

and quality. The aim is to increase the value of projects, satisfying the project's performance requirements at the lowest possible cost. In construction, this involves considering the availability of materials, construction methods, transportation issues, site limitations or restrictions, planning and organization, costs, profits and so on. Benefits that can be delivered include a reduction in life cycle costs, improvement in quality, reduction of environmental impacts, and so on. Value engineering should start at project inception where the benefits can be greatest, however the contractor may also have a significant contribution to make as long as the changes required to the contract do not affect the timescales, completion dates or incur additional costs that outweigh the savings they offer.

Value engineering is an exercise that involves most of the project team as the project develops. It is about taking a wider view and looking at the selection of materials, plant, equipment and processes to see if a more cost-effective solution exists that will achieve the same project objectives. The key to this is remembering the relationship between cost and value – value is function divided by cost. Concentration on the function of the project or product will avoid mere cost cutting.

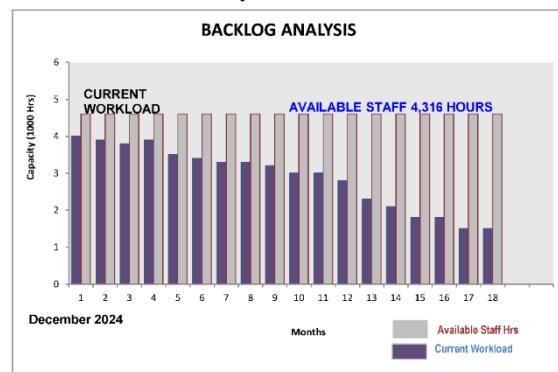
The project manager must take a pro-active role in both giving direction and leadership in the value engineering process, but must also ensure that time and effort is not wasted and does not have a detrimental effect on the progress of the project.

RJ Behar encourages sustainable design and the development of innovative, low-impact solutions. For example, we can implement any of the following: executing newly proven best management practices to reduce stormwater runoff; determining the best location for site amenities to encourage community use; utilizing new materials that promote public safety while limiting environmental impacts; and researching methods that can minimize time and effort. This amounts to reducing overall operational and maintenance costs for our Clients. Additionally, we have experienced staff who understand the relationship between cost, quality and timeliness. As a result, we can effectively evaluate the advantages and disadvantages of our solutions against environmental factors and determine the best solutions with the least impact for every unique circumstance. Our experience in sustainable design includes the design of the Broward County Department of Environmental Protection Green Laboratory where we designed the site amenities and evaluated green features such as bio-swales. We also designed the site, grading with complete specifications for the Hickory Hammock Equestrian Campground for the SFWMD. In this site we designed compost toilets and solar powered lighting.

Firm's Current Workload and Availability of Personnel

The table "Current Workload", found on this page, illustrates **RJ Behar's** current workload and the remaining fee under contract. In review of our anticipated spending of work under contract and with our current workforce, we estimate that we will begin to require new contracted work sometime this winter.

The illustration shows a steady decline in our contract demands, which has been substantiated by our review of our future work under contract. The predicted fall-off in our backlog is normal for this time of year. However, **RJ Behar's** staff will become more available as we approach winter, which seems to be well-timed for the anticipated needs for this contract. As demonstrated, our team has considerable resources and we do believe that we will be able to meet the challenges of this contract. Our production capability will enable us to fulfil this contract in an efficient and expeditious manner. Several of our large production contracts will be completed in the next few months, thus reducing our backlog considerably as illustrated above. We anticipate staff availability of two to three thousand staff hours per month, which can be applied to other contracts. The staff identified in the organization chart will be available to work on this contract immediately. **RJ Behar** will be able to provide sufficient staff to ensure timely completion of all assignments under this contract.



TAB F:

Knowledge of the Site and Local Conditions

1. Experience Working in Local Areas Affected by Low Elevation Lines
2. Knowledge of Local Permitting Agencies, Procedures
3. Experience Working in Project w/Complex Logistical Challenges



R.J.Behar

TAB F – Knowledge of Site and Local Conditions

We believe that **RJ Behar** is in the best position and is greatly qualified to deliver the required services based on the following:

- Our Firm specializes in municipal and government agencies projects,
- Our specific experience working within coastal communities in the South Florida area,
- The size of our firm allows us to be responsive and provide personalized services, while having enough staff to address any project needed by our clients,
- At **RJ Behar**, our Principals are involved in every project and provide direct access to our clients, and lastly,
- We have extensive engineering and construction management experience as it applies to this contract.

Knowledge of Site

South Regional Wastewater Treatment Plant (SRWWTP)

The South Regional Wastewater Treatment Plant is located at the eastern end of the City of Hollywood, its location is 1621 N 14th Avenue and Taft Street, Hollywood Florida 33020, approximately less than 1.5 miles from the ocean, which makes its location vulnerable to regular or big storms, hurricanes, and sea level rise.

