

gentile corp

Bid Contact **oscar frozini**
gentilellc@comcast.net
Ph 954-520-0548

Address **3160 turtle cove**
west palm beach, FL 33411

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

gentile corp

Item: **Professional Services**

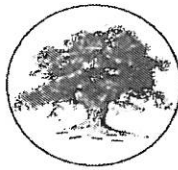
Attachments

RFQ 4420A 14 15.pdf

Rehab wnds doors, roof hollywood.zip

Rehab Scott street, Hollywood.zip

Puccini Terr.zip



GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

August 5, 2014

City of Hollywood
2600 Hollywood Blvd Room 303
Hollywood, FL 33020

RFQ NO: 4420A-14-IS

Company Services

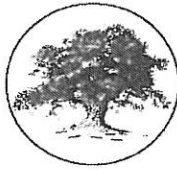
Gentile Corp since its beginning has provided diligent and professional service to customers ranging from homeowners to government agencies. We believe Gentile is well positioned to render services for Home Rehabilitation Services. The organization and its two partners Fernando Velasco and Oscar Frozini provide education, knowledge and professionalism and vast experience to properly and timely service on rehabilitation projects.

During the past 9 years, these services have been aimed mainly to government agencies in the City of Miami Gardens, City of Hollywood, St. Lucie County, Palm Beach County as well as the City of Ft. Pierce. Gentile Corp has performed numerous jobs for different municipalities as well as residential and commercial. The scope of these jobs has been primarily home renovation and home replacement. The interaction with these different municipalities has enriched our organizational knowledge on how to better service owners and government agencies.

Gentile's vast construction experience is only part of the organization, there is also research and education by its owners which provides up to date knowledge of new more effective efficient building techniques. In addition, we have become asbestos and lead mitigation certified.

Neither Gentile nor its officers have been in litigation or debarred.

3160 TURTLE COVE WEST PALM BEACH, FL 33411
Phone: 954.520.0548 Phone: 772.342.6928 FAX: 561.688.1398
Email: GENTILELLC@COMCAST.NET



GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

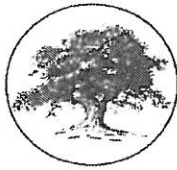
Company Profile

The scope and size of projects performed by Gentile Corp is best described by the business niche that our company has concentrated its effort and resources in the past 9 years. Thus Gentile has been actively in: My Safe Florida from its inception was program to help qualified state residents in retrofitting their residences to make them safer in the occurrence of a hurricane. Dade County approved exterior doors and windows, reinforcing and x bracing of wood gables. These contracts although challenging did not exceed \$25,000.

Likewise, we have performed numerous retrofitting and rehabilitation projects that combine exterior and interior activities such as: roof and window replacement, stucco and painting, kitchen and bathroom cabinetry, electric and plumbing upgrading, flooring and bathroom tiling. Undoubtedly, in many instances the challenge of the rehabilitation work is the fact that these projects have been occupied while the work has been performed. Therefore, extreme care is required in dust and debris encapsulation, scheduling of work and approval of inspections.

Lastly, Gentile has erected its fair share of new projects through South Florida of many of them part of the neighborhood rehabilitation program. The size of these residences has varied from 1000 sq. ft to 10,000 sq. ft.

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GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

RFQ: 4420A-14-1S

Principals and Licenses:

Oscar Frozini,

Bachelor of Science
Construction Management
from Florida International University

Certified General Contractor in the State of Florida

Member USGBC for New Construction and Major
Renovations

Fernando Velasco,

Accredited National Asbestos Removal Supervisor
Licensed in Lead Mitigation

Address:

Main Office
3160 Turtle Cove
West Palm Beach, FL 33411

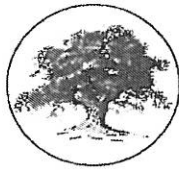
Warehouse and Office:

2440 Jenkins Rd.
Ft Pierce, FL 34982

Gentile Corp has been in business since January 2006. Oscar Frozini has held his CGC license since 1998.

II: Professional Competency

Please see attached Licenses



GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

Management Team

Oscar Frozini

**Bachelor of Science
Construction Management from Florida International
University
Certified General Contractor in the State of Florida
Member USGBC for New Construction and Major
Renovations**

**Fernando Velasco
March 2012**

**Accredited National Asbestos Removal Super
Licensed in Lead Miigation
Asbestos Abatement Certified by EPA
Lead Based Paint Mitigation by EPA**

January 2006 – Present

Owner and Operations Manager

**1999-2006
Construction**

Owner and President of Advance General

1991- 1999

**Construction Superintendent for MKD
Construction**

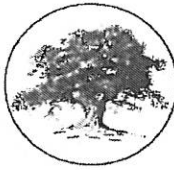
**Raul Torrijos
January 2006 –Present**

Project Manager for Gentile Corp

1999-2006

**Vice President and Project Manager for
Advance General Construction**

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GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

Relevant Work Experience

Port St. Lucie police Dept.
General Contractor awarded job in open bidding.

City Project Manager

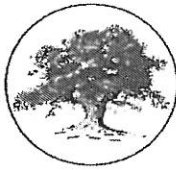
MaryBeth Lee
City of Port St. Lucie Police Dept.
121 SW Port St. Lucie Blvd
Port St. Lucie, FL
Tel: 772-871-7390
Fax: 772-871-7337

Job completed on schedule.
Approximately \$10,300 sq. ft of floor area.
Project Cost \$ 74,000
Gentile Staff Responsibility: demolition, drywall, painting, wall erection and Acoustical ceiling.

Project Manager for this job was Fernando Velasco, he carried on with the Project Management , scheduling of activities and subcontractors. Raul Torrijos managed the daily activities and supervision as well as quality control. Dayana Frozini provided clerical support in the areas of permitting and billing.

Description: This project was performed in a sensitive third floor of the police department. It encompassed: wall relocation, new electric, door installations, painting and flooring. For this job, there were delineated time and security restraints such as: some areas were extremely sensitive in their content of equipment and personnel. Thus the schedule of activities had to be strict. Once officers and detectives vacated there spaces, it was top priority to have them back to their locations. This project started as soon as approval committee gave the go ahead. All Gentile personnel as well as sub contractors had to submit to a strict screening which included but was not limited to background check and fingerprinting. The job was accomplished satisfactorily within the parameters of cost and time agreed upon in the contract.

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GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

Relevant Work Experience

Replacement House

6606 Paso Robles Fort Pierce, FL

General Contractor awarded job in open bidding.

Housing Program Specialist

Connie McIver

437 North 7th St

Fort Pierce, FL 34950

Phone: 772-462-5143

Job progressing on schedule.

Approximately 1100 sq. ft. of construction.

Project Cost: \$80,000.

Gentile staff responsible for carpentry, interior and exterior, drywall partitions and finishing, painting interior and exterior flooring.

Job is 90%. Complete.

Project Manager for this job is Fernando Velasco in charge of overall management and daily activities.

Description: This is a replacement house awarded to Gentile through open bidding.

Prior to the demolition of the existing structures our company had to Habitat for Humanity in extracting and salvaging those items that could be reused.

Rehabilitation Project

2119 Scott St. Hollywood, FL

General Contractor awarded job in open bidding.

Project Manager

Clay Milan

City of Hollywood

2600 Hollywood Blvd

Hollywood, FL

Phone: 954. 261-2716

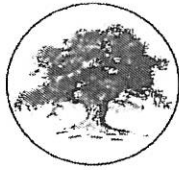
Windows and Door Replacement

Roof Replacement

New bathroom to comply with ADA

Fencing

Painting



GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

Project Award: \$40,000

Approximately 1100 sq. ft

Project Cost \$40,000

Job is 90% completed.

Gentile Staff responsible for window and door replacement, carpentry, new bathroom to comply with ADA, drywall, fencing and painting.

Project Manager for the job was Oscar Frozini in charge of overall management and daily activities.

Description: This is a rehabilitation project for which the roof, windows and doors (interior and exterior) had to be replaced. More important the bathroom had to be demolished completely and using a limited space this bathroom was converted to ADA accessible.

Rehabilitation Project 2307 Washington St Hollywood, FL
General Contractor awarded job in open bidding.

