION -

Form 13**Bid Guaranty Form**

(Construction)

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we Razorback, LLC, as Principal, and The Gray Insurance Company as

Surety, are held and firmly bound unto the City of Hollywood in the sum of Forty Six
Thousand Eight Hundred Ten and Fifty cents Dollars (\$ 46,810.50) lawful money
of the United States, amounting to 5% of the total SOLICITATION Price, for the payment of said
sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and
severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has submitted the
accompanying SOLICITATION, dated _____ February 23, 20²³ for

CLARIFIER NO. 3 REPAIR**Bid No. REQ-038-23-JJ**

NOW, THEREFORE, if the principal shall not withdraw said SOLICITATION within 90 days after
date of the same and shall within ten days after the prescribed forms are presented to him for
signature, enter into a written contract with the CITY, in accordance with the SOLICITATION as
accepted, and give bond with good and sufficient surety or sureties, and provide the necessary
Insurance Certificates as may be required for the faithful performance and proper fulfillment of
such Contract, then this obligation shall be null and void.

Approved SOLICITATION Bond

In the event of the withdrawal of said SOLICITATION within the specified period, or the failure to enter into such contract and give such bond and insurance within the specified time, the principal and the surety shall pay to the City of Hollywood the difference between the amount specified in said SOLICITATION and such larger amount for which the City of Hollywood may in good faith contract with another party to perform the work and/or supply the materials covered by said SOLICITATION.

IN WITNESS WHEREOF, the above bound parties have executed this statement under their several seals this 23rd day of February, 201, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body. *23

WHEN THE PRINCIPAL IS AN INDIVIDUAL:

Signed, sealed and delivered in the presence of:

N/A
Witness

N/A
Signature of Individual

N/A
Address

N/A

N/A
Printed Name of Individual

N/A
Witness

N/A
Address

N/A

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:

Brooke Stamas
Secretary **WITNESS**

Razorback, LLC
Name of Corporation

177 Anclote Road
Business Address

Tarpon Springs, FL 34689

By: *AH*
(Affix Corporate Seal)

ANTHONY HOULLIS
Printed Name

MGRM
Official Title



CERTIFICATE AS TO CORPORATE PRINCIPAL

I, *AH*, certify that I am the ^{MGRM} ~~secretary~~ of the ~~LLC - Corporation~~ named as Principal in the attached bond; that ANTHONY HOULLIS who signed the said bond on behalf of the Principal, was then MGRM of said Corporation; that I know his signature, and his signature thereto is genuine and that said bond was duly signed, sealed and attested for and on behalf of said Corporation by authority of its governing body.

AH (SEAL)
Secretary **MGRM**

Approved SOLICITATION Bond

TO BE EXECUTED BY CORPORATE SURETY:

Attest:

Susan L Reich
Secretary Susan L. Reich

The Gray Insurance Company
Corporate Surety
PO Box 6202
Business Address
Metairie, LA 70009-6202

BY: Gloria A Richards
(Affix Corporate Seal) Gloria A. Richards
Attorney-In-Fact &
FL Lic. Resident Agent

Gloria A. Richards, Attorney-In-Fact & FL Lic. Resident Agent
Attorney-in-Fact
Florida Surety Bonds, Inc.
620 N. Wymore Rd., Suite 200, Maitland, FL 32751
Business Address
407-786-7770

Name of Local Agency

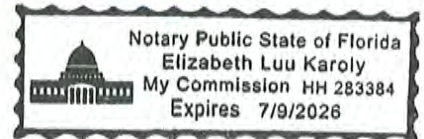
STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared,
Gloria A. Richards to me well known, who being by me first duly sworn upon
oath says that he*is the attorney-in-fact for the The Gray Insurance Company and
that the has been authorized by The Gray Insurance Company to execute the forgoing
bond on behalf of the CONTRACTOR named therein in favor of the City of Hollywood, Florida.
Subscribed and sworn to before me this 23rd day of February, 2023

Elizabeth Luu Karoly
Elizabeth Luu Karoly Notary Public, State of Florida

My Commission Expires: 07/09/2026

- END OF SECTION-



*/she

**THE GRAY INSURANCE COMPANY
THE GRAY CASUALTY & SURETY COMPANY**

GENERAL POWER OF ATTORNEY

Bond Number: N/A **Principal:** Razorback, LLC
Project: Bid No. REQ-038-23-JJ; Clarifier No. 3 Repair, City of Hollywood, FL

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint: **Susan L. Reich, Jeffrey W. Reich, Kim E. Niv, Teresa L. Durham, Cheryl A. Foley, Gloria A. Richards, Robert P. O'Linn, Sarah K. O'Linn, Lisa A. Roseland, and Emily J. Golecki of Maitland, Florida jointly and severally** on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$25,000,000.00.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

"RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 4th day of November, 2022.



By:

Michael T. Gray

Michael T. Gray
President
The Gray Insurance Company

Cullen S. Piske

Cullen S. Piske
President
The Gray Casualty & Surety Company



State of Louisiana
ss:

Parish of Jefferson
On this 4th day of November, 2022, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company, and Cullen S. Piske, President of The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Leigh Anne Henican
Notary Public
Notary ID No. 92653
Orleans Parish, Louisiana

Leigh Anne Henican

Leigh Anne Henican
Notary Public, Parish of Orleans State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 23rd day of February, 2023.

Mark S. Manguno

I, Leigh Anne Henican, Secretary of The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 23rd day of February, 2023.

Leigh Anne Henican



Form 14

LIST OF SUBCONTRACTORS

The Respondent shall list below the name and address of each Subcontractor who will perform work under this Contract, and shall also list the portion of the work which will be done by such Subcontractor. After the opening of Submittals, changes or substitutions will be allowed with written approval of the City of Hollywood. Subcontractors must be properly licensed.

	Work to be Performed	Subcontractor's Name / Address
1.	None Anticipated	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

NOTE: Attach additional sheets if required.

- END OF SECTION -



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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 Stahl & Associates Insurance Inc. 3939 Tampa Road Oldsmar FL 34677		CONTACT NAME: Maribeth Patino PHONE (A/C, No, Ext): (813) 818-5300 E-MAIL ADDRESS: maribeth.patino@stahlinsurance.com		FAX (A/C, No): (813) 818-5396	
INSURED Razorback LLC 177 Anclote Road Tarpon Springs FL 34689		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Champlain Specialty Insurance Co			16834
		INSURER B: Auto Owners Insurance Co			18988
		INSURER C: Westchester Surplus Lines Ins Co			10172
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 22-23 Liab **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSARCGL000071101	07/08/2022	07/08/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			5181816000	06/16/2022	06/16/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CSARCEL000071201	07/08/2022	07/08/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Contractor's Pollution Liability			G71154920 005	07/08/2022	07/08/2023	Each Pollution Condition \$2,000,000 Aggregate \$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

FOR PROPOSAL PURPOSES ONLY

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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 SUNZ Insurance Solutions, LLC. c/o TLR of Bonita, Inc 700 Central Ave, Suite 500 St. Petersburg, FL 33701	ID: (TLR)	CONTACT NAME: Workers' Comp Department PHONE (A/C, No, Ext): 727-520-7676 x 3 E-MAIL ADDRESS: certs@encorehr.com FAX (A/C, No): 727-525-3862														
INSURED TLR of Bonita, Inc dba EnterpriseHR 700 Central Avenue Suite 500 St. Petersburg FL 33701		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : SUNZ Insurance Company</td> <td style="text-align: center;">34762</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : SUNZ Insurance Company	34762	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #															
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INSURER B :																
INSURER C :																
INSURER D :																
INSURER E :																
INSURER F :																

COVERAGES

CERTIFICATE NUMBER: 71027414

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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	N/A	WC039-00001-022	6/1/2022	6/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

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

Coverage Provided for all leased employees but not subcontractors of: Razorback LLC
 Client Effective: 09/28/2020

CERTIFICATE HOLDER 441 Razorback LLC 177 Anclote Road Tarpon Springs, FL 34689	CANCELLATION 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 Rick Leonard
---	--

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FORM 16

PROPOSAL

TO THE MAYOR AND COMMISSIONERS
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED 02/23/2023

Dear Mayor and Commissioners:

The undersigned, as BIDDER, hereby declares that the only person or persons interested in the Proposal as principal or principals is or are named herein and that no other person than herein mentioned has any interest in this Proposal or in the Contract to be entered into; that this Proposal is made without connection with any other person, company or parties making a Bid or Proposal; and that it is in all respects fair and in good faith without collusion or fraud.

