

Submitted to: City of Hollywood, Florida C/O Office of City Clerk 2600 Hollywood Blvd. Room #221 Hollywood FL 33020

City of Hollywood - Contractors for Housing Residential Rehabilitation Programs

RFQ - 4420A - 14 - IS

Bid Due: August 7, 2014 at 3:00 P.M.

Submitted by: ASSURED CONTRACTING LLC. Luigi Galascio 3553 NW 10th Avenue Oakland Park FL 33309 954-652-1098

ORIGINAL



Submitted to: City of Hollywood, Florida C/O Office of City Clerk 2600 Hollywood Blvd. Room #221 Hollywood FL 33020

City of Hollywood - Contractors for Housing Residential Rehabilitation Programs

RFQ - 4420A - 14 - IS

Bid Due: August 7, 2014 at 3:00 P.M.

Submitted by: ASSURED CONTRACTING LLC. Luigi Galascio 3553 NW 10th Avenue Oakland Park FL 33309 954-652-1098

COPY

I. Company Profile



Assured Contracting, LLC

3553 NW 10th Avenue Oakland Park, FL 33309 954-652-1098 Fax 954-692-9100 www.Assured-Contracting.com

COMPANY PROFILE

Description of Company Services

Assured Contracting specializes in the renovation of existing Residential Homes, making outdated buildings look and work like new again. Performing modernization projects requires operating at the highest level of safety, quality, and responsiveness to accommodate the existing office staff or other building occupants. Whether it's covering work areas or maneuvering the schedules of our subcontractors – we do whatever it takes to lessen the impact of the construction process on our clients and their neighbors.

Assured Contracting, has numerous self-performance capabilities and has seasoned teams of in-house tradesmen that are readily accessible to quickly and efficiently deliver services to our clients in all of our office locations.

We also have an exceptional, proven pool of pre-qualified subcontractors that are readily available to perform their services for all of our clients. Here at Assured we know from experience that if subcontractors are treated fairly and paid on time there is a loyalty that results in quick response from the subcontractors, excellence in workmanship, and consistently competitive pricing on future projects and on current change order requests.

Assured Contracting currently holds the following licenses issued by the State of Florida licensing authorities under the following classifications:

General Contractor – CGC1516154
 Roofing – CCC1328696

Size and Scope of Work Usually Performed

<u>Scope of work:</u> We do demo of houses then rebuilt them, total interior renovation, total renovation and roofing because we also are a licensed roofer.

<u>Size of work:</u> The size of work can start with just adding shutters, to windows, doors and roofing, anywhere from \$11,000.00 to \$180,000.00 depending on the scope of work.

Physical Address: 3553 NW 10th Avenue Oakland Park FL 33309

We have been in business since: July 3, 2008

This is a written statement to confirm that Assured Contracting LLC has not been debarred.

Liability Insurance, Workmen's compensation and Auto Insurance - Please see attached.