City Project Manager: Clay Milan
 City of Hollywood
 2600 Hollywood, FL
 954.261.2716

Windows and Door Replacement
Tile Replacement
Demolition of Non Permitted Structures
HVAC Split Systems

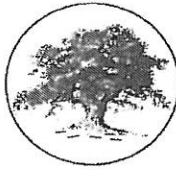
Project Cost \$65,000

Job Completed 100%

Project Manager for this job is Oscar Frozini

Description: This was a very challenging job due to the fact that the client was bedridden. Several considerations had to be taken in to account due to the owners condition such as the scheduling of activities, all activities had to be tightly encapsulated to avoid dust entering owner's room in addition to nurses on site.

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GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

Relevant Work Experience

Drywall and Cabinetry Replacement

20321 Puccini Terrace Boca Raton, FL

Demolition of 1300 sq ft of interior walls due to water damage.
Replacement of studs, insulation, drywall, plumbing water lines, kitchen cabinetry, and upgrade electric circuitry.

Owner: Mr. Ian Allen Cell:248.763.0030

Contract Amount: \$55,000.

Duration of Project: 4 weeks

Job Completed: 90%

Project Manager Oscar Frozini

Current Workload

Projects currently under contract

20321 Puccini Terrace Boca Raton, FL

Contract Value \$55,000

Remaining to be paid off as of this date \$12,000.

Duration of Contract:

Oscar Frozini-Project Manager

Raul Torrijos-Construction Foreman

Dayana Frozini- Permitting and Billing

Owner hired a company to proceed with mold remediation, replacement of kitchen cabinetry, new flooring and painting. All items damaged by water.

6606 Paso Robles, Fort Pierce, FL

Contract Value \$ 102,990

Remaining to be paid off as of this date \$30,000

Duration of this contract 16 weeks

Fernando Velasco – Project manager

Miguel Martinez- Construction Foreman

Job Awarded to gentile by St. Lucie County, Demolition of existing structure, Construction of new 1200 sq ft. masonry residence, installation of systems and techniques to comply with LEED housing.

3160 TURTLE COVE WEST PALM BEACH, FL 33411

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Phone:772.342.6928

FAX:561.688.1398

Email:GENTILELLC@COMCAST.NET



GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

2520 Garfield St Hollywood, FL

Contract Value \$125,000
Remaining to be Paid \$125,000.
Duration of this Contract: 6 months
Oscar Frozini- Project Manager
Raul Torrijos- Construction Foreman
Dayana Frozini- Permitting and Billing

Job awarded to Gentile Corp by Hollywood Redevelopment Agency. Demolition of existing structure, construction of 1200 sq, ft masonry residence. Installation of systems and techniques requested by City of Hollywood to provide an energy efficient structure.

180 SE 13th Street Pompano Beach, FL

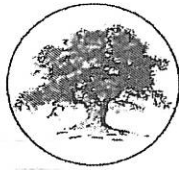
Contract Value \$30,000
Remaining to be paid:\$10,000
Duration of this Contract: 6 months
Oscar Frozini- Project Manager
Miguel Martinez- Construction Foreman
Dayana Frozini- Permitting and Billing

Design and Construction of room and laundry space in existing garage

2119 Scott Street Hollywood, FL

Contract Value \$45,000
Remaining to be paid \$12,000
Duration of Contract 6 weeks
Oscar Frozini- Project Manager
Raul Torrijos-Construction Foreman

Job awarded to Gentile by City of Hollywood in open bidding. Demolition of non permitted structures, roof replacement, windows and doors Dade County approved and installed. Water heater replacement and new electric service installed.



GENERAL CONTRACTORS

Gentile Corp

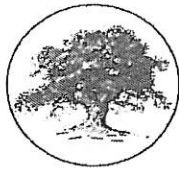
CGC: 1521508

Qualifications of the Firm

Gentile Corp possesses the mechanical and clerical resources to provide prompt and qualified services to the City CDBG. Such as scaffolding, generators, compressors, pneumatic hammers, ladders, and minor tools.

Likewise, Gentile's list of vendors of suppliers is extensive and ready to serve the company needs. Some of the most important and statewide coverage are CEMEX of America, PGT Windows, Jones Lumber, Builders First Source and Pilot Steel.

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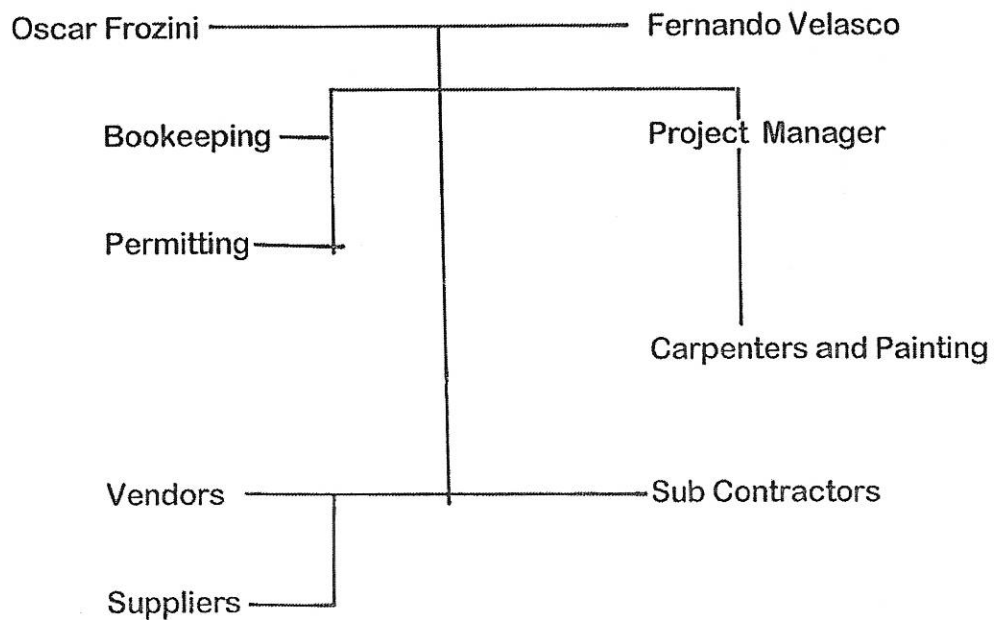


GENERAL CONTRACTORS

Gentile Corp

CGC: 1521508

ORGANIZATIONAL CHART



3160 TURTLE COVE WEST PALM BEACH, FL 33411
Phone: 954.520.0548 Phone: 772.342.6928 FAX: 561.688.1398
Email: GENTILELLC@COMCAST.NET

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CGC1521508	

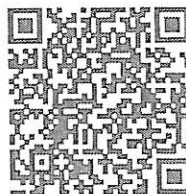
The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

FROZINI, OSCAR P
GENTILE CORP
3160 TURTLE COVE
WEST PALM BEACH FL 33411

RICK SCOTT
GOVERNOR

ISSUED: 05/28/2013 SEQ # L1305280000465
DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY





ANNE M. GANNON
 CONSTITUTIONAL TAX COLLECTOR
 Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353
 www.pbctax.com Tel: (561) 355-2264

Serving you.

****LOCATED AT****

3160 TURTLE COVE
 WEST PALM BEACH, FL 33411

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
23-0051 GENERAL CONTRACTOR	FROZINI OSCAR P	CGC1504314	U13.771363 - 09/24/13	\$30.80	B40155807

This document is valid only when receipted by the Tax Collector's Office.

GENTILE CORP
 GENTILE corp
 3160 TURTLE COVE ST
 WEST PALM BEACH, FL 33411-6468



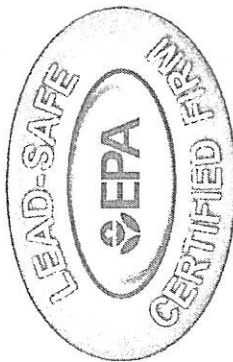
STATE OF FLORIDA
 PALM BEACH COUNTY
 2013/2014 LOCAL BUSINESS TAX RECEIPT

LBTR Number: 200704482
EXPIRES: SEPTEMBER 30, 2014

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

United States Environmental Protection Agency

This is to certify that



Gentile, LLC

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires March 29, 2017

NAT-122785-1

Certification #

March 16, 2012

Issued On

Michelle Price

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch

United States Environmental Protection Agency

This is to certify that

Gentile, LLC

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226

In the Jurisdiction of:

Florida

This certification is valid from the date of issuance and expires June 1, 2015

FL-122785-1

Certification #

Issued On



Jeaneanne M. Gettle, Chief

Pesticides and Toxic Substances Branch



August 4, 2014

Letter of Recommendation

Gentile Corp
3160 Turtle Cv
West Palm Beach, FL 33411

To Whom It May Concern:

Gentile has been a valued customer of Cemex Gypsum Supply (formerly Rinker Materials Gypsum Supply) for 8 years. We have always maintained an excellent business relationship with Oscar Frocini (owner), and his payment record is impeccable.