The BIDDER further declares that he has examined the site of the Work and informed himself fully in regard to all conditions pertaining to the place where the Work is to be done; that he has examined the Drawings and Specifications for the Work and contractual documents relative thereto, including the Notice to Bidders, Instructions to Bidders, Proposal Bid Form, Form of Bid Bond, Form of Contract and Form of Performance Bond, General, Supplementary and Technical Specifications, Addenda, Drawings, and Local Preference Program, Exhibit A, and has read all of the Provisions furnished prior to the opening of bids; and that he has satisfied himself relative to the work to be performed.

The undersigned BIDDER has not divulged to, discussed or compared his bid with other bidders and has not colluded with any other BIDDER of parties to this bid whatever.

If this Proposal is accepted, the undersigned BIDDER proposes and agrees to enter into and execute the Contract with the City of Hollywood, Florida, in the form of Contract specified; of which this Proposal, Instructions to Bidders, General Specifications, Supplementary Conditions and Drawings shall be made a part for the performance of Work described therein; to furnish the necessary bond equal to one hundred (100) percent of the total Contract base bid, the said bond being in the form of a Cash Bond or Surety Bond prepared on the applicable approved bond form furnished by the CITY; to furnish all necessary materials, equipment, machinery, tools, apparatus, transportation, supervision, labor and all means necessary to construct and complete the work specified in the Proposal and Contract and called for in the Drawings and in the manner specified; to commence Work on the effective date established in the "Notice to Proceed" from the ENGINEER; and to substantially complete all Contract Work within 30 days with final completion within 45 days, and stated in the "Notice to Proceed" or pay liquidated damages for each calendar day in excess thereof, or such actual and consequential damages as may result therefrom, and to abide by the Local Preference Ordinance, Exhibit A.

The BIDDER acknowledges receipt of the following addenda:

No. <u>1</u>	Dated <u>1/11/23</u>
No. <u>2</u>	Dated <u>2/08/23</u>
No. <u>3</u>	Dated <u>2/15/23</u>
No. <u>4</u>	Dated <u>2/22/23</u>

And the undersigned agrees that in case of failure on his part to execute the said Contract and the Bond within ten (10) days after being presented with the prescribed Contract forms, the check or Bid Bond accompanying his bid, and the money payable thereon, shall be paid into the funds of the City of Hollywood, Florida, otherwise, the check or Bid Bond accompanying this Proposal shall be returned to the undersigned.

Attached hereto is a certified check on the

_____ Bank of _____

or approved Bid Bond for the sum of

Fourty Six Thousand Eight Hundred Ten Dollars and Fifty Cents Dollars (\$46,810.50) according to the conditions under the Instructions to Bidders and provisions therein.

NOTE: If a Bidder is a corporation, the legal name of the corporation shall be set forth below, together with signature(s) of the officer or officers authorized to sign Contracts on behalf of the corporation and corporate seal; if Bidder is a partnership, the true name of the firm shall be set forth below with the signature(s) of the partner or partners authorized to sign Contracts in behalf of the partnership; and if the Bidder is an individual, his signature shall be placed below; if a partnership, the names of the general partners.

WHEN THE BIDDER IS AN INDIVIDUAL:

(Signature of Individual)

(Printed Name of Individual)

(Address)

WHEN THE BIDDER IS A SOLE PROPRIETORSHIP OR OPERATES UNDER A TRADE NAME:

(Name of Firm)

(Address)

(Signature of Individual) (SEAL)

WHEN THE BIDDER IS A PARTNERSHIP:

(Name of Firm) A Partnership

(Address)

By: _____
(SEAL)
(Partner)

Name and Address of all Partners:

WHEN THE BIDDER IS A JOINT VENTURE:

(Correct Name of Corporation)

By: _____ (SEAL)
(Address)

(Official Title)

As Joint Venture
(Corporate Seal)

Organized under the laws of the State of _____, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

WHEN THE BIDDER IS A CORPORATION:

Razorback LLC

(Correct Name of Corporation)

By: _____
(SEAL)

MGRM



(Official Title)

177 Anclote Road, Tarpon Springs, FL 34689
(Address of Corporation)

Organized under the laws of the State of Florida, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

CERTIFIED COPY OF RESOLUTION OF
BOARD OF DIRECTORS

Razorback LLC
(Name of Corporation)

RESOLVED that Anthony Houllis
(Person Authorized to Sign)

MGRM Razorback LLC of
(Title) (Name of Corporation)

be authorized to sign and submit the Bid or Proposal of this corporation for the following project:

**CLARIFIER NO. 3 REPAIR
ECSD Project Number: 22-9525
Bid No. REQ-038-23-JJ**

The foregoing is a true and correct copy of the Resolution adopted by

Razorback LLC at a meeting of its Board of
(Name of Corporation)

Directors held on the 18th day of September, 2008.

By: 

Title: MGRM

(SEAL)

The above Resolution MUST BE COMPLETED if the Bidder is a Corporation.



- END OF SECTION -

RAZORBACK LLC | NO LIMIT

177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Clarifier No. 3 Repair



Proposal Owner	City of Hollywood
IFB Number	038-23-JJ
ITB Name	Clarifier No. 3 Repair
Submission Due Date	February 23, 2023 at 3:00 PM
Submitted Via	OpenGov
Bidder Name	Razorback LLC
Bidder Address	177 Anclote Road, Tarpon Springs, FL 34689
Bidder Telephone Number	(727) 938-9500



177 Anclote Road
 Tarpon Springs, FL 34689
 (727) 938-9500
 info@razorbackllc.com
 razorbackllc.com

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177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Section I: Scope of Work Qualifications



177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Scope of Work Qualifications

Licensed as a general contractor in Florida since 2008, Razorback LLC has provided high quality, precision, performance, and delivery of services under contract for over 100 construction-related projects throughout the United States. Providing fabrication, installation, protective and high-performance coating systems, surface preparation, and inspection services to industrial, commercial, and government entities on a multitude of surface types such as iron, aluminum, stucco, concrete, masonry, structural steel, etc. Our projects focus on infrastructure restoration, ranging from minor and major repairs to continuous service agreements with projects that have included roads, bridges, and water and wastewater treatment plants.

Comprised of nationally Certified Safety and Quality Control experts, the Razorback Team utilizes the diverse experience of each employee to develop innovative strategies for each project. Our highly trained AWS-certified welders/pipefitters as well as our SSPC and NACE-certified coating applicators have extensive experience on projects such as this one and have developed a reputation as a leader in quality ensuring successful results on time and within budget.