Coastal Flooding and Sea Level Rise

As a coastal city and having areas that are less than 10 feet above sea level (FASL), the City of Hollywood is particularly susceptible to flooding from high tides and storm surge. The City has published the Vulnerability to Sea Level Rise Assessment Report to help identify potential risks and aid in planning for a sustainable community and has included these issues in the evaluation of the Citywide Stormwater Master Plan. The Broward County Board of County Commissioners has also established a Future Conditions Map Series intended to evolve with the application of best available science to develop models and provide data to update design requirements for land use decisions, accounting for future flood and climate risk. **RJ Behar** can be of assistance in the design of projects affected by sea level rise and tidal flooding. We have experience with pump stations, flood determinations in coastal areas, retrofit of tidal gates, seawall evaluations, and anything to assist the City with these issues. On our recent design for **NE 151st Street in North Miami**, we considered sea level rise in the design of the system by adjusting the tailwater elevations of our hydrologic-hydraulic models and increasing the water table elevations using the Regional Climate Action Plan projections. We designed the roadway on average of 1.5 feet higher to consider the effects of sea level rise. **RJ Behar** has also considered these effects in our design of coastal structures **S-40, S-41 and S-44** for the South Florida Water Management District by raising the control buildings to account for extreme weather conditions; and in our **Atlantic Shores Boulevard Improvements** project drainage design, we included design to retrofit existing outfalls using tidal gates.



RJ Behar has experience providing design services to coastal cities, towns, counties and South Florida Water Control District due to hurricane forces or low-level lines areas, providing drainage improvements, pump stations, please see a complete list of pump stations completed projects under **Tab C Firm Qualifications and Experience**.

Familiarity with Permitting Agencies and Procedures

Our experience with permitting includes all types of projects. In our **A1A Improvements** project for the FDOT, as an example, we had to permit the project with the Florida Department of Environmental Protection (FDEP) and the U.S. Army Corps of Engineers. The project was inside the coastal construction control line and included wetland (mangrove) impacts. We designed a mitigation project and coordinated it with a local municipality, which allowed them to enhance an existing park alongside the Intracoastal Waterway. We also prepared the stormwater pollution prevention plans to comply with the NPDES permitting for construction activities. We prepared the fill and dredge plans, permitting and the mitigation site permitting. The project included coordination with endangered species and seagrass surveys, preservation of historical properties, coordination of impacts to 4f (Boynton Inlet Park) properties and coordination for possible impacts to sea turtles with new lighting.





RJ Behar is currently one of two firms who serve as District Drainage Engineers (DDE) for the Central Broward Water Control District. As DDE, **RJ Behar** reviews plats, applications for water management work permits, paving and drainage plans, as-built plans, and permit renewal applications for conformance with the District's drainage regulations, standards, procedures, and design criteria. **RJ Behar** also provides other services including drainage criteria, manual updates, special studies, data collection and monitoring, computer modeling, geographic information systems, master planning, design, permitting, cost estimating, construction inspection services, facilities financing, facilities operations and other services as directed by the District. Permit reviews are conducted and verified against District criteria. We also participate in the District Board Meetings as representative to the District.

Our team is also familiar with permitting water systems in Broward County with FDEP and with Broward County's Domestic Wastewater Program who

is responsible for licensing all construction of community domestic wastewater collection system expansion and wastewater treatment facilities as delegated by the FDEP.

Project with Complex Logistical Challenges Including Occupied Facilities, Public Safety, and Other Safety Considerations

The challenges most affecting the projects like this contract will emanate from the fact that the City is a fully urbanized community in a coastal environment. **RJ Behar** has worked in many *Coastal Communities in the South Florida area*. As an example, we have completed projects in *Hollywood, Hallandale Beach, Fort Lauderdale, Pompano Beach, Dania Beach, Miami Beach, North Miami Beach, Sunny Isles Beach, Boca Raton, Jupiter, Lantana, and West Palm Beach* among others.

Other challenges will include addressing existing traffic conditions; existing structures that need to be kept in service while the rehabilitation is being completed; addressing residents; addressing services and access; and general safety for all the projects. **RJ Behar** has addressed these issues in our neighborhood improvement projects, as well as in the rehabilitation of existing structures. **RJ Behar** has many employees trained and certified by FDOT preparation of Temporary Traffic Control Plans.

Our design of coastal structures **S-40, S-44 and S-44** for the SFWMD included a project phasing over a two-year construction season, due to the need of the structures to be fully operational during the wet season in South Florida. The specifications included several phasing conditions and required coordination to achieve the intended results. Similarly, in projects for the rehabilitation of sanitary force mains, lift stations and others, **RJ Behar** has included bypass systems to maintain operations while the systems are being rehabilitated.

TAB G:

References/Form 4 – Vendor Reference Form



R.J.Behar

FORM 4

VENDOR REFERENCE FORM

City of Hollywood RFQ-238-24-JJ - Design, Construction Management and Inspection Services
Solicitation #: for the Influent Pump Station Upgrade.
Reference for: R.J. Behar & Company, Inc.

Organization/Firm Name providing reference: City of Coconut Creek

Organization/Firm Contact **Title:** Project Manager

Name: Robert McDonald, CGC
Email: RMcDonald@coconutcreek.net **Phone:** 954-973-6786 Ext #1568

Name of Referenced Project: Copans Road Wastewater Transmission **Contract No:** 160793-1

Date Services were provided: System Rehabilitation **Project** Fees Paid: \$88,000
 06/06/2017 to 12/2020 **Amount:** Construction Cost: \$2,499,998

Referenced Vendor's role in Project: Prime Vendor Subcontractor/
Would you use the Vendor again? Yes Subconsultant
 No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):				
Wastewater Force Main design and rehabilitation. The scope included the design and specifications for 7,190 ft of new 20-inch force main and rehabilitation of 4,420 ft existing 24-inch force main using trenchless technology (sliplining). RJ Behar was responsible for the plan's preparation, coordination with subconsultants, coordination with utilities, cost estimates and permitting.				

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

Additional Comments (provide additional sheet if necessary):				
R.J. Behar has been on our rotating list of engineers for over four years and we just recently extended their contract.				
We recommend their firm for work in your city.				