We at Cemex Gypsum Supply would recommend Gentile Corp to undertake any of your upcoming projects. They can provide the expertise to tackle any size job, both commercially and residentially. We look forward to growing and partnering with Gentile for many years to come.

Oscar has always carried himself and his company with the highest standard of professionalism and integrity. His company would certainly be a big asset to any of your upcoming work.

Sincerely,

Jessica Oetinger
Cemex Gypsum Supply
Operations Manager



3661 W. Blue Heron Blvd.
Riviera Beach, FL 33404
TEL (561) 798-2026
FAX (561) 798-1840

August 4, 2014

To whom it may concern;

This letter of reference is for Gentile, LLC owned by Oscar Frozini. We have supplied Gentile with building materials, windows and doors since February 4, 2011.

Oscar has always paid his account in a timely fashion and is quick to communicate with our company with any special needs.

We consider Gentile a very good account and would recommend them highly to do business with your organization.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michelle Bohrer'.

Michelle Bohrer

Credit Manager, South Florida Market

Builders First Source Florida, LLC

3661 West Blue Heron Blvd.

Riviera Beach Fl. 33404

561-793-1810

Michelle.Bohrer@BLDR.com

Jones Lumber Company

4500 Oak Circle | Boca Raton | Florida | 33431
7410 Commercial Circle | Ft Pierce | Florida | 34951
Phone: (561) 391-3995 - (772) 460-0447
Fax: (561) 391 - 4002
www.joneslumberco.com



August 4, 2014

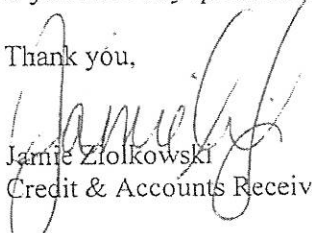
City of Hollywood

To Whom It May Concern,

Gentile, Corp. (owner, Oscar Frozini) has been a customer of Jones Lumber Company since 2008. The account is current, has a credit line of \$10,000, and has a history of prompt payment.

If you have any questions, feel free to contact me.

Thank you,


Jamie Ziolkowski
Credit & Accounts Receivable Manager



August 6, 2014

Letter of Recommendation


Gentile, Corp.
3160 Turtle Cove
West Palm Beach, Fl. 33411

To Whom It May Concern:

Mr. Oscar Frozini, President of Gentile, Corp, has been one of our loyal clients for the past 8 years. We have maintained a great business relationship with him and all his payment record is excellent.

Here at Bali Design Group would recommend Gentile Corp. to consider/accept any of your future projects, small or big, commercially or residentially, they can tackle any type of job. Mr. Oscar Frozini is a professional in his line of work; he would be a great asset to any of your work/projects.

Cordially,

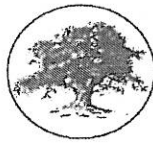


John E. Balistreri
President
Bali Design Group, Inc.

RESIDENTIAL – DESIGN - PLANNING

3500 NW Boca Raton Blvd. Suite 609, Boca Raton, FL. 33431

Phone (561) 392-5464 – Fax (561) 392-7493 – www.balidesigngroup.com



City of Hollywood, Florida
GENERAL CONTRACTORS
GENTILE CORP
CGC: 1521508

Bid RFQ-4420A-14-IS

STRUCTURAL WARRANTY

Project Address: _____

Permit Number: _____

Gentile Corp is herein warranting the improvements performed at _____, Florida as herein described:

One (1) year on labor and material from approval of final building inspection.

Oscar Frozini
CGC: 1521508
Gentile Corp

3160 TURTLE COVE WEST PALM BEACH, FL 33411
PHONE: 954. 520. 0548
1398

PHONE: 772. 342. 6928

FAX: 561. 688.

EMAIL: GENTILELLC@COMCAST.NET

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
Gentile Corp.

Business name/disregarded entity name, if different from above

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

Exemptions (see Instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
3160 Turtle Cove

City, state, and ZIP code
West Palm Beach, FL 33411

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number								
			-			-		

Employer identification number								
4	6	-	1	9	7	6	2	6

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 on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

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

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

Purpose of Form

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

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

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

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

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

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

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

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

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

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
7/9/2014

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

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

PRODUCER Shelley Insurance Group 420 S. State Rd 7 Ste 100 W. Palm Beach FL 33414	CONTACT NAME: Genna Lucena	
	PHONE (A/C No. Ext): (561) 969-7100	FAX (A/C No.): (561) 434-0198
INSURED Gentile Corp 3160 Turtle Cove West Palm Beach FL 33411	E-MAIL ADDRESS: genna@shelleyinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Florida Citrus Business Industr	NAIC # 31259
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** CL147900208**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	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	Y/N Y	N/A	10652746	7/25/2014	7/25/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Oscar Fronzini and Fernando Velasco are excluded from Worker's Comp coverage.

CERTIFICATE HOLDER

(954) 921-3037

City of Hollywood
2600 Hollywood Blvd
Hollywood, FL 33022**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

Genna Lucena/GL

ACORD 25 (2010/05)

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INS025 (2010/05) 01

The ACORD name and logo are registered marks of ACORD



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/08/14

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

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

PRODUCER

G S Insurance Services LLC

1055 Hypoluxo Rd

Lantana FL 33462

Phone (561)296-1771

Fax (561)296-1772

INSURED

Gentile Corp

3160 Turtle Cove

West Palm Beach FL 33411-

(954) 520-0548

CONTACT

NAME

PHONE

(A/C, No, Ext)

E-MAIL

ADDRESS

(561)296-1771

FAX
(A/C, No)

(561)296-1772

gsinservice@aol.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A Accident

INSURER B Progressive

INSURER C

INSURER D

INSURER E

INSURER F

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
	✓ COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE ✓ OCCUR					
A		N	CPP 6083	09/25/2013	09/25/2014	
	GEN'L AGGREGATE LIMIT APPLIES PER					
	POLICY PROJECT LOC					
	AUTOMOBILE LIABILITY					
	ANY AUTO					
	ALL OWNED AUTOS	✓ SCHEDULED AUTOS				
B		N	01918855-1	10/26/2013	10/26/2014	
	HIRER AUTOS	NON OWNED AUTOS				
	UMBRELLA LIAB	OCCUR				
	EXCESS LIAB	CLAIMS MADE				
	RETENTION					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y N				
	ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED?	N A				
	(Mandatory in NH)					
	DESCRIPTION OF OPERATIONS BELOW					

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

CERTIFICATE HOLDER

City of Hollywood Building Department

2600 Hollywood Blvd. Room 320

Hollywood FL 33020-4807

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

ACORD 25 (2010/05) QF

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Bank of America
Customer Service & Support
P.O. Box 25118
Tampa, FL 33622

August 5, 2014

GENTILE CORP.
3160 TURTLE CV
WEST PALM BEACH FL 33411-6468

Re: City of Hollywood

To GENTILE CORP.

Thank you for your recent request for information regarding the status of your deposit accounts at Bank of America, N.A. Our records indicate the following status on your account(s):

TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	AVERAGE BALANCE	DATE OPENED
SAVINGS	XXXXXX 3507	\$15,258.50	N/A	2/25/2013
CHECKING	XXXXXX 3510	\$31,514.70	N/A	2/25/2013
SAVINGS	XXXXXX 3716	\$200.21	\$1,609.83	3/5/2009
CHECKING	XXXXXX 0660	\$1,366.77	\$3,317.50	10/19/2007

Average balance information for accounts, if reported, is based on the previous six months. Average balance information is not available for time deposit accounts.

We trust that this confidential information will be of assistance to you.

Sincerely,

Bank of America
Customer Service & Support
1.800.862.1111 - Model Ref: BM 482735

Our response is commensurate with the purpose and amount of your inquiry. The information provided is strictly confidential and intended for use solely by the requesting party and in reliance on your statement of intended purpose or use. The information is furnished as a matter of courtesy without a duty to do so and without responsibility, liability or warranty, express or implied, on the part of Bank of America to you or any third party. Information is obtained from electronic data sources, which may not contain all information in Bank of America's possession. Information is not guaranteed to be accurate and may be a matter of opinion. We do not accept any responsibility for errors, omissions or alterations after delivery. The information is constantly changing and therefore subject to change without notice. Bank of America will not update this response unless another written inquiry is received. This information applies to the name of the subject of the inquiry as styled in your request and does not include any indirect or related accounts or obligations, unless expressly specified in our response. Bank of America encourages you to contact more than one credit reference prior to making any credit decision. If you received this response by FAX, and you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of the information contained in this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the message to us by mail.