177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Section II: Forms 1-16

- Form 1: Submittal Checklist
- Form 2: Acknowledgement & Signature Page
- Form 3: Bid Form
- Form 4: Vendor Reference Forms
- Form 5: Hold Harmless & Indemnity Clause
- Form 6: Non-Collusion Affidavit
- Form 7: Sworn Statement Pursuant to Section 287.133 (3) (a)
FL Statutes on Public Entity Crimes
- Form 8: Certifications Regarding Debarment, Suspension & Other
Responsibility Matters
- Form 9: Drug-Free Workplace Program
- Form 10: Solicitation, Giving, & Acceptance of Gifts Policy
- Form 11: W-9
- Form 12: Trench Safety
- Form 13: Bid Guaranty Form
- Form 14: List of Subcontractors
- Form 15: Information Required From Bidders
 - Current Contracts
 - GC License
 - Equipment List
 - Similar Projects
 - Resume
- Form 16: Proposal

FORM 1

SUBMITTAL CHECKLIST FORM

The items below are required components of your solicitation response in order for your bid/proposal/submittal to be considered responsive and responsible. Please complete and submit this submittal checklist form as the cover page of your submittal with all of the items below in the order listed.

Please indicate Yes or No in the "Submitted (Yes/No)" column below to indicate which required components were provided with your submittal.

Submitted (Yes/No)	Required Bid Components
Yes	This Submittal Checklist Form completed and included as the cover page of your submittal.
Yes	A Table of Contents that clearly identifies each section and page number of your submittal.
Yes	Information and/or documentation that addresses and/or meets the requirements outlined in Section III – Scope of Work/Services, including any procedural or technical enhancements/innovations which do not materially deviate from the objectives or required content of the Scope of Work/Services.
Yes	Forms (Completed) Form 1 Submittal Checklist Form* Form 2 Acknowledgement and Signature Page Form 3 Bid Form* Form 4 Vendor Reference Form* Form 5 Hold Harmless and Indemnity Clause Form 6 Non-Collusion Affidavit Form 7 Sworn Statement...Public Entity Crimes Form 8 Certifications Regarding Debarment... Form 9 Drug-Free Workplace Program Form 10 Solicitation, Giving, and Acceptance... Form 11 W-9 (Request for Taxpayer Identification) Form 12 Trench Safety Form Form 13 Bid Guaranty Form Form 14 List of Subcontractors
Yes	Certificate(s) of insurance that meet the requirements of Section 2.17
Yes	Proof of State of Florida Sunbiz Registration

This checklist is only a guide, please read the entire solicitation to ensure that your submission includes all required information and documentation.

FORM 2

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): Razorback LLC

If Corporation - Date Incorporated/Organized: 09/18/2008 Federal Tax Identification Number: 26-3447303

State Incorporated/Organized: Florida

Company Operating Address: 177 Anclote Road

City: Tarpon Springs State: FL Zip Code: 34689

Remittance Address (if different from ordering address):


City: _____ State: _____ Zip Code: _____

Company Contact Person: Anthony Houllis Email Address: ANTHONY@RAZORBACKLLC.COM

Phone Number (include area code): (727) 938-9500 Fax Number (include area code): _____

Company's Internet Web Address: Razorbackllc.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:  Date: 02/08/2023

Type or Print Name: Anthony Houllis

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.

FORM 3

BID FORM

The City is seeking bids/proposals from qualified vendors for the items listed below in accordance with the terms, conditions, and specifications contained in this solicitation.

Estimated quantities listed are for information and tabulation purposes only. No warranty or guarantee of quantities needed is given or implied. It is understood that the Contractor will furnish the City's needs as they arise.

BASE BID

Item No.	Position Classifications	Quantity	Unit	Unit Price	Total
1.	Mobilization (shall not exceed 3% of the sum of Bid Items No. 2 and No. 3).	1	Lump Sum	\$ 17,000	\$
2.	<u>Clarifier No. 3 Repair</u> : All work required for the repair of a failed 16-inch diameter 90-degree elbow joint and pipe segment on the return sludge line (ductile iron pipe) located below grade within the 48-inch diameter clarifier feed line at Clarifier No. 3, as required in the Contract Documents.	1	Lump Sum	\$ 390,000	Type text here \$ 390,000
3.	<u>Clarifier No. 3 Reinstallation of Mechanism</u> : All work required for the reinstallation of Clarifier No. 3 mechanism if removed under Bid Item No. 2, including reassembly/installation of existing equipment post-repair, and all work necessary to return clarifier to service.	1	Lump Sum	\$ 178,000	\$ 178,000
4.	Permit Fee Allowance	1	Allowance	\$50,000	\$50,000
5.	Undefined Conditions Allowance	1	Allowance	\$285,000	\$285,000
6.	Consideration for Indemnification	1	\$10	\$10	\$10
7.	Demobilization (shall not exceed 3% of the sum of Bid Items No. 2 and No. 3).	1	Lump Sum	\$ 2,000	\$ 2,000

Miscellaneous Construction

8.	Field Crew (Superintendent)	40	hr	\$ 75	\$ 3,000
9.	Field Crew (Operator)	40	hr	\$ 60	\$ 2,400
10.	Field Crew (Laborer x 2)	40	hr	\$ 45	\$ 1,800
11.	Equipment, Excavator, 5 CY	40	hr	\$ 75	\$ 3,000
12.	Equipment, Flat Bed Truck, 12'	40	hr	\$ 50	\$ 2,000
13.	Equipment, Loader	40	hr	\$ 50	\$ 2,000

GRAND TOTAL BASE BID PRICE \$ 936,210

GRAND TOTAL BASE BID PRICE (in words):

Nine Hundred Thirty Six Thousand Two Hundred Ten

ALTERNATE BID ITEMS

The following items are at the City's option and shall not be included in the Total Base Bid, shall not affect the Contract Award, and shall not affect substantial and final completion time requirements.

Item No.	Position Classifications	Quantity	Unit	Unit Price	Total
A-1.	<u>Furnish and Install Clarifier No. 3 Equipment (Complete Mechanism Replacement, Carbon Steel)</u> ; All work for complete replacement of the mechanism at Clarifier No. 3, in the event it is deemed necessary. The material of the replacement mechanism shall be carbon steel components with required surface preparation and coating system per the Contract documents. Work includes but is not limited to furnishing, delivering, installing and testing Clarifier No. 3 drive and associated appurtenances.	1	Lump Sum	\$ 2,580,000	\$ 2,580,000
A-2.	<u>Furnish and Install Clarifier No. 3 Equipment (Complete Mechanism Replacement, 316 Stainless Steel)</u> ; All work for complete replacement of the mechanism at Clarifier No. 3, in the event it is deemed necessary. The material of the replacement mechanism shall be 316 stainless steel components per the Contract documents. Work includes but is not limited to furnishing, delivering, installing and testing Clarifier No. 3 drive and associated appurtenances.	1	Lump Sum	\$ 3,616,000	\$ 3,616,000
A-3.	<u>Furnish and Install Clarifier No. 3 Weirs and Scum Baffles</u> ; All work for replacement of the fiberglass v-notched weirs and scum baffles at Clarifier No. 3, in the event it is deemed necessary. Item shall include payment for all labor, equipment, and materials for all work necessary and required for the replacement of equipment, as detailed in the Contract Documents, for a complete and operable system.	1	Lump Sum	\$ 647,619	\$ 647,619
A-4.	<u>Furnish and Install Clarifier No. 3 Density Current Baffles</u> ; All work for replacement of the density current baffles at Clarifier No. 3, in the event it is deemed necessary. Item shall include payment for all labor, equipment, and materials for all work necessary and required for the replacement of equipment, as detailed in the Contract Documents, for a complete and operable system.	1	Lump Sum	\$ 444,602	\$ 444,602

Razorback LLC

Company Name


Authorized Signature

Anthony Houllis

Print Name

MGRM

Title

2/22/2023

Date

FORM 4

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 038-23-JJ
 Reference for: Razorback LLC

Organization/Firm Name providing reference: City of St. Petersburg
 Organization/Firm Contact Name: Robert L. Ecklund Title: Construction Inspector
 Email: Robert.Ecklund@stpete.org Phone: (727) 244-7269
 Name of Referenced Project: Washington Terrace Tank Nos. 1 & 4 - Water Tanks Painting & Repair FY2018 Contract No: 18112-111
 Date Services were provided: 09/27/2021- 03/02/2022 Project Amount: \$895,115
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Power washing entire exterior surfaces and appurtenances, removed lead based paint on exterior shell, surface preparation on both tanks and appurtenances including overflow box and piping, removed and replaced stainless steel brackets and fasteners, applied caulking to all laps, joints, gaps, and connections, removed & replaced interior ladder including rungs, rails and supports and applied coating system to both tanks.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):
 Contractor met or exceeded the contract specifications; all restorations was done promptly, and I would look forward to working with them again.