Å		ATE OF LIABILI	TY INSURA	NCE		DATE (MM/DD/YYYY)		
Crc 850	own Insurance Agcy. () NW Federal Hwy., Su Mart, Fl. 34994	of Fl Inc	THIS CERT ONLY ANI HOLDER, 1	TIFICATE IS ISSUE D CONFERS NO	EDAS A MATTER OF IN RIGHTS UPON THE C E DOES NOT AMEND, I FORDED BY THE POLIC	ERTIFICATE		
772	-419-8619	1	INSURERSA	INSURERS AFFORDING COVERAGE				
	ASSURED CONTRACT 3553 NW 10TH AVE	ING, LLC			NITY INS CO	NAIC #		
	OAKLAND PARK, FL		INSURER B:					
		. 55509	INSURER D:					
COVER	RAGES		INSURER E:					
THE P ANY R MAY P	OLICIES OF INSURANCE LISTED BELOWHAVE E REQUIREMENT, TERM OR CONDITION OF ANY PERTAIN, THE INSURANCE AFFORDED BY THE		ABOVE FOR THE POLICY P MTH RESPECT TO WHICH	ERIOD INDICATED. NOT THIS CERTIFICATE M	WTHSTANDING AY BE ISSUED OR			
INSR ADD	YL				TONS OF SUCH			
LTR INSP	GENERAL LIABILITY	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S		
A Y	X COMMERCIAL GENERAL LIABILITY	GL105086	9/02/13	00/00/11/	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person)	<pre>\$ 1,000,000 \$ 50,000 \$ 5,000</pre>		
	GEN'L AGGREGATE LIMIT APPLIES PER:		9/02/13	09/02/14	PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 2,000,000		
	X POLICY FIG- LOC AUTOMOBILE LIABILITY ANYAUTO				COMBINED SINGLE LIMIT	\$ 1,000,000		
	ALLOWNED AUTOS				(Ea accident) BODILY INJURY	s s		
	HIRED AUTOS				(Per person) BODILY INJURY (Per accident)	\$		
					PROPERTY DAMAGE (Per accident)	S		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
					OTHER THAN EA ACC	\$		
	EXCESS/UMBRELLA LIABILITY				AUTO ONLY: AGG	\$		
	OCCUR CLAIMS MADE				EACH OCCURRENCE	\$		
	DEDUCTIBLE					\$		
	RETENTION \$					s		
wo	RKERS COMPENSATION AND				WC STATU- OTH-	\$		
ANY	PLOYERS' LIABILITY ' PROPRIETOR/PARTNER/EXECUTIVE				TORY LIMITS ER			
OFF	ICER/MEMBER EXCLUDED? s, describe under				E.L. EACH ACCIDENT	S		
SPE	ECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$		
						\$		
THE	ION OF OPERATIONS / LOCATIONS / VEHICLES CITY OF HOLLYWOOD IS JRED FORM.	EXCLUSIONS ADDED BY ENDORSEMENT	IONAL INSUR	ED PER BLA	NKET ADDITIONA	T		
ERTIFI	CATE HOLDER		CANCELLATIC					
	CITY OF HOLLYWOOD 2600 HOLLYWOOD BL HOLLYWOOD, FL. 33 9549213037	VD	DATE THEREOF, NOTICE TO THE C IMPOSE NO OBLIC	THE ISSUING INSURER ERTIFICATE HOLDER N GATION OR LIABILITY O	AMED TO THE LEFT, BUT FAILUR F ANY KIND UPON THE INSUREF	30 DAYS WRITTEN		
			AUTHORIZED REPR	s. Rechard	1. Corona			
CORD	25 (2001/08)			/	@ ACOBD COT			