Bank of America
Customer Service & Support
P.O. Box 25118
Tampa, FL 33622

August 5, 2014

GENTILE LLC
3767 OLEANDER AVE
FORT PIERCE FL 34982-6503

Re: City of Hollywood

To GENTILE LLC

Thank you for your recent request for information regarding the status of your deposit accounts at Bank of America, N.A. Our records indicate the following status on your account(s):

<u>TYPE OF ACCOUNT</u>	<u>ACCOUNT NUMBER</u>	<u>CURRENT BALANCE</u>	<u>AVERAGE BALANCE</u>	<u>DATE OPENED</u>
SAVINGS	XXXXX 3716	\$200.21	\$76.33	3/5/2009
CHECKING	XXXXX 0660	\$1,366.77	\$1,609.83	10/19/2007

Average balance information for accounts, if reported, is based on the previous six months. Average balance information is not available for time deposit accounts.

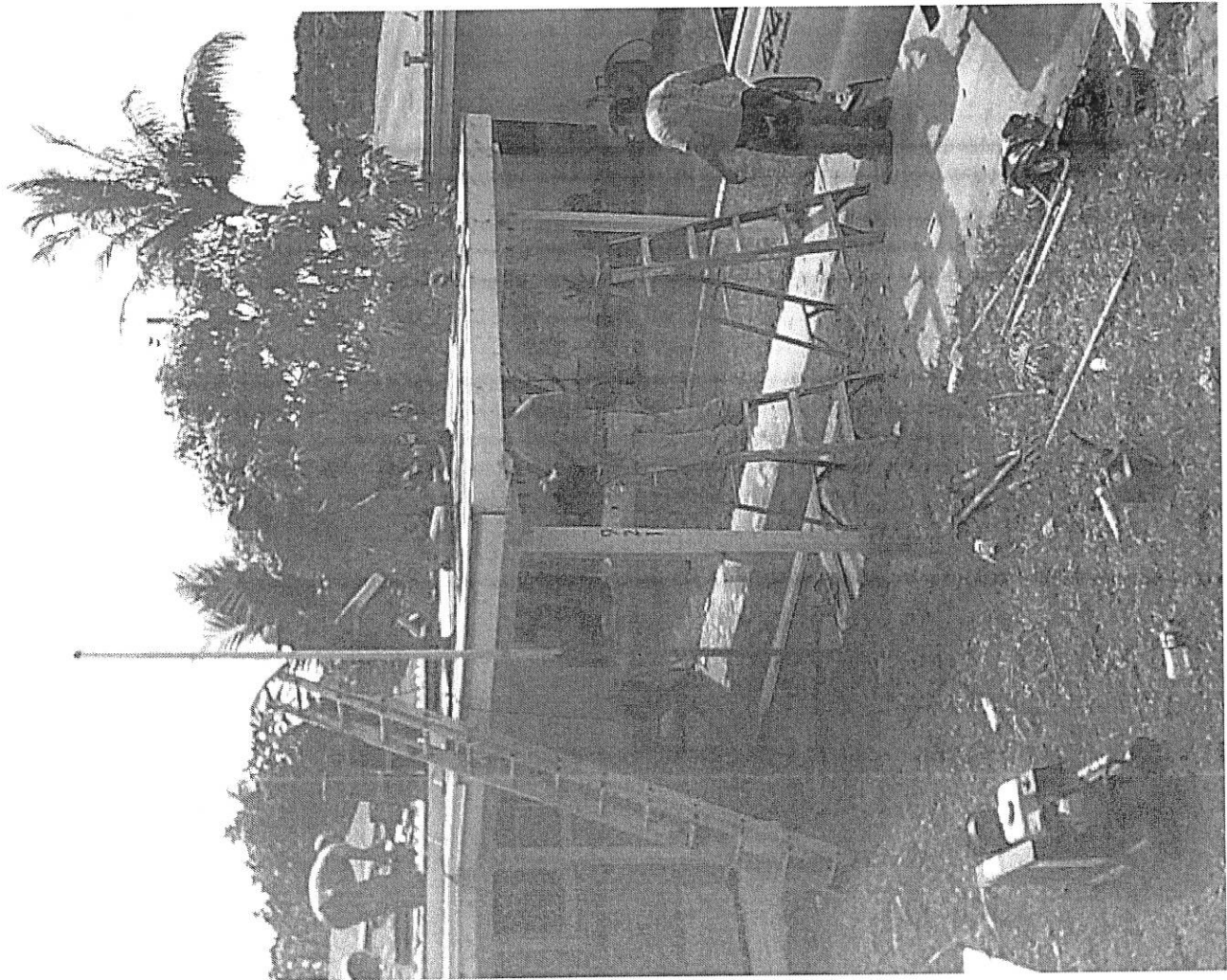
We trust that this confidential information will be of assistance to you.

Sincerely,

Bank of America
Customer Service & Support
1.800.862.1111 - Model Ref: BM 482737

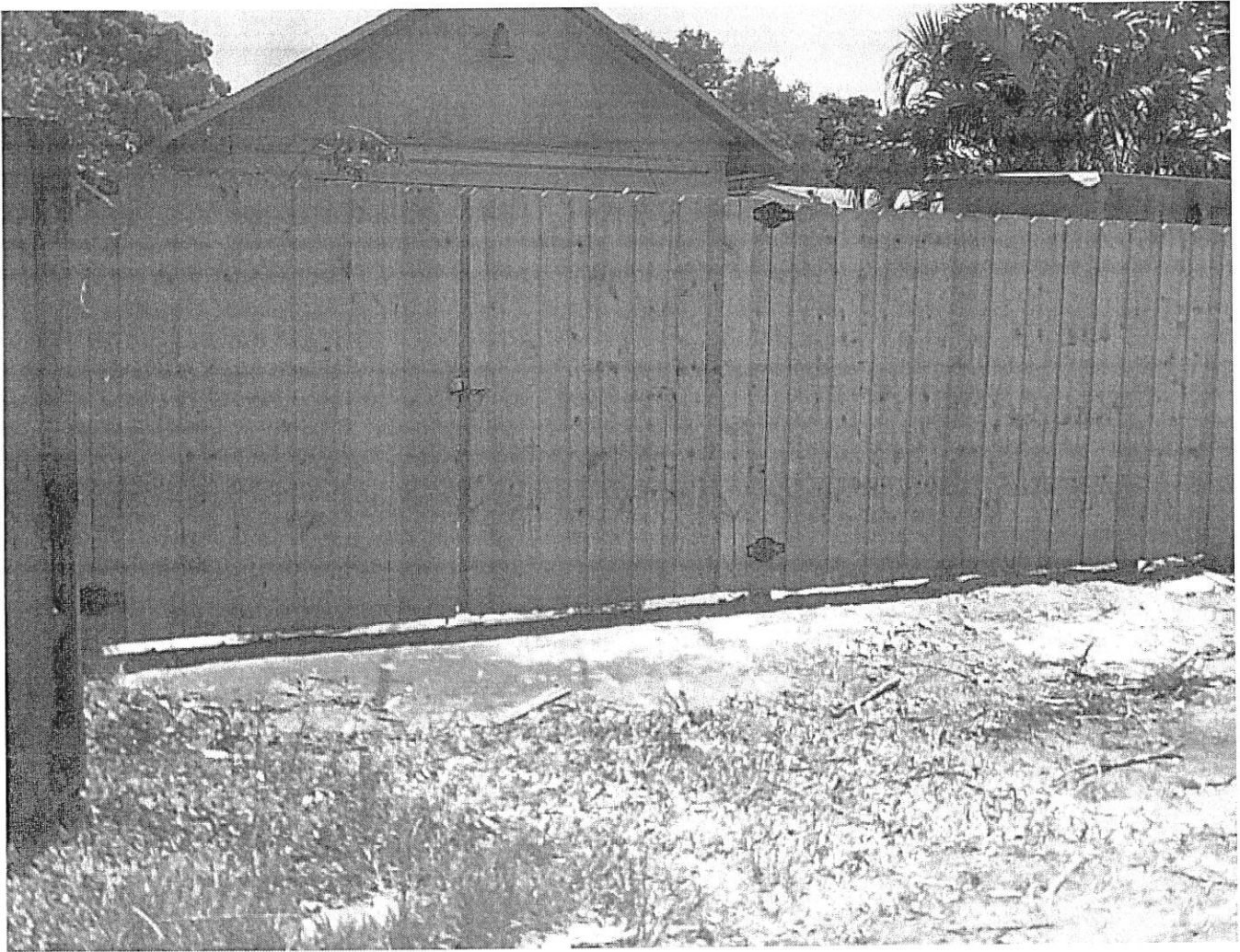
Our response is commensurate with the purpose and amount of your inquiry. The information provided is strictly confidential and intended for use solely by the requesting party and in reliance on your statement of intended purpose or use. The information is furnished as a matter of courtesy without a duty to do so and without responsibility, liability or warranty, express or implied, on the part of Bank of America to you or any third party. Information is obtained from electronic data sources, which may not contain all information in Bank of America's possession. Information is not guaranteed to be accurate and may be a matter of opinion. We do not accept any responsibility for errors, omissions or alterations after delivery. The information is constantly changing and therefore subject to change without notice. Bank of America will not update this response unless another written inquiry is received. This information applies to the name of the subject of the inquiry as styled in your request and does not include any indirect or related accounts or obligations, unless expressly specified in our response. Bank of America encourages you to contact more than one credit reference prior to making any credit decision. If you received this response by FAX, and you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error, and that any review, dissemination, distribution or copying of the information contained in this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the message to us by mail.