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:				Title:
	Department:				Date:

FORM 4

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 038-23-JJ
 Reference for: Razorback LLC

Organization/Firm Name providing reference: City of Dunedin
 Organization/Firm Contact Name: Brian Antonian Title: Plant Superintendent
 Email: bantonian@dunedinfl.net Phone: (727) 298-3249 X 1620
 Name of Referenced Project: Rehabbing Belcher/Curlew/Jerry Lake Pump Stations Contract No:
 Date Services were provided: 05/12/2021- 05/25/2021 Project Amount: \$39,900
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Exterior surface prep and coatings ductile iron pipe located at 3 different locations. Surface prep included pressure washing and degreasing to remove contaminants, power tool and hand tool to remove rusted/bare areas. Also, spot blasting and spot priming.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):
 RAZORBACK DID A FANTASTIC JOB, you will not be disappointed. Excellent work, great workers.
 Brian Antonian 1/30/2023

****THIS SECTION FOR CITY USE ONLY****

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

FORM 4

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 038-23-JJ
 Reference for: Razorback LLC

Organization/Firm Name providing reference: National Park Service
 Organization/Firm Contact Name: William Vazquez Title: Contracting Officer
 Email: william_vazquez@nps.gov Phone: (305) 242-7793
 Name of Referenced Project: Rehabilitate Everglades Flamingo Wastewater Treatment Plant Contract No: 140P5420C0016
 Date Services were provided: 09/01/2020- 02/01/2021 Project Amount: \$805,500
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Selective demolition, sludge removal, structural steel repairs to the membrane bioreactor & membrane treatment tank, steel piping repairs, concrete form & pour, installing a sluice gate & actuators, replacing valves & flow system, interior & exterior tank surface blast cleaning, newly fabricated aluminum staircase, electrical improvements and coating systems applied.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):
 The contractor was very responsive and worked efficiently and diligently until project completion. I would recommend this contractor for future projects.

****THIS SECTION FOR CITY USE ONLY****						
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

FORM 4

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: 038-23-JJ
 Reference for: Razorback LLC

Organization/Firm Name providing reference: City of West Palm Beach
 Organization/Firm Contact Name: Sandra Feliciano Title: WTP Operations Coordinator
 Email: SFeliciano@wpb.org Phone: (561) 718-7900
 Name of Referenced Project: Master Water Storage Tank Cleaning and Repair Services Contract No: 18-19-115
 Date Services were provided: 05/28/2019- Ongoing (Term) Project Amount: \$501,445.16
 Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant
 Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
 Cleaning, surface prep and coating services to multiple storage tanks. Work included pressure washing both steel and concrete tanks, disinfecting, baffle curtain repairs, cables replaced, Dome telemetry repairs, Dome void repairs, spalling repairs, interior surface repairs and replacements, interior piping sandblasting, and coating.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):
Sandra Feliciano 2/3/2023
City of West Palm Beach, WTP Operations Coordinator

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:				Title:
	Department:				Date:

FORM 5

HOLD HARMLESS AND INDEMNITY CLAUSE

Razorback LLC

(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.



Signature

Anthony Houllis

Printed Name

Razorback LLC

Name of Company

MGRM

Title

FORM 6

NON-COLLUSION AFFIDAVIT

STATE OF: Florida

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

- (1) He/she is MGRM of Razorback LLC, the Proposer that has submitted the attached Proposal.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- (3) Such Proposal is genuine and is not a collusion or sham Proposal;
- (4) Neither the said Proposer 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 Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal 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 Proposer, firm or person to fix the price or prices, profit or cost element of the Proposal price or the Proposal price of any other Proposer, 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 Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.



Signature

Anthony Houllis

Printed Name

Razorback LLC

Name of Company

MGRM

Title

FORM 7

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 the City of Hollywood by Anthony Houllis, MGRM for Razorback LLC
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is
177 Anclote Road, Tarpon Springs, FL 34689
and if applicable its Federal Employer Identification Number (FEIN) is 26-3447303. 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.

[Signature]
(Signature)

Sworn to and subscribed before me this 8th day of February , 20 23 .

Personally known Anthony Houllis

Or produced identification _____ Notary Public-State of Florida

(Type of identification) my commission expires _____



Heather B. Stamas
Comm. # GG353617
Expires: July 10, 2023
Bonded Thru Aaron Notary

Heather B. Stamas
Printed, typed or stamped commissioned name of notary public)

[Signature: Heather B. Stamas]

FORM 8

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:

Razorback LLC

177 Anclote Road

Tarpon Springs, FL 34689

Application Number and/or Project Name:

Project # 038-23-JJ

Applicant IRS/Vendor Number: 26-3447303



Anthony Houllis

Signature

Printed Name

Razorback LLC

MGRM

Name of Company

Title

FORM 9

DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE PROPOSALS - 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 proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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.



Signature

Anthony Houllis

Printed Name

Razorback LLC

Name of Company

MGRM

Title

FORM 10

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/Hollywood CRA 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/CRA 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

Anthony Houllis

Printed Name

Razorback LLC

Name of Company

MGRM

Title

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
RAZORBACK LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
177 ANCLOTE ROAD

6 City, state, and ZIP code
TARPON SPRINGS, FL 34689

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

2	6	-	3	4	4	7	3	0	3
---	---	---	---	---	---	---	---	---	---

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶ 2-10-21

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

FORM 12

TRENCH SAFETY

This form must be completed and signed by the Respondent.

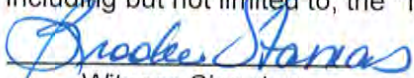
Failure to complete this form may result in the solicitation being declared non-responsive.

Respondent acknowledges that the Florida Trench Safety Act, Section 553.60 et. seq., which became effective October 1, 1990, shall be in effect during the period of construction of the project. The respondent by signing and submitting the solicitation is, in writing, assuring that it will perform any trench excavation in accordance with applicable trench safety standards. The respondent further identifies the following separate item of cost of compliance with the applicable trench safety standards as well as the method of compliance:

<u>Method of Compliance</u>	<u>Cost</u>
-	\$0
Total \$	<u>0</u>

Respondent acknowledges that this cost is included in the applicable items of their submittal and in the Grand Total Solicitation Price. Failure to complete the above will result in the solicitation being declared non-responsive.

The Respondent is, and the Owner and Engineer are not, responsible to review or assess Respondent's safety precautions, programs or costs, or the means, methods, techniques or technique adequacy, reasonableness of cost, sequences or procedures of any safety precaution, program or cost, including but not limited to, compliance with any and all requirements of Florida Statute Section 553.60 et. seq. cited as the "Trench Safety Act." Respondent is, and the owner and Engineer are not, responsible to determine if any safety related standards apply to the project, including but not limited to, the "Trench Safety Act."