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

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood

Solicitation #:

Reference for:

RFQ-238-24-JJ - Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade.

R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

Subconsultant to: Bermello Ajamil & Partners, Inc.

Organization/Firm Contact

Name:

Jose Lopez, PE, PMP, ENV SP

Email:

jlopez@bermelloajamil.com

Name of Referenced Project:

Hook Square Pump House

Date Services were provided:

Replacement

2/13/2023 to 9/2023 (Design)

Title: Director of Environmental Engineering

Phone: 305-859-2050 934-260-5383

Contract No: 02296.000

Project Amount: Fees Paid: \$48,416
Construction Cost: \$750,000 (Estimate)

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/ \$250,000
Subconsultant

Would you use the Vendor again?

Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

RJ Behar provided civil, structural, mechanical and electrical engineering. The structural modifications, include a new roof, pump platform, new doors and installation of new ventilation. The electrical design scope included coordination with project architect and structural engineers, coordination with FP&L, panel board modifications, grounding details, riser diagrams, new power center, new meter and disconnect, lighting layout and fixtures selection.

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

Additional Comments (provide additional sheet if necessary):

Good company w/experience and support in pump stations

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

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood RFQ-238-24-JJ - Design, Construction Management and Inspection Services
Solicitation #: for the Influent Pump Station Upgrade.
Reference for: R.J. Behar & Company, Inc.

Organization/Firm Name providing

reference: City of Miami

Organization/Firm Contact

Name: Elyrosa Estevez, P.E. *Elyra E.* **Title:** Professional Engineer III
Email: EEstevez@miamigov.com **Phone:** 305-416-1295

Name of Referenced Project: Riverview Pump Station New Generator, **Contract No:** 1502214/ 13

Date Services were provided: Fire Suppressant and Main Switch Disconnect **Project** Fees Paid: \$74,200
 11/10/2017 - Under Construction **Amount:** Construction Cost: \$1,450,350.00

Referenced Vendor's role in Project: **Prime Vendor** **Subcontractor/ Subconsultant**

Would you use the Vendor again? **Yes** **No. Please specify in additional comments**

Description of services provided by Vendor (provide additional sheet if necessary):

Project Management, Electrical design, Cost estimates and Specifications - The engineering analysis included the following: 1. Analysis of two possible scenarios for sizing the new generator, 2. Design and Plans Preparation, 3. Project Specifications, and 4. Estimates of Probable Costs. The design also included the structural design of the new generator foundation. Services include Engineer of Record, Post Design Support and Construction Management Assistance.

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

Additional Comments (provide additional sheet if necessary):

Staff was very responsive and professional.

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood

Solicitation #:

Reference for:

RFQ-238-24-JJ - Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade.

R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

City of Greenacres

Organization/Firm Contact

Name:

Carlos Cedeño



Title: Director - Public Works Department

Email:

ccedeno@greenacresfl.gov

Phone: (561) 642-2074

Name of Referenced Project:

Dillman Trail - CEI

Contract No: RFQ 19-007

Date Services were provided:

5/16/2022 to 8/2024

Project Fees Paid: \$139,573

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/ Subconsultant

Would you use the Vendor again?

Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

Construction Engineering and Inspection Services. RJ Behar's scope of services consisted of providing CEI services, on a full-time basis as requested by the City, required for contract administration, inspection, and managing the materials sampling and testing.

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

Additional Comments (provide additional sheet if necessary):

Staff was very professional and knowledgeable to work with. They guided the City in our decision making process and provided quality results. We are looking forward to working with RJ Behar in future projects.

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

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

TAB H:

Subconsultant Information



R.J.Behar

TAB H – Subconsultants

Cardozo Engineering, Inc. (CE) is a Hispanic-owned certified small business enterprise providing environmental and process mechanical engineering services. The firm was founded in 1999. **CE**'s area of expertise is in providing engineering planning, design and construction management services on municipal water, sewer, and stormwater transmission and treatment facilities. **CE** currently serves municipal clients in Florida. In recent years **CE** has evolved to include additional services in other markets including Commercial and Manufacturing Facilities design. **CE** provides HVAC, Plumbing and Fire Prevention Engineering services and Utilities design.

CE staff experience includes the design of water and wastewater treatment facilities, water conveyance systems either gravity or forced, design of lift stations, and pumping systems for special applications. **CE** also develops Hydraulic Models for networks to identify hydraulic issues in water distribution systems.

In the past **CE** has prepared master plans, conducted CMOM studies, managed SSES programs and designed and managed the construction of pipelines, pump stations and treatment facilities ranging from under \$100K up to \$100 million.

Office Responsible

717 Ponce De Leon Boulevard, Suite 220
 Coral Gables, FL 33134

Contact: Lionel Raya, PE - President

Tel: (305) 629-9880

Cell: (787) 370-2759

Email: lraya@cardozo-eng.com

Website: www.cardozo-eng.com

Discipline	No. of Staff
Professional	1
Engineer Designer	1
Total	2

Tierra South Florida, Inc. d/b/a (TSFGeo), is a full-service consulting Geotechnical Engineering, Construction Materials Testing, and Inspections firm. Since 2000, **TSFGeo** professional team has been committed to providing quality, responsive service while establishing a reputation for adhering to the highest ethical, technical and business standards. We take great pride in consistently delivering accurate, cost-effective quality service on time and within budget, and we stand by our motto, "RELIABLE, IN-DEPTH SOLUTIONS." With headquarters in West Palm Beach, FL and branches in Miami, Tampa and Orlando, our diverse team includes principal engineers with more than 36 years of experience. **TSFGeo** provides Geotechnical Engineering, Construction Materials Testing (CMT), Inspections & Specialty Testing with capabilities to provide test borings, engineering analyses and reports, AutoCAD and MicroStation plan sheets, laboratory soils testing, and construction engineering inspection services.