© ACORD CORPORATION 1988

			-		
	-	-	-	La	
4	C	\mathcal{O}	ŅK.		
	-		-		

CERTIFICATE OF LIABILITY INSURANCE

-

Г

THIE	CEDTICICATE IS INCURD AN A MAN		×115	IVAIL OF L	INDILI	IT INSUR	ANCE		11/19/2013
NOT	CERTIFICATE IS ISSUED AS A MATTER AFFIRMATIVELY OR NEGATIVELY AME RANCE DOES NOT CONSTITUTE A CON TIFICATE HOLDER.	ND, E)	FORM/ (TEND) T BETV	ATION ONLY AND C OR ALTER THE CO VEEN THE ISSUING	ONFERS NO VERAGE AF	D RIGHTS UPON FORDED BY TH I), AUTHORIZED	THE CERTIFICE B	CATE HOLDER. THIS CE ELOW. THIS CERTIFICA ATIVE OR PRODUCER, A	RTIFICATE DOES TE OF ND THE
IMPO	RTANT: If the certificate holder is an AD	DITIO	JAL INC	RIPED the pollow	land ment h				
endo	itions of the policy, certain policies may reement(s).	requir	e an en	dorsement. A state	ment on this	a certificate doe	s not confer rig	phts to the certificate hol	der in lieu of such
PROD	JCER				CONTACT	and the second se	and a state of the second s		
					PHONE JAIC, No, Ext:	1-800-277-162	x4800	FAX (AIC, Hoj: 727-797	-0704
	NKCRUM INSURANCE AGENCY, INC.				E-MAN. ADDRESS:			II _ 1	
	5. MISSOURI AVE. NRWATER FL 33756						FFORDING COVE		NAIC#
NSUR	ED				INGURER A:	FRAN	WINSTON CRU	IM INSURANCE CO.	11800
110010					INSURER B:	······································			
Frank	Crum 1-800-277-1620				INSURER C: INSURER D:				
	MISSOURI AVENUE				INSURER E:	and the second design of the			
	RWATER FL 33756				INSURER F:				
Badladull)	THIS IS TO GERTIFY THAT THE POLICIES OF I	NSURA	NCE LIS	TED DEL OW LINE DET	TE NUMBER:	The sale at the sale that the second	16728	REVISION NUMBER	
-Junania.	NOTWITHSTANDING ANY REQUIREMENT, TEP PERTAIN, THE INSURANCE AFFORDED BY TH MAY HAVE BEEN REDUCED BY PAID CLAIMS.	FROIM	CONDITIC	ON OF ANY CONTRACT	FOR OTHER D	OCLIMENT WITH R L THE TERMS, EXC	ESPECT TO WHIC LUSIONS AND C	THE POLICY PERIOD INDICA THIS CERTIFICATE MAY B ONDITIONS OF SUCH POLIC!	ted. E Issued or May Es. Limits Shown
IMAN LTR	TYPE OF INSURANCE	ADDL INBR	SUBR WVD	POLICY NUME	IER	POLICY EFF (MMDD/YYYY)	POLIDY EXP	LIMTS	ann dan Ballit di Kasar Burgara anna da dan
	GENERAL LIABILITY							EACH OOGURRENCE	5
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMIBES (En occurrence)	\$
	CLAIM8-MADE OCOUR							MED EXP (Any one person)	5
		- 2						PERSONAL & ADV INJURY GENERAL AGGREGATE	5
	GENL AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPANY AGG	3
	POLICY PROJECT LOC								\$
	ANT ANTO							COMBINED SINGLE LIMIT (Ea socidani)	\$
	ALL OWNED SCHEDULED							BODILY INJURY (Par poreon)	\$
	NON -OWNED							BODILY INJURY (Par section) PROPERTY DAMAGE	\$
	HIRED AUTOB AUTOS							(Per accident)	\$
5303	UMBRELLA LLAB OCCUR		1		erti stran anna a sa Carpotanaga			Etou ood manuar	\$
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	8
	DED RETENTION \$						· =		\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			VVC2014000	000	1/1/2014	1/1/2015	WO STATU- OT X TORY UMITS E	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						EL. EACH ACCIDENT	\$1,000,000
	(Mandatory in WH) If yes, describe under								
	DESCRIPTION OF OPERATIONS below							EL. DISEASE - EA EMPLOYEE	\$1,000,000
			1		·····			E.L. DISEASE - POLICY LIMIT	\$1,000,000
						t i			
)esor	IPTION OF OPERATIONS / LOCATIONS / VEHICLES (Allech	ACORD 1	Dt. Addito	alal Remarks Schedule, if mo	in anno la realit				
	-VIVE VIVIZUIA, COVERAGE IS FOR 1	100% 6	E THE	ENDI OVECO OF FI	DABBICODUSE	IFADED TO IN	SURED CONTI	ACTING, LLC (CLIENT)	OR WHOM THE
C tool Log	NT IS REPORTING HOURS TO FRANKCH	KOM. C	OVER	AGE IS NOT EXTEN	DED TO ST	ATUTORY EMPL	OYEES.		SICHIGH ITL
CERT	IFIGATE HOLDER				CANCELLAT	ION	an a		
	A second s		*****				in tables and a second second		and an an a solution of the second
	CITY OF HOLLYWOOD				THE EXPIRA	y of the above i tion date there ce with the poli	OF, NOTICE WILL	CIES BE CANCELLED BEFOR . BE DELIVERED IN	le .
	2600 HOLLYWOOD BLVD					EPREBENTATIVE		1	
	HOLLYWOOD, FL 33022				, Tela	Carlo Carlo	•		
			- <u></u>						

@ 1988-2010 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF INSURANCE

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois

STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas , or STATE FARM COUNTY MUTUAL INSURANCE COMMISSION (Illinois)