Witness Signature

Brooke Stamas
Witness Printed Name

177 Anclote Road, Tarpon Springs, FL 34689
Witness Address

02/08/2023
Date


Contractor's Signature

Anthony Houllis
Printed Name

MGRM
Title

02/08/2023
Date

- END OF SECTION -

Form 13

Bid Guaranty Form

(Construction)

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we Razorback, LLC, as Principal, and The Gray Insurance Company as

Surety, are held and firmly bound unto the City of Hollywood in the sum of Forty Six Thousand Eight Hundred Ten and Fifty cents Dollars (\$ 46,810.50) lawful money

of the United States, amounting to 5% of the total SOLICITATION Price, for the payment of said sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has submitted the accompanying SOLICITATION, dated _____ February 23, 20²³ for

CLARIFIER NO. 3 REPAIR

Bid No. REQ-038-23-JJ

NOW, THEREFORE, if the principal shall not withdraw said SOLICITATION within 90 days after date of the same and shall within ten days after the prescribed forms are presented to him for signature, enter into a written contract with the CITY, in accordance with the SOLICITATION as accepted, and give bond with good and sufficient surety or sureties, and provide the necessary Insurance Certificates as may be required for the faithful performance and proper fulfillment of such Contract, then this obligation shall be null and void.

Approved SOLICITATION Bond

In the event of the withdrawal of said SOLICITATION within the specified period, or the failure to enter into such contract and give such bond and insurance within the specified time, the principal and the surety shall pay to the City of Hollywood the difference between the amount specified in said SOLICITATION and such larger amount for which the City of Hollywood may in good faith contract with another party to perform the work and/or supply the materials covered by said SOLICITATION.

IN WITNESS WHEREOF, the above bound parties have executed this statement under their several seals this 23rd day of February , 20 ; the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body. *23

WHEN THE PRINCIPAL IS AN INDIVIDUAL:

Signed, sealed and delivered in the presence of:

 N/A
Witness

 N/A
Signature of Individual

 N/A
Address

 N/A

 N/A
Printed Name of Individual

 N/A
Witness

 N/A
Address

 N/A

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:

Brooks Starnas
Secretary WITNESS

Razorback, LLC
Name of Corporation

177 Anclote Road
Business Address

Tarpon Springs, FL 34689

By: AKH
(Affix Corporate Seal)

ANTHONY HOULLIS
Printed Name

MGRM
Official Title



CERTIFICATE AS TO CORPORATE PRINCIPAL

I, AKH, ^{MGRM}certify that I am the ~~secretary~~ of the ^{LLC -} Corporation named as Principal in the attached bond; that ANTHONY HOULLIS who signed the said bond on behalf of the Principal, was then MGRM of said Corporation; that I know his signature, and his signature thereto is genuine and that said bond was duly signed, sealed and attested for and on behalf of said Corporation by authority of its governing body.

AKH (SEAL)
Secretary MGRM

Approved SOLICITATION Bond

TO BE EXECUTED BY CORPORATE SURETY:

Attest:

Susan L Reich
Secretary Susan L. Reich

The Gray Insurance Company
Corporate Surety
PO Box 6202
Business Address
Metairie, LA 70009-6202

BY: Gloria A Richards
(Affix Corporate Seal) Gloria A. Richards
Attorney-In-Fact &
FL Lic. Resident Agent

Gloria A. Richards, Attorney-In-Fact & FL Lic. Resident Agent
Attorney-in-Fact
Florida Surety Bonds, Inc.

Name of Local Agency

620 N. Wymore Rd., Suite 200, Maitland, FL 32751
Business Address
407-786-7770

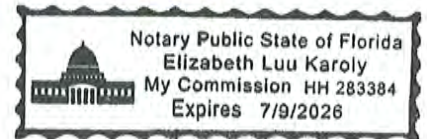
STATE OF FLORIDA

Before me, a Notary Public, duly commissioned, qualified and acting, personally appeared,
Gloria A. Richards to me well known, who being by me first duly sworn upon
oath says that he*is the attorney-in-fact for the The Gray Insurance Company and
that the has been authorized by The Gray Insurance Company to execute the forgoing
bond on behalf of the CONTRACTOR named therein in favor of the City of Hollywood, Florida.
Subscribed and sworn to before me this 23rd day of February 2023

Elizabeth Luu Karoly Notary Public, State of Florida

My Commission Expires: 07/09/2026

- END OF SECTION-



*/she

**THE GRAY INSURANCE COMPANY
THE GRAY CASUALTY & SURETY COMPANY**

GENERAL POWER OF ATTORNEY

Bond Number: N/A **Principal:** Razorback, LLC
Project: Bid No. REQ-038-23-JJ; Clarifier No. 3 Repair, City of Hollywood, FL

KNOW ALL BY THESE PRESENTS, THAT The Gray Insurance Company and The Gray Casualty & Surety Company, corporations duly organized and existing under the laws of Louisiana, and having their principal offices in Metairie, Louisiana, do hereby make, constitute, and appoint: **Susan L. Reich, Jeffrey W. Reich, Kim E. Niv, Teresa L. Durham, Cheryl A. Foley, Gloria A. Richards, Robert P. O'Linn, Sarah K. O'Linn, Lisa A. Roseland, and Emily J. Golecki of Maitland, Florida jointly and severally** on behalf of each of the Companies named above its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its deed, bonds, or other writings obligatory in the nature of a bond, as surety, contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed the amount of \$25,000,000.00.

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both The Gray Insurance Company and The Gray Casualty & Surety Company at meetings duly called and held on the 26th day of June, 2003.

“RESOLVED, that the President, Executive Vice President, any Vice President, or the Secretary be and each or any of them hereby is authorized to execute a power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings, and all contracts of surety, and that each or any of them is hereby authorized to attest to the execution of such Power of Attorney, and to attach the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be binding upon the Company now and in the future when so affixed with regard to any bond, undertaking or contract of surety to which it is attached.

IN WITNESS WHEREOF, The Gray Insurance Company and The Gray Casualty & Surety Company have caused their official seals to be hereinto affixed, and these presents to be signed by their authorized officers this 4th day of November, 2022.



By:

Michael T. Gray

Michael T. Gray
President
The Gray Insurance Company

Cullen S. Piske

Cullen S. Piske
President
The Gray Casualty & Surety Company



State of Louisiana
ss:

Parish of Jefferson
On this 4th day of November, 2022, before me, a Notary Public, personally appeared Michael T. Gray, President of The Gray Insurance Company, and Cullen S. Piske, President of The Gray Casualty & Surety Company, personally known to me, being duly sworn, acknowledged that they signed the above Power of Attorney and affixed the seals of the companies as officers of, and acknowledged said instrument to be the voluntary act and deed, of their companies.



Leigh Anne Henican
Notary Public
Notary ID No. 92653
Orleans Parish, Louisiana

Leigh Anne Henican

Leigh Anne Henican
Notary Public, Parish of Orleans State of Louisiana
My Commission is for Life

I, Mark S. Manguno, Secretary of The Gray Insurance Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 23rd day of February, 2023.

Mark S. Manguno

I, Leigh Anne Henican, Secretary of The Gray Casualty & Surety Company, do hereby certify that the above and forgoing is a true and correct copy of a Power of Attorney given by the companies, which is still in full force and effect. IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Company this 23rd day of February, 2023.

Leigh Anne Henican



Form 14

LIST OF SUBCONTRACTORS

The Respondent shall list below the name and address of each Subcontractor who will perform work under this Contract, and shall also list the portion of the work which will be done by such Subcontractor. After the opening of Submittals, changes or substitutions will be allowed with written approval of the City of Hollywood. Subcontractors must be properly licensed.