TSFGeo lab is certified by the Construction Materials Engineering Council (CMEC) for soil, concrete, and aggregate testing and is validated by the Florida Department of Transportation (FDOT) and the United States Army Corps of Engineers (USACE). **TSFGeo** is a certified Disadvantaged Business Enterprise (DBE) with the Florida Department of Transportation, and Small Business Enterprise (SBE) with South Florida Water Management District (SFWMD).

Office Responsible

2765 Vista Parkway, Suite 10
 West Palm Beach, FL 33411

Contact: Raj Krishnasamy, PE

President

Number: (561) 687-8536

Fax: (561) 687-8570

Email: info@tsfgeo.com

Website: tsfgeo.com

EMPLOYEES BY DISCIPLINE

Discipline	No. of Employees
Administrative	6
CADD Technician	2
Foundation/Geotechnical Eng	7
Technician/Analyst	27
Construction Inspector	5
Construction Manager	2
Total	49



WGI Inc. (WGI), is a full-service, multidisciplinary consulting firm, providing professional services for private and public clients since 1972. They have 25 offices nationwide with headquarters in West Palm Beach, Florida. **WGI's Geospatial Division**, a team of nearly 150 professionals, stands out with its unique approach to measuring the world using diverse geospatial technology for surveying and mapping services, including bathymetric surveys. Their focus is on driving innovation; It's not a matter of if they can do the task but how. **WGI** will strive to be purposefully different by pushing the boundaries of technology, software, and modern workflows, allowing unmatched efficiency and quality.

WATER & WASTEWATER UTILITY

Cities, counties, utility districts, state agencies, and private developers benefit from **WGI's** water and wastewater utility growth planning, project management, and engineering design services. Choose a team of experts that provides comprehensive services for engineering design and ongoing system operations on behalf of local municipalities, municipal utility districts, and water conservation districts.

Surveying – The process of sectional retracement begins with the recovery and review of the original field notes. As the repository of state land records belonging to the TLLTF, the Title and Land Records Section has a duty to protect these records, which comprise the inventory of these important documents pursuant to Chapter 119, Florida Statutes. **WGI** understands how many records are searchable and accessible online from the BTLDs. But they also understand how some projects may require a trip to "The Vault."

Regardless of the size or complexity of the public land survey, **WGI** follows in the footsteps of the original surveyor. While many PSMs "visit" the vault, several of our professionals have spent hours and days simply performing research or scanning in the original GLO plats for BTLDs through a task order.

Subsurface Utility Engineering (SUE) - WGI's SUE division operates under the umbrella of the geospatial division. WGI owns and operates cutting-edge air/vacuum excavation and designating vehicles equipped with the latest geophysical prospecting locating tools along with GPR systems to produce accurate record data. Armed with this information, **WGI's SUE** experts provide critical project data that support design projects, minimize utility impacts, ensure safe worksites, and prevent damage to utilities while controlling costs and schedules. Safety is foremost to all stakeholders; saving time and money is essential for all successful projects. Their specialized SUE services allow your project to proceed safely, efficiently, and with the least disruption. SUE services include *Utility designation and mapping (QLB), Vacuum Excavation-ASCE Quality Level A (QLA), Ground penetrating radar (GPR), including multi-channel mobile GPR-ASCE Quality Level B, Interior and concrete radar mapping, 811 Damage prevention one call, 3D utility modeling, Utility records research, Damage-prevention programs, Clash detection/conflict analysis, Utility coordination*.

Architecture – **WGI** is inspired by design that is timeless, contextual, resilient and efficient. As such, we promote dynamic building forms to reflect function and respond to the surrounding environment, where nothing is wasteful, and everything serves a purpose. This is an architectural philosophy of doing more with less to deliver innovative and thoughtful design solutions.

Design Process: Our architectural team is motivated by sound architectural design, experienced in diverse types of projects, and driven by technology. Here's an overview of our design process: *Program and Feasibility Analysis, Concept Development, Client Buy-In, Construction Documents, Post Design*.

Design Technology: **WGI** leverages building information modeling (BIM), visualization, immersive and 3D printing technology in support of our client's project goals.

Office Responsible

11410 NW 20th Street, Suite 101, Miami, FL 33172
Contact: Roberto Mantecon, PSM – Sr. Operations Manager
Number: 305.553.0500
Direct: 786.878.5025 (direct) | 786.877.6325 (cell)
Email: Roberto.Mantecon@WGInc.com
Website: www.wginc.com

Discipline	No. of Staff
Professional Surveyor	3
Architect	1
Technical	12
Administration	1
Total	17



Subconsultants Certifications and Licenses

Cardozo Engineering, Inc.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#)

Detail by Entity Name

Florida Profit Corporation
CARDOZO ENGINEERING, INC.

Filing Information

Document Number P99000091716

FEI/EIN Number 65-0956092

Date Filed 10/14/1999

State FL

Status ACTIVE

Principal Address

717 PONCE DE LEON BLVD.
Ste 220
CORAL GABLES, FL 33134

Changed: 08/08/2024

Mailing Address

717 PONCE DE LEON BLVD.
Ste 220
CORAL GABLES, FL 33134

Changed: 08/08/2024

Registered Agent Name & Address

MIAMI CORPORATE SYSTEMS, LLC
2555 PONCE DE LEON BLVD #600
CORAL GABLES, FL 33134

FL Corporation No.: P99000091716; FEIN No.: 65-0956092
Date Filed: October 14, 1999

**State of Florida
Department of State**

I certify from the records of this office that CARDOZO ENGINEERING, INC. is a corporation organized under the laws of the State of Florida, filed on October 14, 1999.