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: ASS	SURED CONT	RACTING LL	С						
ADDRESS OF NAMED INS	URED: 35	53 NW 10 TH	AVE OAKLA	ND PARK, FL	33309				
POLICY NUMBER							T		
EFFECTIVE DATE			1037 973	7-D15-59	59-2536-1	D15-59C			
OF POLICY			04/15/1	4-10/15/14	04/15/14	-10/15/14			
DESCRIPTION OF									
VEHICLE (Including VIN)			2000 CH	EVY G31	2009 FOR	D F-150			
LIABILITY COVERAGE	☐ YES	🗌 NO	🛛 YES		☐ YES	□ NO	☐ YES		
LIMITS OF LIABILITY a. Bodily Injury									
Each Person									
Each Accident									
b. Property Damage				······				3	
Each Accident									
c. Bodily Injury &									
Property Damage Single Limit									
Each Accident			\$1,000,0	00 00	81 000 0				
PHYSICAL DAMAGE COVERAGES	□ YES		1		\$1,000,00	00.00			
a. Comprehensive	\$	Deductible	YES		YES	🗌 NO	YES	🗌 NO	
1	T YES		→ □ YES	Deductible	\$ 500.00	Deductible	\$	Deductible	
b. Collision	\$	Deductible	\$	NO Deductible	X YES \$ 500.00		T YES	🗌 NO	
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE] YES		T YES			Deductible	\$	Deductible	
HIRED CAR LIABILITY				NO NO	☐ YES	NO NO	☐ YES	🗌 NO	
COVERAGE FLEET - COVERAGE FOR	☐ YES		☐ YES	NO NO	☐ YES	NO 🛛	☐ YES		
ALL OWNED AND LICENSED	☐ YES			-			1		
MOTOR VEHICLES		NO NO	YES	NO NO	☐ YES	NO 🛛	🗌 YEŞ	🗌 NO	
en m=lia	. vc. A	2 Mel M							
Signature of Authorized Repre	sentative	71			2536 07/28/2014 Agent's Code Number Date				
Name and Address of Cert CITY OF HOLLYWOOD	ificate Holde	r		Name and Add	dress of Agen	it	ander D	ate	
2600 HOLLYWOOD BLVD				STATE FARM	INSURANCE			1	
HOLLYWOOD, FL 33022				TERRY MC CALL INSURAN 10131 WEST OAKLAND PA			NCE AGENCY INC PARK BLVD		
				SUNRISE, FI	33351				
			ļ						
TERNAL STATE FARM USE		quest permane	nt Certificate	of Insurance for li	ability coverage	-			

Request Certificate Holder to be added as an Additional Insured.

II. Professional Competency



Assured Contracting, LLC

3553 NW 10th Avenue Oakland Park, FL 33309 954-652-1098 Fax 954-692-9100 www.Assured-Contracting.com

PROFESSIONAL COMPETENCY

List within the past five years if there is any record of litigation, or a any complaint that have been filed against this business entity with any regulatory Board or Agency.

Answer: No

<u>Please find attached</u> Copy of State Florida Contractor License Broward County Contractor Registration

Sample of warranty statement on contractors completed work:

CONTRACTOR WARRANTS

That the work/labor performed shall be in conformance with this agreement and be free from faults and defects of workmanship for a period of One (1) year, from the date of completion established as:

Contractor will assign and deliver to owner all guarantees, warranties, and operating instructions of any Subcontractor, Manufacturers, or Suppliers that are applicable to any portions of the work and materials.

Within seven (7) days of first knowledge of any defect or failure to function properly, Contractor is to be notified in writing, of same by owner of his/her agents. Contractor will be given first opportunity to promptly repair, replace and/or correct any item found to have a defect in workmanship, or that fails to function properly as a result of our labor, at no cost to owner, within, a reasonable period of time. This warranty does not apply to any construction, altered, defaced and/or had repairs made or attempted by others.

Under no circumstances shall Contractor be liable, by virtue of this Warranty or otherwise, for damage to any person or property whatsoever, or for any special, indirect, secondary or consequential damages, of any nature, arising out of the use or inability to use because of the construction defect.

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION



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

(850) 487-1395

GALASCIO, LUIGI ASSURED CONTRACTING LLC 5900 SW 16 CT PLANTATION FL FL 33317

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

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

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



AC# 6278424

SEQ# L12081701592

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1516154 08/17/12 128040887

CERTIFIED GENERAL CONTRACTOR GALASCIO, LUIGI ASSURED CONTRACTING LLC

STATE OF FLORIDA

IS CERTIFIED under the provisions of Ch.489 FS Expiration date: AUG 31, 2014 L12081701592

DETACH HERE

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

AC#6278424

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

DATE BATCH NUMBER LICENSE NBR

08/17/2012 128040887 CGC1516154

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

GALASCIO, LUIGI ASSURED CONTRACTING LLC 5900 SW 16 CT PLANTATION FL 33317

> RICK SCOTT GOVERNOR

> > DISPLAY AS REQUIRED BY LAW

KEN LAWSON SECRETARY

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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

DBA:

LATA DE LA DEL MARTINE DEL MARTINE DE LA DEL MARTINE DEL MARTINE DE LA DEL MA

Business Name: ASSURED CONTRACTING LLC

0.00

Owner Name: LUIGI GALASCIO Business Location: 3553 NW 10 AVE OAKLAND PARK Business Phone: 954-347-0866