	Work to be Performed	Subcontractor's Name / Address
1.	None Anticipated _____ _____	_____ _____
2.	_____ _____	_____ _____
3.	_____ _____	_____ _____
4.	_____ _____	_____ _____
5.	_____ _____	_____ _____
6.	_____ _____	_____ _____
7.	_____ _____	_____ _____
8.	_____ _____	_____ _____
9.	_____ _____	_____ _____
10.	_____ _____	_____ _____

NOTE: Attach additional sheets if required.

- END OF SECTION -

FORM 15

INFORMATION REQUIRED FROM BIDDERS

GENERAL INFORMATION

The Bidder shall furnish the following information. Failure to comply with this requirement may cause its rejection. Additional sheets shall be attached as required.

1. Contractor's Name/Address: Razorback LLC
177 Anclote Road, Tarpon Springs, FL 34689

2. Contractor's Telephone Number: (727) 938-9500
and e-mail address: ANTHONY@RAZORBACKLLC.COM

3. Contractor's License (attach copy): CGC1526612
Primary Classification: Certified General Contractor
Broward County License Number (attach copy): _____

4. Number of years as a Contractor in construction work of the type involved in this Contract: 14+ years

5. List the names and titles of all officers of Contractor's firm:
Anthony Houllis, MGRM

6. Name of person who inspected site or proposed work for your firm:
Name: Trivon McDade
Date of Inspection: 02/01/2023

7. What is the last project of this nature you have completed?
Rehabilitate Everglades Flamingo Wastewater Treatment Plant

8. Have you ever failed to complete work awarded to you; if so, where and why?

No

9. Name three individuals or corporations for which you have performed work and to which you refer:

Royal Bridge Inc.

US Water Services Corp.

Jacksonville Aviation Authority

10. List the following information concerning all contracts on hand as of the date of submission of this proposal (in case of co-venture, list the information for all coventures).

Name of Project	City	Total Contract Value	Contracted Date of Completion	% Completion to Date
<u>Master Water Treatment Plant</u>	<u>City of West Palm Beach</u>	<u>\$501,445.16</u>	<u>05/27/2024</u>	<u>Term - 80%</u>
<u>Utilities Painting Maintenance Continuing Services</u>	<u>Town of Jupiter</u>	<u>\$1,459,308</u>	<u>11/02/2023</u>	<u>Term - 90%</u>
<u>Re-painting of Aerial Crossings</u>	<u>Charlotte County</u>	<u>\$361,167.70</u>	<u>09/30/2023</u>	<u>Term - 80%</u>
<u>As Needed Utilities General Maintenance Services</u>	<u>Pasco County</u>	<u>\$97,045</u>	<u>11/18/2025</u>	<u>Term - 10%</u>

(Continue list on inset sheet, if necessary) **See attached

11. What equipment do you own that is available for the work?

***See attached equipment list

12. What equipment will you purchase for the proposed work?

None Anticipated

13. List at least three (3) similar projects completed within the last five (5) years by the bidder and the proposed project manager. For purposes of this requirement, 'similar' projects shall be considered to include wastewater treatment equipment

and mechanical piping systems. Include owner, project value, completion date, reference contact information and brief project description. The determination of whether a project is sufficiently similar shall be at the sole discretion of the City and the Engineer.

See attached similar projects

(Add sheets as requested.)

14. Name the Project Manager proposed for this project. Attach a copy of the project manager's resume.

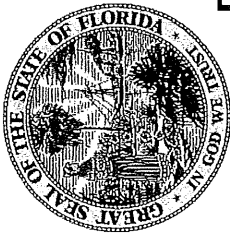
Daniel Dion

NOTE: If requested by CITY, the Bidder shall furnish a notarized financial statement, references and other information, sufficiently comprehensive to permit an appraisal of its current financial condition.

Current Contracts

Owner	Name of Project	Total Contract Value	Completion Date	Term	% of Completion to Date
CITY OF W PALM BEACH	MASTER WATER TREATMENT PLANT	\$501,445.16	5/27/2024	TERM	80%
TOWN OF JUPITER	UTILITIES PAINTING MAINTENANCE- CONT. SERVICES TERM	\$1,459,308.00	11/2/2023	TERM	90%
CITY OF ST. PETE	Painting, Water-Proofing and Associated Services TERM	\$328,000.00	8/31/2023	TERM	80%
CHARLOTTE COUNTY	Re-Painting of Aerial Crossings	\$361,167.70	9/30/2023	TERM	80%
PALM BEACH COUNTY	PAINTING, WATERPROOFING & ASSOC. SERVICES	\$193,627.88	4/9/2023	TERM	95%
HERNANDO COUNTY	Hernando Beach Water Tower Maintenance TERM (9-28-21 trough 9-27-24)	\$82,060.00	9/27/2024	TERM	95%
PEACE RIVER MANASOTA REGIONAL WATER SUPPLY AUTHORITY	As Needed Painting & Coating Services 5-Year TERM (12/1/2021 through 12/1/2026)	\$328,162.56	12/1/2026	TERM	40%
SYNERGY NDS	City of Dunedin Walls & Ceiling Painting	\$93,700.00			90%
CITY OF MIRAMAR	Pool of Qualified GCs for Small Scale Commercial Rehab Projects	TBD	5/13/2024	TERM	TBD
CITY OF TREASURE ISLAND	Small Project GC Construction Services	TBD	5/3/2025	TERM	TBD
CLAY COUNTY UTILITY AUTHORITY	Ground Storage Tank Maintenance & Rehabilitation Services	TBD	5/26/2025	TERM	TBD
CITY OF CLEARWATER	WTP 3 East Dome and Aeator & Misc Improvements	\$1,791,334.60			5%
PASCO COUNTY (TERM)	As Needed Utilities General Maintenance Services(3-year Term)	\$97,045.00	11/18/2025	TERM	10%
BAY TO BAY PROPERTIES	Bubble Down Car Wash - New River	TBD			TBD
DESOTO COUNTY	Utilities Potable Water Tanks Repair & Maintenance	\$353,675.00			99%
CITY OF HOLLY HILL	WTP Chlorine Canopy Replacement	\$298,000.00	2/5/2023		100%
SYNERGY NDS	Water Treatment Plant Pipe & Motor	\$5,200.00			80%
FDEP	Gasparilla Island Hurricane Ian	\$277,000.00			70%
NEW SMYRNA BEACH UTILITIES	GWTP Lime Silo Structural Repairs	\$89,000.00	12/22/2022		100%
CITY OF QUINCY	WTP Ground Storage Tank Repair	\$30,000.00	1/18/2023		100%
LEE COUNTY	Pressure Washing Services	\$0.00	TBD	TERM	TBD
ROWLAND INC	City of Clearwater Stevenson Creek Bridge Piping Part 2	\$11,450.00	1/23/2023		100%
CITY OF PALM COAST	Elevated Tank Inspections	\$4,424.00	12/28/2023	TERM	100%
SUPERIOR SCHOOLS	Steeple Rehab	\$23,000.00	1/9/2023		100%
LEE COUNTY	Painting Services - Annual	TBD		TERM	TBD
CITY OF NORTH MIAMI BEACH	Norwood Sulfuric Acid Containment	\$128,350.00			0%