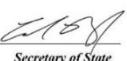
The document number of this corporation is P99000091716.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on February 1, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.



*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixth day of June, 2024*


Secretary of State

Tracking Number: T18833774OCU
To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.
<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

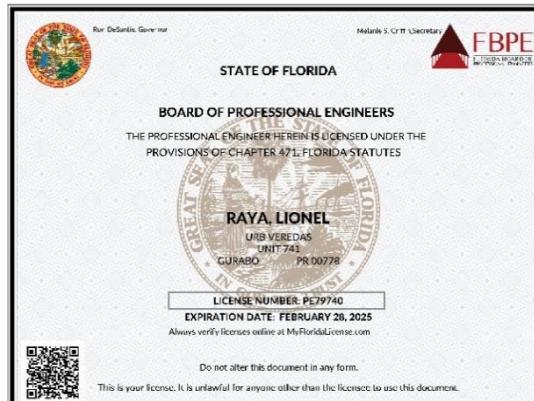
Licensee

Name:	CARDOZO ENGINEERING, INC.		License Number:	8368
Rank:	Registry		License Expiration Date:	
Primary Status:	Current		Original License Date:	11/08/1999

Related License Information

License Number	Status	Related Party	Relationship Type	Relation Effective Date	Rank	Expiration Date
79740	Current, Active	RAYA, LIONEL	Registry	08/19/2016	Professional Engineer	02/28/2025

**Department of Business and Professional Regulations
Professional License No: 8368 / Expires: 02/28/2025**



**Lionel Raya, PE
License Number: PE79740
Expiration Date: February 28, 2025**



R.J.Behar

TAB H – Page | 78

Tierra South Florida, Inc.

 **DIVISION of**
CORPORATIONS
an official State of Florida website

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

Detail by Entity Name

Florida Profit Corporation
TIERRA SOUTH FLORIDA, INC.

Filing Information

Document Number	P03000110144
FEI/EIN Number	20-0282450
Date Filed	10/07/2003
Effective Date	10/17/2003
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	03/07/2008
Event Effective Date	NONE
Principal Address	2765 VISTA PARKWAY SUITE 10 WEST PALM BEACH, FL 33411
Changed: 08/03/2017	
Mailing Address	2765 VISTA PARKWAY SUITE 10 WEST PALM BEACH, FL 33411
Changed: 08/03/2017	
Registered Agent Name & Address	KRISHNASAMY, RAJAN 2765 VISTA PARKWAY SUITE 10 WEST PALM BEACH, FL 33411

FL Corporation No.: P03000110144; FEIN No.: 20-0282450
Date Filed: October 07, 2003 / Effective Date: October 17, 2003

Corporate Certification / Expiration: 12/31/2024

***State of Florida
Department of State***

I certify from the records of this office that TIERRA SOUTH FLORIDA, INC. is a corporation organized under the laws of the State of Florida, filed on October 7, 2003, effective October 17, 2003.

The document number of this corporation is P03000110144.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on January 3, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

[Signature]
Secretary of State

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Third day of January, 2024



Tracking Number: 1154525903CC
To authenticate this certificate, visit the following site and enter this number, and then follow the instructions displayed.
<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

**Department of Business and Professional Regulations
Professional License No: 28073 / Expires: 02/28/2025**

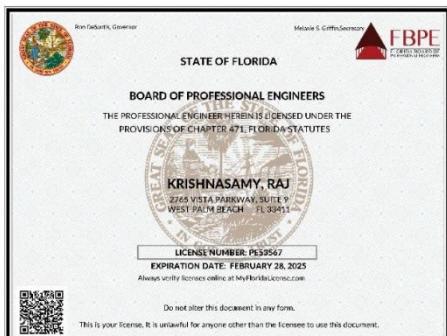
Licensee

Name:	TIERRA SOUTH FLORIDA, INC.	License Number:	28073
Rank:	Registry	License Expiration Date:	
Primary Status:	Current	Original License Date:	04/13/2008

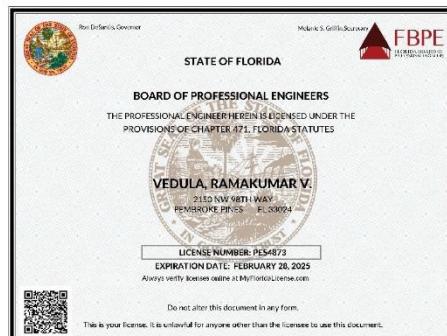
Related License Information

License Number	Status	Related Party	Relationship Type	Relation Effective Date	Rank	Expiration Date
53567	Current, Active	KRISHNASAMY, RAJ	Registry	04/13/2008	Professional Engineer	02/28/2025

Raj Krishnasamy, PE – Lic. Number: PE53567
Expiration Date: February 28, 2025



Ramakumar “Kumar” V. Vedula, PE
Lic. Number: PE54873 / Expiration Date: February 28, 2025



R.J.Behar

WGI, Inc.



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

Detail by Entity Name

Florida Profit Corporation
WGI, INC.