Receipt #: 180-8519 GENERAL CONTRACTOR (CERT Business Type: GENERAL CONTRACTOR)

0.00

27.00

Business Opened:10/08/2008 State/County/Cert/Reg:CGC1516154 **Exemption Code:**

0.00

Rooms Seats Employees Machines Professionals 3 For Vending Business Only Number of Machines: Vending Type: Tax Amount **Transfer Fee** NSF Fee Penalty **Prior Years Collection Cost** Total Paid 27.00

0.00

0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

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

Mailing Address:

LUIGI GALASCIO 3553 NW 10 AVE OAKLAND PARK, FL 33309

Receipt #033-12-00001333 Paid 07/22/2013 27.00

2013 - 2014

III. Relevant Work Experience



Assured Contracting, LLC License CGC1516154/CCC1328696 3553 NW 10th Avenue Oakland Park, Florida 33309

Phone: 954-652-1098 Fax: 954-530-9604 E-Fax: 954-692-9100 Cell: 954-347-0866

RELEVANT WORK EXPERIENCE

City Of Pompano Beach

- 1. Barbara Myrick- 1366 NE 27 Street Pompano Beach FL 33064
 - a. Roofing, Repair Stucco on Exterior and Paint Exterior
 - b. Contract Amount \$14,500.00
 - c. Orlando Nightengale, City of Pompano Beach 954-786-7838
 - d. Contract period: 06/02/14 06/30/14
- 2. Jack Willis 224 NW 15th Place Pompano Beach FL 33060
 - a. Windows and Doors
 - b. Contract Amount: \$10,000.00
 - c. Orlando Nightengale, City of Pompano Beach 954-786-7838
 - d. Contract period: 06/30/14 07/28/14
- 3. <u>City of Pompano Beach 1825 NE 49th Street Pompano Beach FL 33069</u>
 - a. New Construction Tear Down and Rebuilt Home
 - b. Contract Amount \$138,760.00
 - c. Orlando Nightengale, City of Pompano Beach 954-786-7838
 - d. Contract period: 08/11/11 09/12/12

Community Redevelopment Associates of Florida

- 1. <u>City of Deerfield Beach 1201 SW 6th Avenue Deerfield Beach FL</u> 33442
 - a. Total Interior Renovation
 - b. Contract Amount \$84,175.00
 - c. Angela Polanco 954-431-7866 x 120 (CRA)
 - d. Contract period: 05/29/13 07/18/13

- 2. Wendy Kosonen 3351 Deer Creek Alba Way Deerfield Beach FL 33442
 - a. Sloped Roof Concrete Tile, Flat Roof Modified Butmen, Door & Windows, repair ceiling, tile, and 2 bathroom renovations.
 - b. Contract Amount: \$46,000.00
 - c. Deaverlyn (Dev) Brown 954-431-7866 x 125 (CRA)
 - d. Contract period: 11/26/12 –05/09/13

Ft. Lauderdale

- 1. Mary & Robert Brooks 1741 NW 26th Terrace Ft. Lauderdale FL 33311
 - a. Roof, Windows and Doors, Paint (interior and exterior) electrical, plumbing, A/C, insulation and tile.
 - b. Contract Amount: \$39,924.00
 - c. Lawrence Szeliga, City of Ft. Lauderdale 954-828-4524
 - d. Contract period: 01/29/13 05/31/13

R

- 2. Fenel & Helene Antoine 1619 NW 14th Avenue Ft. Lauderdale FL 33312
 - a. Asphalt Shingle Roof, Windows and Doors, Paint (interior and exterior) electrical, plumbing, A/C, insulation and tile. Contract Amount: \$34,610.00
 - b. Lawrence Szeliga, City of Ft. Lauderdale 954-828-4524
 - c. Contract period: 03/11/13 04/23/13

City of Tamarac

- 1. Patricia Finigan 5407 NW 49th Terrace Tamarac FL 33319
 - a. Roof , electric, bathroom renovation Contract Amount: \$33,650.00
 - b. Angela Bauldree, City of Tamarac 954-597-3539
 - c. Contract period: 05/13/13 10/29/13
- 2. <u>City of Tamarac 6950 NW 82nd Street Tamarac FL 33321</u>
 - a. Roof and Total interior renovation Contract Amount \$80,235.00
 - b. Angela Bauldree, City of Tamarac 954-597-3539
 - c. Contract period: 04/05/13 01/01/14