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

HOULLIS, ANTHONY MICHAEL

RAZORBACK LLC
177 ANCLOTE RD
TARPOON SPRINGS FL 34689

LICENSE NUMBER: CGC1526612

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

RAZORBACK LLC - EQUIPMENT LIST

Last Modified 8/14/22

ID #	Status	Type	Year	Make	Model
001	In Use	Trailer Enclosed	2019	ARNI	16x7x7h
002	In Use	Trailer Enclosed	2016	EAGL	16x7x6.5h
003	In Use	Trailer Enclosed	2018	QLCG	20x8.5x7h
004	In Use	Trailer Gooseneck	2003	CHAMPION	30x8
005	In Use	Trailer Open	2021	TCTC (Triple Crown)	24x7
006	In Use	Trailer Enclosed	2021	Cove (Covered Wagon)	24x8.5x7h
007	In Use	Trailer Enclosed	2020	ISO GA CARGO (SGAC)	14x7x7h
008	In Use	Trailer	2022	Homemade Pontoon Trail	24x8
009		Trailer	1996	USAT	TL
100		Truck	1990	Ford F800 (Blue)	TK
101		Truck	2017	Ford F-450 (Black)	TK Diesel
102		Trailer	1970	Homemade 25'	TV
103	In Use	Trailer	2001	CNTR	TL
104					
105	In Use	Blast Pot	1999	8-Ton With Dryer (#1)	Trailer 4 Shoe
106		Blast Pot	1985	6-Ton (#2)	Skid 2 Shoe
107		Blast Pot	1994	6-Ton (#3)	Skid 4 Shoe Key
108		Blast Pot		Small 8cf	Roller 1 Shoe Key
109					
110		Dust Collector	1996	Blast Tech - ASPT	45000 cfm
111		VACUUM			
112					
113		Paint Pump	2016	Graco Pneumatic	Xtreme NXT X60
114		Paint Pump		Graco Pneumatic	
115					
116					
117		Paint Pump	2018	Graco Gas	GH833
118		Air Compressor	1999	Ingersol Rand	375 CFM
119		Air Compressor		Sullair	375 CFM
120		Air Compressor	2008	Sullair	375 CFM
121		Air Compressor	2012	Sullair	375 CFM
122		Air Compressor	2006	Sullair	300 CFM
123					
124		Blast Pot	1999	Schmit	8 Ton
125		Air Drier	2001	Van Air	1600 CFM
126		Welder	Miller	Bobcat	
127		Concrete Pump		Quickspray	5210
128		DRYER		2100 CFM	SKID MOUNT
129		FORKLIFT		CATIPILLAR 8K	
130		SCISSOR LIFT		SKYJACK	SJII 3219
131					
132					
133		BOAT	2020	Rabco Fliver	8'
134		BARGE			30X12
135		BOAT		PONTOON BOAT	24X8



177 Anclote Road
 Tarpon Springs, FL 34689
 (727) 938-9500
 info@razorbackllc.com
 razorbackllc.com

Similar Projects

1.

Project Owner	National Park Service
Contact Name	William Vazquez
Contact Email	William_vazquez@nps.gov
Contact Phone #	(305) 242-7793
Project Value	\$805,5000
Contract Completion Date	02/01/2021

Scope of Work: includes labor, materials, and equipment to rehabilitate the Flamingo Wastewater Treatment Plant. Work involved selective demolition, sludge removal, structural steel repairs, surface preparation, painting both interior & exterior walls of the membrane bioreactor and membrane treatment tanks, repaired steel piping, concrete form & pour, installing a sluice gate & actuators, replacing valves & flow systems, repairs to existing jet air systems, grouting, and patching using surfacing epoxy to repair voids/pits. Electrical improvements This consisted of the feeder power system and connections to motors, the installation of Instrumentation and Wiring Systems, the replacement of conduits and electrical wiring, the replacement of the panel air conditioning systems, all Bonding & grounding required, and the installation of new magnetic flow meters. Following installation, the new system was integrated with the existing control panel.

2.

Project Owner	City of Winter Haven
Contact Name	Terry Carver
Contact Email	tcarver@mywinterhaven.com
Contact Phone #	(863) 291-5766
Project Value	\$159,200
Contract Completion Date	09/11/2020

Scope of Work: Removed existing Clarifier Drive, cleaned and installed a new Clarifier Drive, surface preparation, sealed expansion joints and cracks, sludge removal, renewed gel coat on fiberglass reinforced plastic weirs and scum baffles, leveled weirs, inlet baffle ring, skimmers, and sludge collector arms, tested & adjusted torque switches for drive protection and painting & coating all new surfaces installed, existing steel surfaces within clarifier, and painting the concrete tank walls and concrete weir troughs.

3.

Project Owner	City of Atlantic Beach
Contact Name	Troy Stephens
Contact Email	tstephens@coab.us
Contact Phone #	(904) 588-4503
Project Value	\$168,900
Contract Completion Date	07/14/2021

Scope of Work: Removed the existing clarifier drives, clarifier bridges and associated hardware, and installed the new clarifier drives along with any necessary new hardware. Also, pressure washed, cleaned, and recoated the catwalk/bridge components at both clarifiers using Tnemec products.



177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Daniel Dion

Lead Project Manager

E-mail: dan@razorbackllc.com

Cell: 727.312.6694

Professional Summary

Results-driven professional with 10+ years experience managing construction projects. Focused on establishing an open and clear line of communication with clients and team members to deliver timely and accurate project completion. Proven track record successfully managing all phases of projects. Ensures safety compliance, administers budgets, controls expenses, and boosts efficiency and productivity.

Skills

- Leadership
- Communication
- Logistics
- Strategic Planning
- Negotiation
- Project Safety
- Estimating
- Organization
- Adaptability
- Problem Solving

Experience

Razorback LLC • Lead Project Manager • 2021 to Present

- Managing complete life cycle of projects- from planning to completion
- Coordinating project schedules to maximize efficiency and mitigate costs
- Ensuring site safety compliance
- Communicating with Owners to ensure client satisfaction

Education

University of Rhode Island • 2001

FORM 16

PROPOSAL

TO THE MAYOR AND COMMISSIONERS
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED 02/23/2023

Dear Mayor and Commissioners:

The undersigned, as BIDDER, hereby declares that the only person or persons interested in the Proposal as principal or principals is or are named herein and that no other person than herein mentioned has any interest in this Proposal or in the Contract to be entered into; that this Proposal is made without connection with any other person, company or parties making a Bid or Proposal; and that it is in all respects fair and in good faith without collusion or fraud.

The BIDDER further declares that he has examined the site of the Work and informed himself fully in regard to all conditions pertaining to the place where the Work is to be done; that he has examined the Drawings and Specifications for the Work and contractual documents relative thereto, including the Notice to Bidders, Instructions to Bidders, Proposal Bid Form, Form of Bid Bond, Form of Contract and Form of Performance Bond, General, Supplementary and Technical Specifications, Addenda, Drawings, and Local Preference Program, Exhibit A, and has read all of the Provisions furnished prior to the opening of bids; and that he has satisfied himself relative to the work to be performed.

The undersigned BIDDER has not divulged to, discussed or compared his bid with other bidders and has not colluded with any other BIDDER of parties to this bid whatever.

If this Proposal is accepted, the undersigned BIDDER proposes and agrees to enter into and execute the Contract with the City of Hollywood, Florida, in the form of Contract specified; of which this Proposal, Instructions to Bidders, General Specifications, Supplementary Conditions and Drawings shall be made a part for the performance of Work described therein; to furnish the necessary bond equal to one hundred (100) percent of the total Contract base bid, the said bond being in the form of a Cash Bond or Surety Bond prepared on the applicable approved bond form furnished by the CITY; to furnish all necessary materials, equipment, machinery, tools, apparatus, transportation, supervision, labor and all means necessary to construct and complete the work specified in the Proposal and Contract and called for in the Drawings and in the manner specified; to commence Work on the effective date established in the "Notice to Proceed" from the ENGINEER; and to substantially complete all Contract Work within 30 days with final completion within 45 days, and stated in the "Notice to Proceed" or pay liquidated damages for each calendar day in excess thereof, or such actual and consequential damages as may result therefrom, and to abide by the Local Preference Ordinance, Exhibit A.