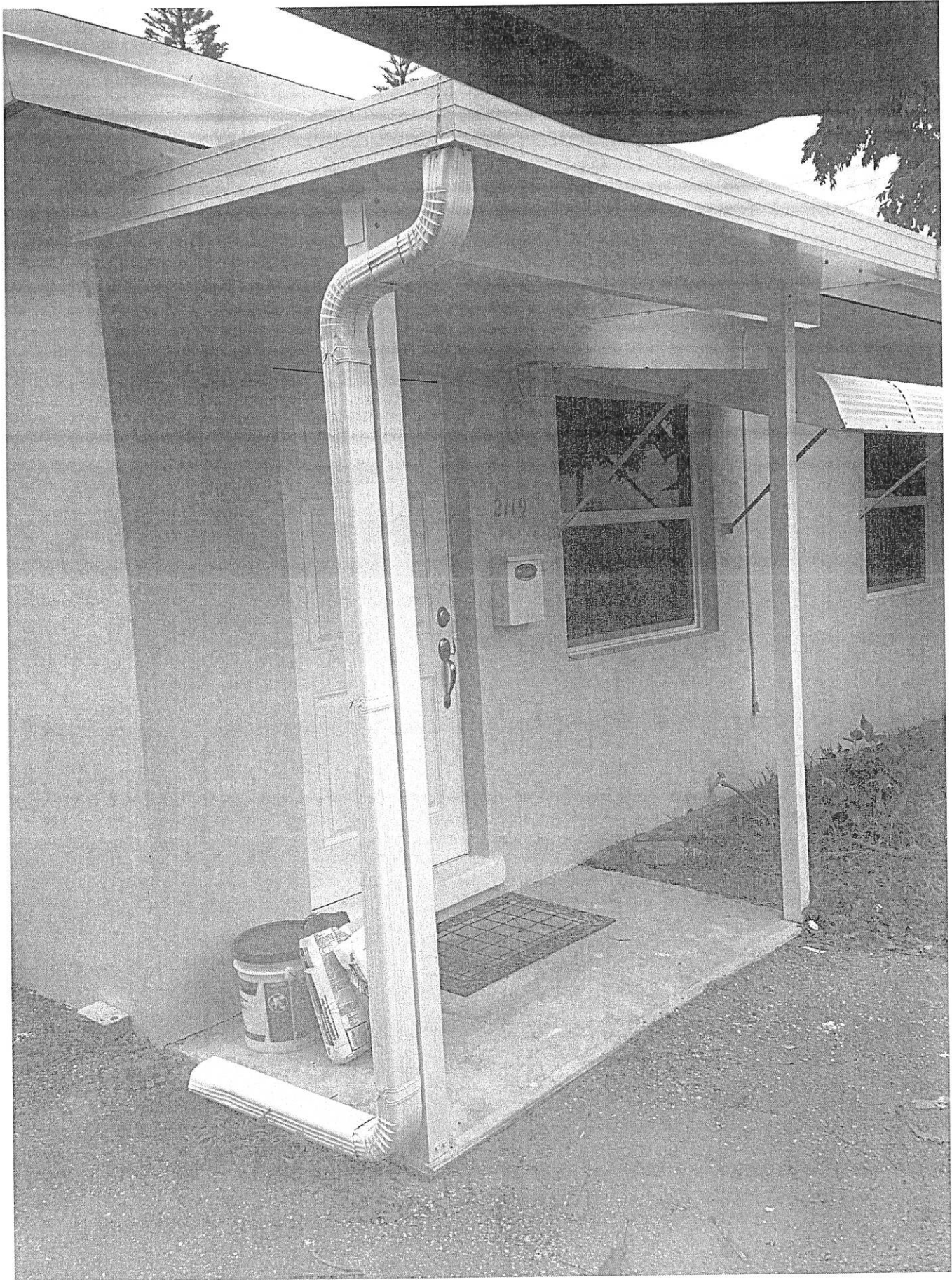


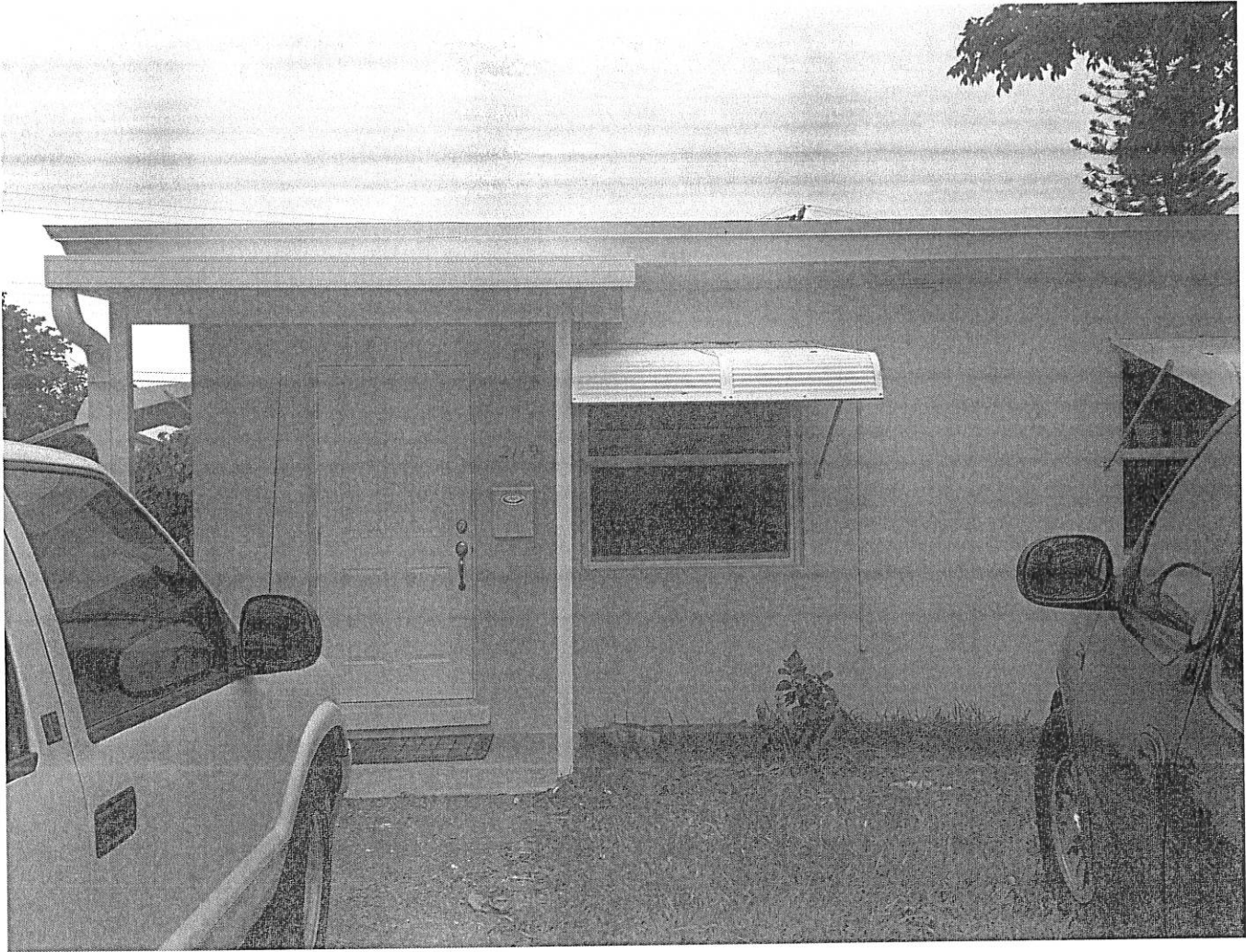


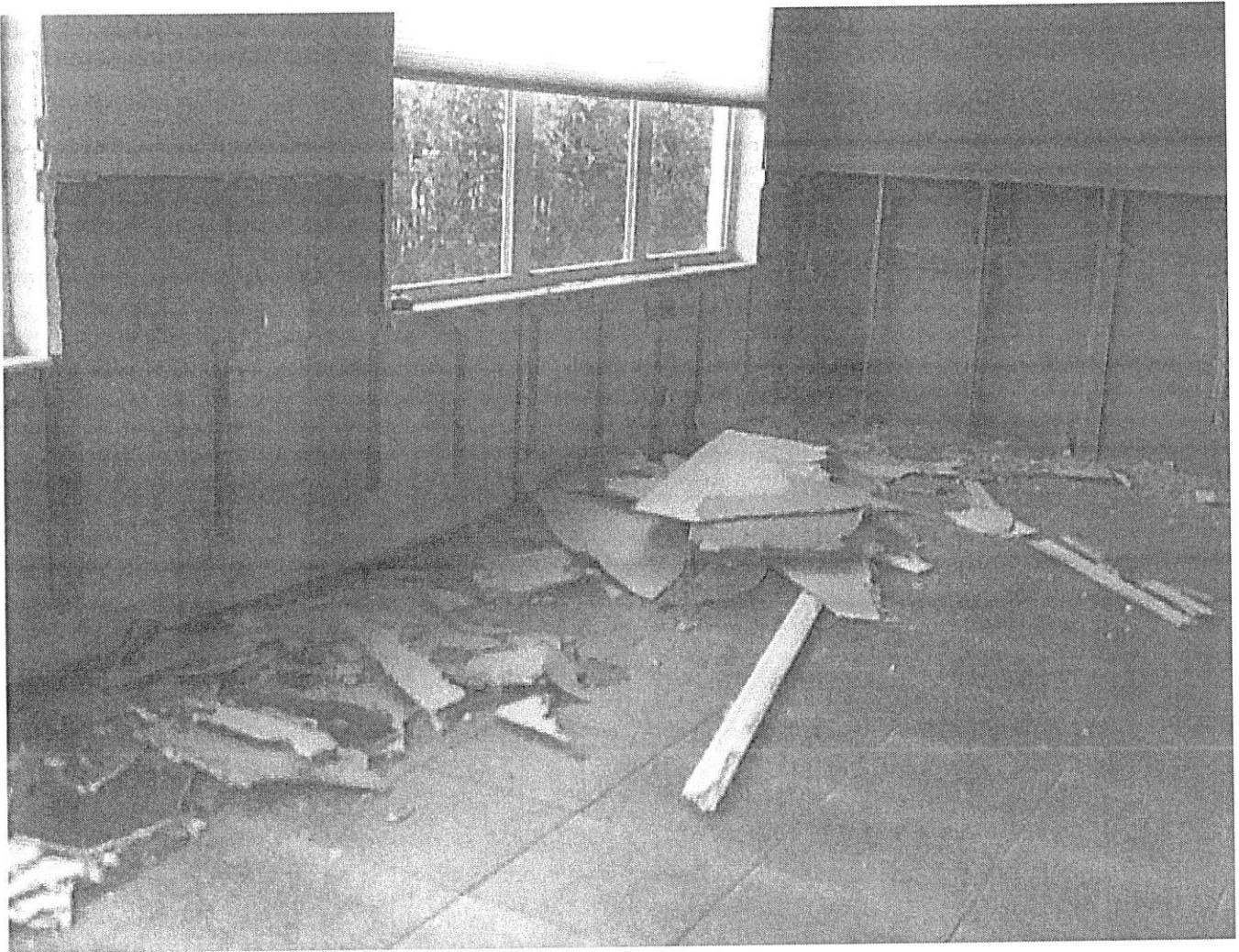


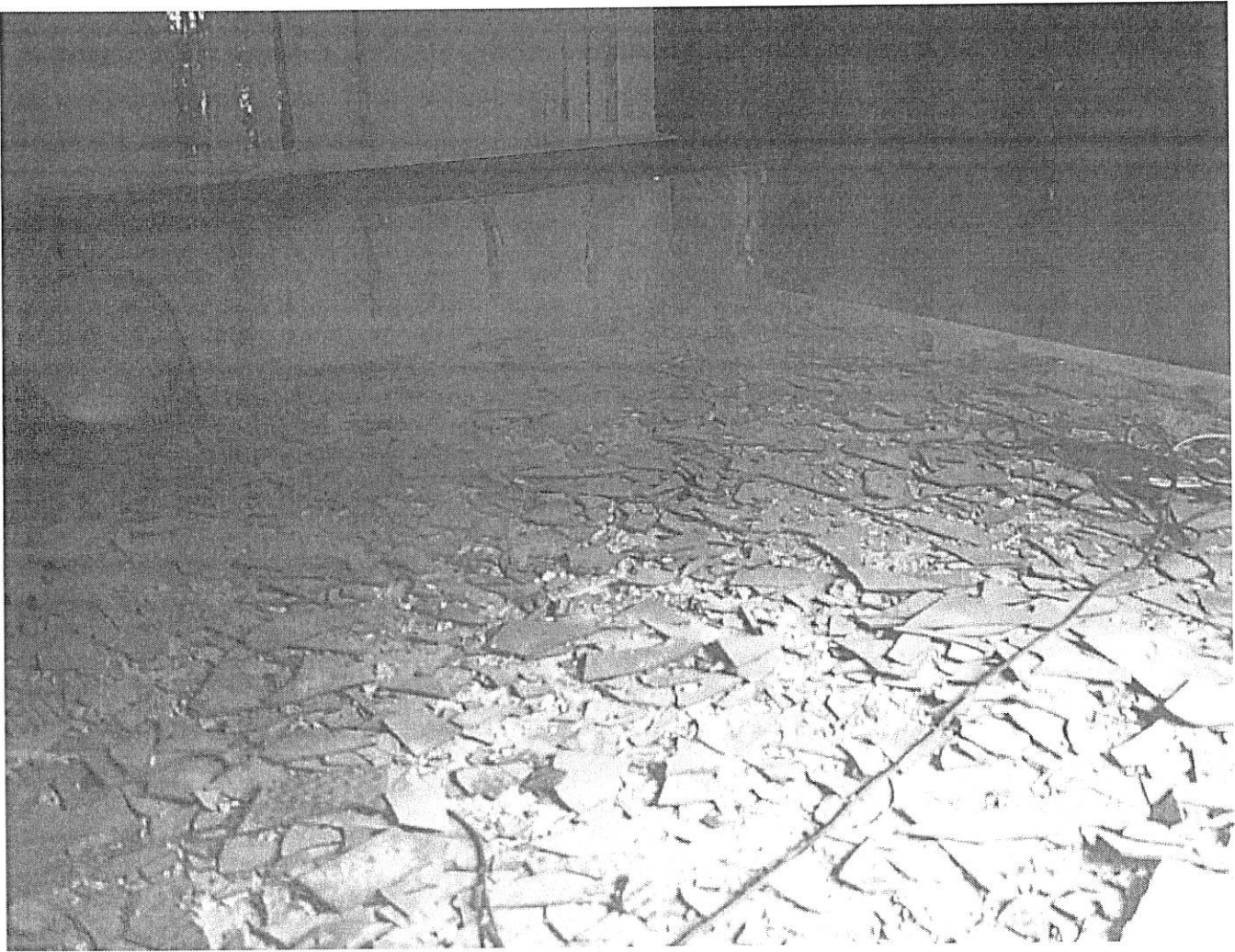


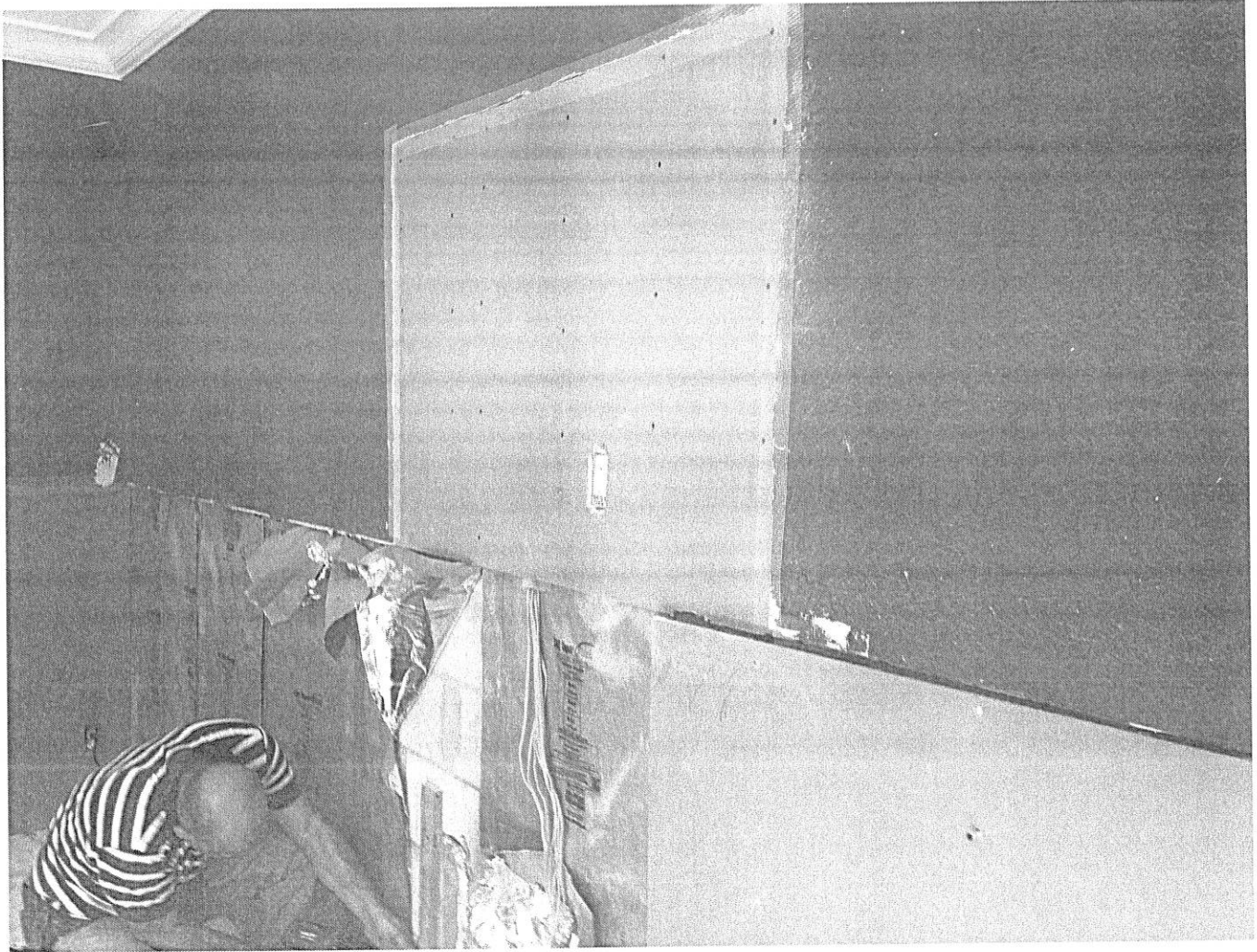


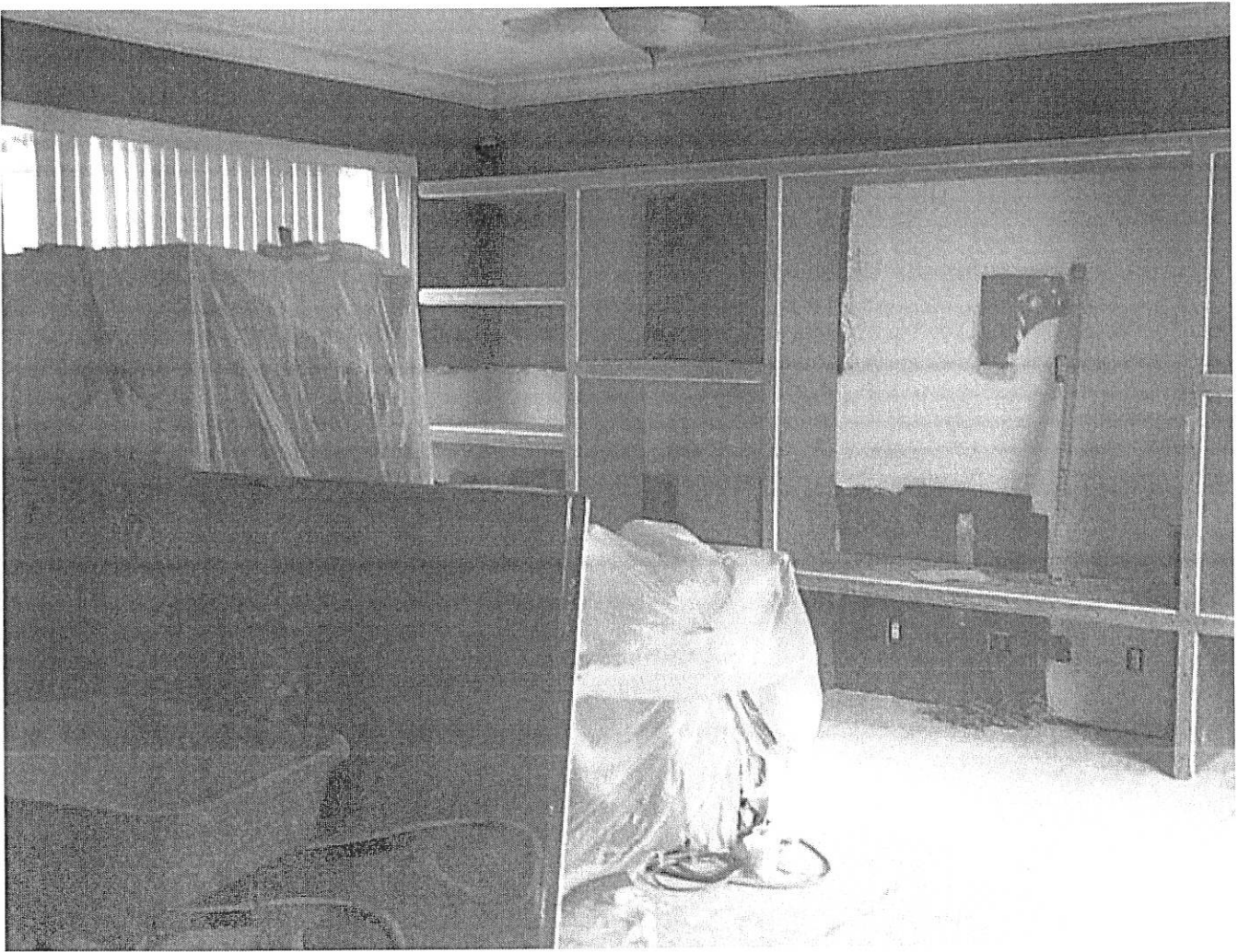














Supplier: gentile corp

Issue Date

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



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

Issue Date:

Closing Date: Aug 7, 2014

Pre-Proposal Meeting Date:

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

Supplier: gentile corp

Issue Date

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

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


Bids/Proposal should be submitted either:

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

OR

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

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



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

Firm Name/Address: GENTILE CORP
3160 Turtle Cove
West Palm Beach, Fl. 33411

Return to:

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

Important Notice:

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

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

Supplier: gentile corp



CONE OF SILENCE

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

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

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

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

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

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

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

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

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

Supplier: **gentile corp**

REFERENCES

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

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

Company Name: Housing and Community Services	
Address: 437 N 7th st.	
City, State, ZIP: Ft. Pierce, Fl. 34950	Phone Number: 772 462 5173
Point of Contact: Connie McIver	Fax Number: 772 462 2855
Email: mciver@stlucie.org	
Explain How This Referenced Work Is Similar To This Request: Gentile Corp. has provided services to this government agency since 2009 The scope of work for its projects is rehabilitation work : Windows and doors replacement, roof replacement, installation or replacement of mechanical systems such as water heaters and air conditioning units. Gentile Corp. has also has done replacement housing (demolition and new construction) Date service was provided: from 2009 to present.	