City of Sunrise

- 1. Jerry Zimmerman- 3001 Sunrise Lakes Drive E Bldg 19 Unit 206 Sunrise FL 33322
 - a. Windows & Doors, Electrical and Plumbing
 - b. Contract Amount \$ 19,695.00
 - c. Robin A. Buller, City of Sunrise 954-578-4769
 - d. Contract period: 03/01/14 05/15/14
- 2. Martha Claxton 2976 NW 110th Avenue Sunrise FL 33322
 - a. Windows, Doors, Electrical, Plumbing and HVAC
 - b. Contract Amount \$20,605.00
 - c. Robin A. Buller, City of Sunrise 954-578-4769
 - d. Contract period: 05/15/14 07/14/14



Assured Contracting, LLC License CGC1516154/CCC1328696 3553 NW 10th Avenue Oakland Park, Florida 33309

Phone: 954-652-1098 Fax: 954-530-9604 E-Fax: 954-692-9100 Cell: 954-347-0866

RELEVANT WORK EXPERIENCE

Documented ability to successfully complete simultaneous projects at once.

2417 Residence – City of Pompano Beach – 11/19/13 – ongoing

Algainesh Afewerk – City of Pompano Beach – 03/21/14 – 5/08/14

Matthew Rodemeyer - City of Pompano Beach - 03/19/14 - 05/21/14

Jerry Zimmerman – City of Sunrise - 03/01/14 - 05/15/14

Martha Claxton - City of Sunrise - 05/15/14 - 07/14/14

Delores Washington – City of West Palm Beach – 02/19/14 – 05/04/14

Deborah Moody – City of West Palm Beach – 12/03/13 – 06/02/14

IV. Financial Competency



Date: July 16, 2014

To: Whom it may concern,

Regarding Customer: Assured Contracting LLC 5900 SW 16TH CT PLANTATION, FL 33317-5202

To Whom It May Concern:

This letter is verification that the customer named above has an account with Wells Fargo This account number ending in -9104, was opened 07/11/2008 and has a current balance of \$105,369.42

If you need deposit information, refer to the customer named above. The account holder can provide deposit information from their monthly statements.

If you have any questions please call us at 1-800-TO-WELLS (1-800-869-3557). Phone Bankers are available to assist you 24 hours a day, 7 days a week.

Sincerely,

Brian Weisbrot

Personal Banker (954)467-5210 WELLS FARGO BANK, N.A. PLANTATION 1191 S UNIVERSITY DR PLANTATION, FL 33324 Committed to getting your job done. Easier.TM



To Whom It May Concern:

It is with great confidence that I put forward this recommendation of Assured Contracting LLC and its President Luigi Galascio. Our company has worked with Assured Contracting LLC since December of 2008 on dozens of projects per year and what you can expect from Assured Contracting LLC is a streamlined, honest process built upon open communication and thorough market/industry knowledge that dramatically simplifies the construction process. They are a partner to be relied upon from the start of a project, in the concept/budget development phase, through punch out, and on through the life of the building. Our vast experience with Assured Contracting LLC is just one example of the commitment that they have made in developing lasting relationships built upon integrity and mutual respect. They are not only a valued client of ABC Supply but I have also contracted Assured Contracting LLC to perform construction work on my building in Pompano Beach, FL and also my personal home.

I welcome any specific inquiries to support my recommendation of Assured Contracting LLC.

Respectfully,

Coe Steele

ABC SUPPLY CO. INC. Branch Manager Pompano Beach, FL #135 954-570-3286 Office 954-570-7768 Fax 239-707-6310 Cell coe.steele@abcsupply.com



August 5, 2014

To Whom It May Concern:

Eastern Architectural Systems (EAS), A Division of Eastern Metal Supply, is a manufacturer of Vinyl and Aluminum, Impact and Non-Impact windows and doors. EAS supplies window and doors to Assured Contracting, LLC. We have worked with them for two years now and have a good working relationship with them.

Timothy J. Hoard,

J. End

Code Compliance Engineer/Product Engineer

ACTION SUPPLY CO. 5411 NW 15TH STREET MARGATE, FL 33063 954-971-7782 TELEPHONE 954-971-2536 FAX

August 5, 2014

To whom it may concern,

Assured Contracting, LLC, has an open account with Action Supply Co. since January 2011. They keep their account maintained with us.

Thank you,

Karen L. Sadíer Administration/Credit Manager



August 6, 2014

To Whom It May Concern:

All Points has been doing business with Assured Contracting LLC since January 30th, 2009 and has enjoyed having them as a customer. The relationship has always been good and there's no reason to believe that it would change any time soon. They order from us several times per month and the pay us on a COD basis.