Filing Information

Document Number S66593
FEI/EIN Number 65-0271367
Date Filed 07/12/1991
State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 12/17/2020
Event Effective Date NONE

Principal Address

2035 VISTA PKWY
WEST PALM BEACH, FL 33411

Changed: 01/09/2017

Mailing Address

2035 VISTA PKWY
WEST PALM BEACH, FL 33411

Changed: 01/09/2017

Registered Agent Name & Address

FONTAINE, KATE
2035 VISTA PKWY
WEST PALM BEACH, FL 33411

FL Corporation No.: S66593; FEIN No.: 65-0271367
Date Filed: July 12, 1991

Corporate Certification – Expiration: 12/31/2024

***State of Florida
Department of State***

I certify from the records of this office that WGI, INC. is a corporation organized under the laws of the State of Florida, filed on July 12, 1991.

The document number of this corporation is S66593.

I further certify that said corporation has paid all fees due this office through December 31, 2024, that its most recent annual report/uniform business report was filed on January 4, 2024, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourth day of January, 2024*



E. O. J.
Secretary of State

Tracking Number: 87951916380CC
To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.
<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

FIND A BUSINESS OR INDIVIDUAL
License Lookup

* AS MAINTAINED BY THE
DIVISION OF CONSUMER SERVICES

Name	License (ex. LS9999)	Phone	City																				
WGI, Inc.		5616872220	West Palm Beach																				
County	Program																						
PALM BEACH		<input type="checkbox"/> Limit results by Active status <input type="button" value="SEARCH"/> <input type="button" value="CLEAR ALL"/>																					
Records Found : 1																							
<input type="button" value="File Complaint"/>		<input type="button" value="File Complaint"/>																					
<input type="button" value="Sort By"/>		<input type="button" value="Display per page"/>																					
<input type="button" value="NAME : A to Z"/>		<input type="button" value="Filter By State, City"/>																					
<input type="button" value="Show All"/>		<input type="button" value="20"/>																					
WGI, INC 2035 VISTA PARKWAY, WEST PALM BEACH, FL 33411 Phone 561-687-2220																							
<table border="1"> <thead> <tr> <th>License Type</th> <th>License#</th> <th>Issued</th> <th>Expires</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Surveyor Business</td> <td>LB7055</td> <td>08/29/00</td> <td>02/28/25</td> <td>Active</td> </tr> <tr> <td>Surveyor of Record</td> <td>LS6387</td> <td>08/06/02</td> <td>02/28/25</td> <td>Active</td> </tr> <tr> <td>Surveyor of Record</td> <td>LS6717</td> <td>02/10/09</td> <td>02/28/25</td> <td>Active</td> </tr> </tbody> </table>				License Type	License#	Issued	Expires	Status	Surveyor Business	LB7055	08/29/00	02/28/25	Active	Surveyor of Record	LS6387	08/06/02	02/28/25	Active	Surveyor of Record	LS6717	02/10/09	02/28/25	Active
License Type	License#	Issued	Expires	Status																			
Surveyor Business	LB7055	08/29/00	02/28/25	Active																			
Surveyor of Record	LS6387	08/06/02	02/28/25	Active																			
Surveyor of Record	LS6717	02/10/09	02/28/25	Active																			

Professional Surveyor: LB7055
Expires: 02/28/2025

WGI, Inc.
Architect Business Information
Status: Current

Related License Information
Eric S. Luttmann, AIA
Lic. Number: AR97111
Expires: 02/28/2025

Licensee

Name:	WGI, INC.	License Number:
Rank:	Architect Business Information	License Expiration Date:
Primary Status:	Current	Original License Date: 05/24/2016

Related License Information

License Number	Status	Related Party	Relationship Type	Relation Effective Date	Rank	Expiration Date
AR97111	Current, Active	LUTTMANN, ERIC STEVEN DBA:WGI, INC. Responsible Supervisor	Qualifying Architect	09/09/2020	Architect	02/28/2025
AR97111	Current, Active	LUTTMANN, ERIC STEVEN DBA:WGI, INC. Qualifying Architect	Qualifying Architect	09/09/2020	Architect	02/28/2025



R.J.Behar

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
Board of Professional Surveyors and Mappers
2005 Apalachee Pkwy Tallahassee, Florida 32399-6500

License No.: **LS4431**
Expiration Date February 28, 2025

Professional Surveyor and Mapper License
Under the provisions of Chapter 472, Florida Statutes

ROBERTO MANTECON
14011 SW 85TH AVE
PALMETTO BAY, FL 33158-1035



WILTON SIMPSON
COMMISSIONER OF AGRICULTURE

This is to certify that the professional surveyor and mapper whose name and address are shown above is licensed as required by Chapter 472, Florida Statutes.

Roberto Mantecon, PSM
License No.: LS4431
Expiration Date: February 28, 2025

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
Board of Professional Surveyors and Mappers
2005 Apalachee Pkwy Tallahassee, Florida 32399-6500

License No.: **LS7284**
Expiration Date February 28, 2025

Professional Surveyor and Mapper License
Under the provisions of Chapter 472, Florida Statutes

RANDOLPH ORTEGA GONZALEZ
8110 THAMES BLVD APT C
BOCA RATON, FL 33433-8528



WILTON SIMPSON
COMMISSIONER OF AGRICULTURE

This is to certify that the professional surveyor and mapper whose name and address are shown above is licensed as required by Chapter 472, Florida Statutes.