Company Name: Hollywood Housing Authority	
Address: 7350 N Davie rd. extension	
City, State, ZIP: Hollywood, Fl. 33024	Phone Number: 954 989 4692 (301)
Point of Contact: Kathy Chopard	Fax Number:
Email: kathy@hhafl.com	
Explain How This Referenced Work Is Similar To This Request: Gentile Corp. has been able respond expediently to the needs of the rental units of this agency, bathrooms replacement, roof replacement, structural jobs on decks and patios, exterior door replacement. Date service was provided: from 2011 to present.	

Company Name: Police Department city of Port St. Lucie	
Address: 121 SW Port St. Lucie Blvd.	
City, State, ZIP: Port St Lucie, Fl. 34984	Phone Number: 772 871 7390
Point of Contact: Mary Beth Lee	Fax Number: 7723444078
Email: mblee@cityofpsl.com	
Explain How This Referenced Work Is Similar To This Request:	

This project is used as a reference because of its size (over 10000 sq. ft.) security sensitivity, time constraints.

Every employee as well as subcontractor used by Gentile Corp. had to be scrupulously screened before commencement of activities, police personnel (chief, detectives, annalists)remain in full activity while repairs were done.

Date service was provided: May 2014

Supplier: **gentile corp**



NONCOLLUSION AFFIDAVIT

STATE OF: Florida

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

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

Oscar Frozini
Signature
Gentile Corp.
Name of Company

Oscar Frozini
Printed Name
President/ Owner
Title

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

Supplier: **gentile corp**



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

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

Contractor:

Daniela Serafino
Witness Signature

GENTILE CORP.
Name of Contractor

Daniela Serafino
Print Name

Oscar Frozini
Contractor Signature

Fernando Velazco
Witness Signature

Oscar Frozini
Print Name, Title

Fernando Velazco
Print Name

30 day of July, 2014

(CORPORATE SEAL)

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

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

Supplier: **gentile corp**



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

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

1. This form statement is submitted to **City of Hollywood, Florida**

By **Oscar Frozini, President/ qualifier** for **GENTILE CORP.**

(Print individual's name and title) (Print name of entity submitting sworn statement)

whose business address is **3160 Turtle Cove, West Palm Beach, Fl. 33411**

and if applicable its Federal Employer Identification Number (FEIN) is **46-1976266** 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.

Oscar Frozini
Signature
GENTILE CORP.
Name of Company

Oscar Frozini
Printed Name
President/ Qualifier
Title

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

Supplier: **gentile corp**



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:

GENTILE CORP.
3160 Turtle Cove, West Palm Beach
FL.33411

Application Number and/or Project Name:

Bid#RFQ-4420A-14-IS

Applicant IRS/Vendor Number: **46-1976266**

Oscar Frozini
Signature
GENTILE CORP.
Name of Company

Oscar Frozini
Printed Name
President/ Qualifier
Title

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

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

Supplier: gentile corp**DRUG-FREE WORKPLACE PROGRAM**

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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

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

Oscar Frozini
VENDOR'S SIGNATURE

Oscar Frozini
PRINTED NAME

GENTILE CORP.
NAME OF COMPANY

President/Qualifier
TITLE

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

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

Supplier: gentile corp



SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

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

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

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

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

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

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

Oscar Frozini
SIGNATURE

Oscar Frozini,
PRINTED NAME

GENTILE CORP.
NAME OF COMPANY

President/Qualifier
TITLE

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

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

Supplier: **gentile corp**



SOURCE OF INFORMATION

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

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

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

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

Supplier: **gentile corp**



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): **GENTILE CORP.** Federal Tax Identification Number: **46-1976266**

If Corporation - Date Incorporated/Organized: **January, 2006**

State Incorporated/Organized: **FLORIDA**

Company Operating Address: **3160 Turtle Cove**

City **West Palm Beach** State **FL** Zip Code **33411**

Remittance Address (if different from ordering address): **3160 Turtle Cove**

City **West Palm Beach** State **FL** Zip Code **33411**

Company Contact Person: **Oscar Frozini / Fernando Velazco** Email Address: **gentilellc@comcast.net**

Phone Number (include area code): **9545200548** Fax Number (include area code): **561 688 1398**

Company's Internet Web Address: **3160 Turtle Cove**

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: **Oscar Frozini** Date **July 30 2014**

Type or Print Name: **Oscar Frozini**

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

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

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

Supplier: gentile corp

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)	
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE COMPANY? A COMPANY? B COMPANY? C COMPANY? D			
INSURED					
COVERAGE 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.					
CO	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				GENERAL AGGREGATE \$300,000 PRODUCTS-COMP/OP AGG \$300,000 PERSONAL & ADV INJURY \$300,000 EACH OCCURRENCE \$300,000 FIRE DAMAGE (ANY ONE FIRE) \$50,000 MED EXP (ANY ONE PERSON) COMBINED SINGLE LIMIT \$100,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY LIMITS EACH ACCIDENT \$100,000 DISEASE - POLICY LIMIT \$500,000 DISEASE - EACH EMPLOYEE \$100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				
	GLASSCO LIABILITY <input type="checkbox"/> ANY AUTO				
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				
	OTHER				
DESCRIPTION OF OPERATIONS/LOCATION(S)/VEHICLES/SPECIAL ITEMS City of Hollywood is named Additional Insured (Required as shown)					
CERTIFICATE HOLDER City of Hollywood 2600 Hollywood Blvd. Hollywood, FL, 33020 (Required as shown)		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			
ACORD 25-9 (1/96)					
ATTENTION: DOLLAR LIMITS ARE SUBJECT TO CHANGE BASED UPON TYPE AND TOTAL COST OF SERVICES PROVIDED.					

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

Name (as shown on your income tax return)

GENTILE CORP.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

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

Exempt payee code (if any)

Exemption from FATCA
reporting code (if any)

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

3160 Turtle Cove

City, state, and ZIP code

West Palm Beach, FL 33411

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

Employer identification
number**46-1976266**

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign HereSignature of
U.S. person *

Oscar Frozini

Date: **July 30 2014****General Instructions**

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

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

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

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

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

Purpose of

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

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

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

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

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

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

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

Cat. No. 10231X

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

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

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

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

Nonresident alien who becomes a resident alien.

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

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

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

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

Updating Your Information

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

Penalties

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

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

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

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

Specific Instructions

Name

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

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

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

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

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

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

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

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

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

Payments you receive will be subject to backup withholding if:

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

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

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

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

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

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

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

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

Exemptions

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

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

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

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

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

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

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

G—A real estate investment trust

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

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

J—A bank as defined in section 581

K—A broker

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

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

Part I. Taxpayer Identification Number (TIN)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II. Certification

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

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

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

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

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

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

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

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

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

Form W-9 (Rev. 8-2013)

Page 4

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

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

Give name and SSN of:

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

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

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

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

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

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

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

Secure Your Tax Records from Identity Theft

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

To reduce your risk:

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

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

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

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

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

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

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

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

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

Privacy Act Notice

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

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

XV. RIGHT TO REDUCE THE SCOPE OF WORK

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

XVI. RIGHT TO TERMINATE

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

XVI. HOLD HARMLESS AND INDEMNITY CLAUSE

GENTILE CORP. Oscar Frozini, OSCAR FROZINI
(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.

GENTILE CORP. Oscar Frozini, OSCAR FROZINI
(Company Name and Authorized Signature, Print Name),
further certifies that it will meet all insurance requirements of the City of Hollywood and agrees to produce valid, timely certificates of coverage.

XVII. DISCLOSURE OF CONFLICT OF INTEREST

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

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

Name

Relationship

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

RFQ CHECKLIST

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

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

NAME OF COMPANY: GENTILE CORP

PROPOSER'S NAME: OSCAR FROZINI

PROPOSER'S AUTHORIZED SIGNATURE: Oscar Frozini

DATE: September 10 2014