We are happy to have Assured Contracting LLC as a customer and look forward to a long and prosperous relationship with them.

Sincerely Paula Ja

Controller

Turnpike Distribution Center 1590 NW 27th Avenue, #9, Pompano Beach, Florida 333069 Telephone (954) 984-0116 Fax (954) 956-9949 Toll Free (800) 226-5555 Toll Free Fax (800) 582-6110

Forms included in Package

Section 3 Businesses

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

CRITERIA	MAX. POINTS POSSIBLE	EVALUATION COMMITTEE'S COMMENTS & SCORE
 General Quality of Submittal: Submittal is typed/printed legibly and contains complete information; All applicable attachments are included; 	5	
 A complete original and four (4) copies are included; Submittal is signed by authorized representative. 		
I. Company Profile:	5	
 Description of company services; Size and scope of work usually performed; Names of all principals and licenses held, if any; Physical address of offices; 	U U	
 Number of years in business; Includes statement indicating that the applicant business entity has not been debarred; Proof of General Commercial Liability Insurance (minimum \$300,000 coverage) and Worker's Compensation Policy. 		
 II. Professional Competency: Any record of litigation, or complaints against the applicant business entity with any Regulatory Board/Agency within the past five (5) years? Copy of State of Florida Contractor's License (GC or BC) and current Broward County Contractor registration; A sample warranty statement on contractor's completed work. 	15	
 III. Relevant Work Experience A list of completed repair or renovation jobs completed within the past five (5) years, including property address, owner's name and contact information, description of work, and contract dollar value; Documented ability to successfully complete simultaneous rehabilitation/construction projects. 	50	
 IV. Financial Competency: A letter on bank letterhead and signed by a bank officer stating that the applicant business entity has maintained an active business account in good standing for at least the past three (3) years and reflecting average account balance during the period. Letters of reference from at least four (4) trade suppliers. 	25	

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

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

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

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

Projected Timeline Related to this Request for Qualifications:

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

VII. NON-COLLUSIVE

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

VIII. ASSIGNMENT

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

IX. KEY PERSONNEL

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



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

Galascio

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**

SURPO

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

ontractinal

siai Galascio (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.

ontrac vigi Galascio (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.

DISCLOSURE OF CONFLICT OF INTEREST XVII.

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 N)A	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.

_____V

a i

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".

Lontracting, LLC sured NAME OF COMPANY: ascio PROPOSER'S NAME: UIG t PROPOSER'S AUTHORIZED SIGNATURE: DATE: 1154 10



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:	see attachment
Address:	
City, State, ZIP:	Phone Number:
Point of Contact:	Fax Number:
Email:	
Explain How This F	eferenced Work Is Similar To This Request:
Date service was p	rovided:

Company Name:	
Address:	NE DE LA Discourse de la Concela - Calo a relativa alternativa ante
City, State, ZIP:	Phone Number:
Point of Contact:	Fax Number:
Email:	
Explain How This Referenced Work Is Si	milar To This Request:
	<u>A.</u>
	<u>v</u>
Date service was provided:	

Company Name:		
Address:		
City, State, ZIP:	Phone Number:	
Point of Contact:	Fax Number:	
Email:		
Explain How This Referenced Work	Is Similar To This Request:	
Date service was provided:		

CILY	01 -	tim with	partition of the second se			
-		M/	VIC	NC		1
115	and the first state	- // V	LO	<u>八</u>	싯	1
	· source of		1. U	K I	01	4

NONCOLLUSION AFFIDAVIT

STATE OF:	Florida	
COUNTY OF:	Broward , being first duly sworn, deposes and says that:	
(1)	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,	

Signature Contracting, LLC Assign -d Name of Company

Printed Name 91 67 91	ascio
Printed Name /	
Vice Presid	ent
Title	

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

representatives, owners, employees, or parties in interest, including this affiant.



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

Assored 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: ULL Assured Contracting, LLC Witness Signature Name of Contractor Tristing in Knho Print Name Contractor Signature X Vice President teces U: Qu 1 alascie Witness Signature Print Name, Title Sheila Selmander day of Hugust Oth 2014 Print Name

(CORPORATE SEAL)

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



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 Holly Wood
By Luigi Galascio for Assured Contracting LLC (Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 3553 NW 1042 AVENUE Oakland Park FL 33309
and if applicable its Federal Employer Identification Number (FEIN) is 36-2939004ft the entity has no EEIN include the O
Security Number of the individual signing this sworn statement.