Randolph "Randy" Ortega Gonzalez, PSM
License No.: LS7284
Expiration Date: February 28, 2025

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
Board of Professional Surveyors and Mappers
2005 Apalachee Pkwy Tallahassee, Florida 32399-6500

License No.: **LS7096**
Expiration Date February 28, 2025

Professional Surveyor and Mapper License
Under the provisions of Chapter 472, Florida Statutes

KELSEY M. SMITH
518 E WHITNEY DR
JUPITER, FL 33458-4213



WILTON SIMPSON
COMMISSIONER OF AGRICULTURE

This is to certify that the professional surveyor and mapper whose name and address are shown above is licensed as required by Chapter 472, Florida Statutes.

Kelsey M. Smith, PSM
License No.: LS7096
Expiration Date: February 28, 2025

Eric Steven Luttmann, AIA
License No.: AR97111
Expiration Date: February 28, 2025

RON DeSANTIS, Governor
Melanie S. Griffin, Secretary


STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BOARD OF ARCHITECTURE & INTERIOR DESIGN
THE ARCHITECT HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 481, FLORIDA STATUTES



LUTTMANN, ERIC STEVEN
13124 73RD AVE
SEMINOLE FL 33776

LICENSE NUMBER: **AR97111**
EXPIRATION DATE: FEBRUARY 28, 2025
Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.
This is your license. It is unlawful for anyone other than the licensee to use this document.



R.J.Behar

TAB I: **Financial Resources**

1. Financial Summary Statement/Bankruptcy Statement



R.J.Behar

TAB I – Financial Resources

R.J. Behar & Company, Inc. (RJ Behar) has a sound financial base, has demonstrated financial stability, and possesses adequate physical resources to support our mission and the scope of our services we provide. The financial base and stability of the company and our ability to provide adequate physical resources is reflected in RJ Behar's financial statements. Our "current ratio" is approximately 17%.

Our growth is 25% over the past 3 years. Over the past year, it is about 15% growth over last year's revenue currently. RJ Behar's revenue is generated by providing professional consulting services to the State of Florida, Municipalities, Counties, as well as private clients. These funding sources are adequate to provide financial stability for our company. The stability of RJ Behar depends greatly on the CEO's ability to keep accurate records of past and current financial conditions. RJ Behar is a financially stable company with an impeccable track record since its inception in 1999. RJ Behar has never been involved in any prior or current bankruptcy proceedings.

RJ Behar depends greatly on the CEO's ability to keep accurate records of past and current financial conditions.

RJ Behar is a financially stable company with an impeccable track record since its inception in 1999.

RJ Behar has never been involved in any prior or current bankruptcy proceedings.

Sincerely,
R.J. Behar & Company, Inc.



Robert J. Behar, PE
President



R.J.Behar

TAB J:

Legal Proceedings and Performance

1. Legal Proceedings Statement and Support Documents
2. Certificates of Insurance



R.J.Behar



TAB J – Legal Proceedings and Performance (Last Five Years)

RJ Behar & Company, Inc. (RJ Behar) has never paid liquidated damages and/or been terminated from a contract in 25 years of operation.

RJ Behar has been providing professional engineering consulting services uninterrupted since its inception and has never been debarred by any local, state or federal government entity.

RJ Behar is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or the Scrutinized Companies that Boycott Israel List.

Arbitrations, Lawsuits, Bankruptcies, Terminations and/or Litigation

1. **RJ Behar** was served a summons on 9/21/2021 by Carol Needleman, Plaintiff V. City of Delray Beach, Edwards Intracoastal, LLC., Sealand Contractors Corp., R.J. Behar & Company, Inc., Urban5 Constructors, LLC., and Florida Department of Transportation, CASE NO.: 50-2021-CA-005688-XXXXMB. **RJ Behar** was given a notice of voluntary dismissal on 6/17/2022. Please see the attached information.

RJ Behar was served a summons on 10/12/2017 by the City of Delray Beach, Case #502017CA008953XXXXMB-AO, accusing breach of contract to the contractor, Foster Marine. **RJ Behar** performed the construction inspection on the project. There was a dispute regarding materials used. **RJ Behar** filed a Motion to Dismiss on 11/7/2017. On April 26, 2021, the City of Delray Beach settled in **RJ Behar's** favor, paying the outstanding invoices, and removing us from the lawsuit. Please see attached information following this document.

2. **Other Proceedings:** Lawsuits, Administrative Proceedings or Hearings by National Labor Relations Board or similar during the last five years. None of the proceedings listed above, which involved labor practices, have been initiated against **RJ Behar** during the last five years.
3. **RJ Behar** has never filed bankruptcy proceedings, voluntarily or involuntarily.
4. **RJ Behar** has never been terminated by any similar project or contract or any contract awarded to the Firm.
5. **RJ Behar** has never used borrowed money to complete a project or to pay subconsultants or suppliers.

Sincerely,

Robert J. Behar, PE
President

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IN THE CIRCUIT COURT OF THE 15TH
JUDICIAL CIRCUIT IN AND FOR PALM
BEACH COUNTY, FLORIDA
CASE NO.: 50-2021-CA-005688-XXXXMB

CAROL NEEDLEMAN,
Plaintiff,

v.

THE CITY OF DELRAY BEACH,
EDWARDS INTRACOASTAL, LLC.,
SEALAND CONTRACTORS CORP., R.J.
BEHAR & COMPANY, INC., URBAN5
CONSTRUCTORS, LLC., and FLORIDA
DEPARTMENT OF TRANSPORTATION,
Defendants.