The BIDDER acknowledges receipt of the following addenda:

No. <u>1</u>	Dated <u>1/11/23</u>
No. <u>2</u>	Dated <u>2/08/23</u>
No. <u>3</u>	Dated <u>2/15/23</u>
No. <u>4</u>	Dated <u>2/22/23</u>

And the undersigned agrees that in case of failure on his part to execute the said Contract and the Bond within ten (10) days after being presented with the prescribed Contract forms, the check or Bid Bond accompanying his bid, and the money payable thereon, shall be paid into the funds of the City of Hollywood, Florida, otherwise, the check or Bid Bond accompanying this Proposal shall be returned to the undersigned.

Attached hereto is a certified check on the

_____ Bank of _____

or approved Bid Bond for the sum of

Fourty Six Thousand Eight Hundred Ten Dollars and Fifty Cents Dollars (\$^{46,810.50}) according to the conditions under the Instructions to Bidders and provisions therein.

NOTE: If a Bidder is a corporation, the legal name of the corporation shall be set forth below, together with signature(s) of the officer or officers authorized to sign Contracts on behalf of the corporation and corporate seal; if Bidder is a partnership, the true name of the firm shall be set forth below with the signature(s) of the partner or partners authorized to sign Contracts in behalf of the partnership; and if the Bidder is an individual, his signature shall be placed below; if a partnership, the names of the general partners.

WHEN THE BIDDER IS AN INDIVIDUAL:

(Signature of Individual)

(Printed Name of Individual)

(Address)

WHEN THE BIDDER IS A SOLE PROPRIETORSHIP OR OPERATES UNDER A TRADE NAME:

(Name of Firm)

(Address)

(Signature of Individual) (SEAL)

WHEN THE BIDDER IS A PARTNERSHIP:

(Name of Firm) A Partnership

(Address)

By: _____
(SEAL)
(Partner)

Name and Address of all Partners:

WHEN THE BIDDER IS A JOINT VENTURE:

(Correct Name of Corporation)

By: _____ (SEAL)
(Address)

(Official Title)

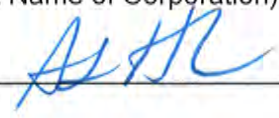
As Joint Venture
(Corporate Seal)

Organized under the laws of the State of _____, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

WHEN THE BIDDER IS A CORPORATION:

Razorback LLC

(Correct Name of Corporation)

By: 
(SEAL)

MGRM



(Official Title)

177 Anclote Road, Tarpon Springs, FL 34689
(Address of Corporation)

Organized under the laws of the State of Florida, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

CERTIFIED COPY OF RESOLUTION OF
BOARD OF DIRECTORS

Razorback LLC

(Name of Corporation)

RESOLVED that Anthony Houllis

(Person Authorized to Sign)

MGRM Razorback LLC of

(Title) (Name of Corporation)

be authorized to sign and submit the Bid or Proposal of this corporation for the following project:

CLARIFIER NO. 3 REPAIR
ECSD Project Number: 22-9525
Bid No. REQ-038-23-JJ

The foregoing is a true and correct copy of the Resolution adopted by

Razorback LLC at a meeting of its Board of

(Name of Corporation)

Directors held on the 18th day of September, 2008.

By: 

Title: MGRM

(SEAL)

The above Resolution MUST BE COMPLETED if the Bidder is a Corporation.

- END OF SECTION -





177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Section III: Certificates of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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 Stahl & Associates Insurance Inc. 3939 Tampa Road Oldsmar FL 34677		CONTACT NAME: Maribeth Patino PHONE (A/C, No, Ext): (813) 818-5300 E-MAIL ADDRESS: maribeth.patino@stahlinsurance.com		FAX (A/C, No): (813) 818-5396																						
INSURED Razorback LLC 177 Anclote Road Tarpon Springs FL 34689		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Champlain Specialty Insurance Co</td> <td>16834</td> </tr> <tr> <td>INSURER B:</td> <td>Auto Owners Insurance Co</td> <td>18988</td> </tr> <tr> <td>INSURER C:</td> <td>Westchester Surplus Lines Ins Co</td> <td>10172</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>				INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Champlain Specialty Insurance Co	16834	INSURER B:	Auto Owners Insurance Co	18988	INSURER C:	Westchester Surplus Lines Ins Co	10172	INSURER D:			INSURER E:			INSURER F:		
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INSURER C:	Westchester Surplus Lines Ins Co	10172																								
INSURER D:																										
INSURER E:																										
INSURER F:																										

COVERAGES **CERTIFICATE NUMBER:** 22-23 Liab **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CSARCGL000071101	07/08/2022	07/08/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			5181816000	06/16/2022	06/16/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CSARCEL000071201	07/08/2022	07/08/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Contractor's Pollution Liability			G71154920 005	07/08/2022	07/08/2023	Each Pollution Condition \$2,000,000 Aggregate \$2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

FOR PROPOSAL PURPOSES ONLY

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/28/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. 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 SUNZ Insurance Solutions, LLC. ID: (TLR) c/o TLR of Bonita, Inc 700 Central Ave, Suite 500 St. Petersburg, FL 33701	CONTACT NAME: Workers' Comp Department	
	PHONE (A/C, No, Ext): 727-520-7676 x 3	FAX (A/C, No): 727-525-3862
E-MAIL ADDRESS: certs@encorehr.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : SUNZ Insurance Company		34762
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
 TLR of Bonita, Inc
 dba EnterpriseHR
 700 Central Avenue Suite 500
 St. Petersburg FL 33701

COVERAGES

CERTIFICATE NUMBER: 71027414

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						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"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						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		N/A	WC039-00001-022	6/1/2022	6/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

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

Coverage Provided for all leased employees but not subcontractors of: Razorback LLC
 Client Effective: 09/28/2020

CERTIFICATE HOLDER

441
 Razorback LLC
 177 Anclote Road
 Tarpon Springs, FL 34689

CANCELLATION

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

Rick Leonard

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177 Anclote Road
Tarpon Springs, FL 34689
(727) 938-9500
info@razorbackllc.com
razorbackllc.com

Section IV: Proof of State of Florida

Sunbiz Registration



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Limited Liability Company
RAZORBACK LLC

Filing Information

Document Number L08000089307
FEI/EIN Number 26-3447303
Date Filed 09/18/2008
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 02/22/2011

Principal Address

177 Anclote Road
TARPON SPRINGS, FL 34689

Changed: 02/08/2021

Mailing Address

177 Anclote Road
TARPON SPRINGS, FL 34689

Changed: 02/08/2021

Registered Agent Name & Address

HOULLIS, ANTHONY M
276 KNOLLWOOD ROAD
TARPON SPRINGS, FL 34688

Authorized Person(s) Detail

Name & Address

Title MGRM

HOULLIS, ANTHONY M
276 KNOLLWOOD ROAD
TARPON SPRINGS, FL 34688

Annual Reports

Report Year	Filed Date
2021	02/08/2021

2022 01/26/2022
2023 01/23/2023

Document Images

01/23/2023 -- ANNUAL REPORT	View image in PDF format
01/26/2022 -- ANNUAL REPORT	View image in PDF format
02/08/2021 -- ANNUAL REPORT	View image in PDF format
01/21/2020 -- ANNUAL REPORT	View image in PDF format
02/21/2019 -- ANNUAL REPORT	View image in PDF format
01/15/2018 -- ANNUAL REPORT	View image in PDF format
04/05/2017 -- ANNUAL REPORT	View image in PDF format
02/01/2016 -- ANNUAL REPORT	View image in PDF format
01/11/2015 -- ANNUAL REPORT	View image in PDF format
01/16/2014 -- ANNUAL REPORT	View image in PDF format
01/18/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
02/22/2011 -- REINSTATEMENT	View image in PDF format
03/04/2009 -- ANNUAL REPORT	View image in PDF format
09/18/2008 -- Florida Limited Liability	View image in PDF format