NA

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statues, 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), <u>Florida Statutes</u>, 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), Elorida 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 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), Elorida Statues, 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 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.

Galascio Luigi Signature Printed Name AS ontracting LLC resident V ice + PA 31 Name of Company Title

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



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:

e of Company



Title

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

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:

- Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use 1. of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free 2. workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the 3 statement specified in subsection (1).
- In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities 4. 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.
- Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such 5. 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.

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

ENDOR'S SIGNATURE \$ sured Contracting LLC NAME OF COMPANY

Galascio Vigi PRINTED NAME

Vice President TITLE

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

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.

Galascio Luigi GNATURE PRINTED NAME contracting LLC USEC ice President NAME OF COMPANY TITLE

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


SOURCE OF INFORMATION

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

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

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

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

City	0		ALL ROOM	terren,	_			
		N.	$\langle \rangle$	$\langle I ($)(7
1 1	L	_L_Ø	V V	V		5	ノ	
Contraction of the second	-	18.3.4	1	LC	R	1	D	A

ACKNOWLEDGMENT AND SIGNATURE PAGE

This form must be completed and submitted by the date and the time of bid opening.
Legal Company Name (include d/b/a if applicable): Federal Tax Identification Number: 26-2939004
If Corporation - Date Incorporated/Organized: しいは 3,2008
State Incorporated/Organized: Florida
Company Operating Address: 3553 NW 10th Avenue
city Oakland Park State FL Zip Code 33309
Remittance Address (if different from ordering address): Same as above
City State Zip Code
Company Contact Person: Luigi Galascia Email Address: 1galascia@gmail.com
Phone Number (include area code): 954-652-1098 Fax Number (include area code): 954-692-9100
Company's Internet Web Address: [www.assured-Contracting.com
IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.
Bidder/Proposer's Authorized Representative's Signature: Date August 7, 2014
Type or Print Name: Luigi Galascio
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

1. 1. 1. 11

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

in is ! . day

ĥ

÷.

\$

1

11/2510	三、黄、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、杨、	
1.2615.2	A CONTRACTOR OF A CONTRACT	

		Supplier Response Fo	orm		
(Rev. August 2013) Department of the Revenue Service		Request for Taxp Identification Number and	ayer I Certific	ation	Give to the requester, be not send to the NS
Print or type See Specific Instructions on page 2.		on your income tax return) sregarded entity name, if different from above]		
	Assured Co Check appropriate	ntracting LLC box for federal tax classification:]		Exemptions (see instructions):
Individual/sole proprietor C Corporation S Corporation Partnership Trus Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) + C					Exempt payee code (if any)
	Other (see in				Exemption from FATCA reporting code (if any)
13 	Address (number, 3553 NW 10	street, and apt. or suite no.) Oth Avenue		s name and a	ddress (optional)
	Frank and the second se	P code rk FL 33309 er(s) here (optional)			
					8
resident alien, sole entities, it is your er	ne appropriate boy thholding. For indi proprietor, or disre	Ientification Number (TIN) C. The TIN provided must match the name given on the viduals, this is your social security number (SSN). Ho egarded entity, see the Part I instructions on page 3. ion number (EIN). If you do not have a number, see H	wever, for a	Social sect	urity number
The on page 3.		one name, see the chart on page 4 for guidelines on v		Employer i 26-293	dentification number 9004
Part II Under penalties of	Certification perjury, I certify th				

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 Here	Signature of U.S. person *	Luigi Galascio	Date	August 7, 2014	
General Inst		(m))	withholding tax on fore	ign partners share of effectively cor	nected
Section references	s are to the Intern	al Revenue Code unless otherwise	income, and	an particle charte of checkively col	medieu
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

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

「原願」「子公」

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

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

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

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

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

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

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

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

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

Cat. No. 10231X

Form W-9 (Rev. 8-2013)

Franci Web (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 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.

Form W-9 (Rev. 8-2013)

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.

Page 3

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 \$5,0001	Generally, exempt payees 1 through 52
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

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

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

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)

What Name and Number To Give the Requester

For this type of account: 1. Individual	Give name and SSN of: The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account 1
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor 2
4. a. The usual revocable savings trust	The grantor-trustee 1
(grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The actual owner 1
 Sole proprietorship or disregarded entity owned by an individual 	The owner 3
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	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.

Page 4

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.