/

AMENDED NOTICE OF VOLUNTARY DISMISSAL WITH PREJUDICE

COMES NOW, Plaintiff, CAROL NEEDLEMAN, by and through the undersigned counsel, and hereby voluntarily dismisses with prejudice all claims against Defendant, R.J. BEHAR & COMPANY, INC, only.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on June 17, 2022, a true and correct copy of the foregoing was furnished via Florida E-Portal to William Bennett, Esq., Office of the City Attorney City of Delray Beach, Florida, 200 NW 1st Avenue, Delray Beach, FL 33444, bennettw@mydelraybeach.com and eservice@mydelraybeach.com, and Michael E. Reed, Esq., and Andrew Willers, Esq., Wicker Smith O'Hara McCoy & Ford, P.A., 100 S. Ashley Dr., Suite 1800, Tampa, FL 33602, awillers@wickersmith.com and apierce@wickersmith.com, and Gary F. Baumann, Esq., and Sophia Huda, Esq., Baumann, Gant & Keeley, P.A., 1401 East Broward Blvd., Suite 200, Fort Lauderdale, FL 33301, gbaumann@baumannlegal.com; dcaleca@baumannlegal.com; shuda@baumannlegal.com and swalters@baumannlegal.com, and Stephen N. Harber, Esq., and Michael J. Dulman, Esq., Cole, Scott & Kissane, P.A., Esperante Building, 222 Lakeview Avenue,

Suite 120, West Palm Beach, FL 33401, stephen.harber@csklegal.com;
Michael.dulman@csklegal.com and karina.rizo@csklegal.com and James L. White III, Esq., and
David C. Dunham, Esq., White & Russell, P.A., 11641 Kew Gardens Avenue, Suite 101, Palm
Beach Gardens, FL 33410, pleadings@wrtrial.com; dunlap@wrtrial.com; white@wrtrial.com and
dunham@wrtrial.com.

A. CHIARELLO LEGAL, P.A.
Attorneys for Plaintiff
200 SE 6th Street, Ste. 304
Fort Lauderdale, FL 33301
Telephone: 754.444.9940
Facsimile: 954.994.0040
Primary e-mail: anthony@chiarellolegal.com

By: /s/: Anthony Chiarello
Anthony Chiarello, Esq.
Florida Bar No.: 73760

SETTLEMENT AGREEMENT AND MUTUAL GENERAL RELEASES

This Settlement and Mutual General Release Agreement (“**Agreement**”) is made as of the Effective Date (hereinafter defined), by and between the City of Delray Beach (“**CODB**”), and RJ Behar & Company, Inc., (“**RJ Behar**”) (collectively referred to as the “**Parties**” and each individually as a “**Party**”).

RECITALS

WHEREAS, the CODB developed a project known as the NE 2nd Avenue Seacrest Beautification Project the purpose of which was in part to provide an aesthetically pleasing streetscape in the City’s Del-Ida Park Neighborhood which included as one aspect of the project the construction of a dedicated bike lane (“**Project**”);

WHEREAS, on May 13, 2016 CODB entered into an Agreement with RJ Behar whereby RJ Behar would provide CEI Consulting Services concerning the Project (“**CEI Contract**”);

WHEREAS, following the installation of dedicated bike lane, problems were observed and concerns raised that the bike lane material was installed with an aggregate that was not included in the product data information for which the bike lane product had been approved;

WHEREAS, CODB thereafter withheld amounts owed to RJ Behar related to the performance of its CEI Contract;

WHEREAS, the CODB filed a counterclaim against RJ Behar and other various parties in the Fifteenth Judicial Circuit Court in and for Palm Beach County, Florida, case number 502017CA008953XXXXMB-AO (the “**Lawsuit**”), arising from the CODB’s claims related to the Project;

WHEREAS, the CODB alleged that RJ Behar breached its CEI Contract and RJ Behar, as well as other parties, were responsible for the issues concerning the dedicated bike lane;

WHEREAS, RJ Behar disputes that it is responsible for any deficiencies with the dedicated bike lane;

WHEREAS, RJ Behar brought a counterclaim against CODB in the Lawsuit for amounts owed to RJ Behar under the CEI Contract that were not paid;

WHEREAS, CODB and RJ Behar desire to release each other from the claims asserted in the Lawsuit in exchange for the consideration as set forth below.

NOW, THEREFORE, and in consideration of the promises and mutual covenants and agreements contained in this Agreement, the receipt and sufficiency of which are hereby acknowledged by the Parties, who, intending to be legally bound, agree as follows:

1. PURPOSE: The Parties to this Agreement acknowledge that the purpose of this Agreement is to memorialize the resolution of the disputes asserted by or which could have been asserted by and between the Parties, which are relating to the claims which are further described and detailed in the Lawsuit.

2. SETTLEMENT ACCORD AND SATISFACTION. This Agreement is intended to and does settle and resolve and constitute a full and complete accord and satisfaction with respect to the claims brought in the Lawsuit and identified within this Agreement between the Parties. This Agreement does not release any other claims by and between the CODB and any other party named in the Lawsuit.

3. SETTLEMENT SUM: As a material inducement to and in consideration for the Parties entering into this Agreement, CODB shall pay RJ Behar the total sum of TWELVE THOUSAND SEVEN HUNDRED SIXTY-TWO DOLLARS (\$12,762.00) (the “Settlement Sum”). The Settlement Sum shall be paid within thirty (30) days from the Effective Date (hereinafter defined). The Settlement Sum shall be delivered to the “Daniels Rodriguez Berkeley Daniels & Cruz, P.A., Trust Account” (“DRBDC Trust Account”) as counsel for RJ Behar.

4. DISMISSAL OF ACTION: Within five (5) days following clearance of the Settlement Sum in the DRBDC Trust Account, RJ Behar and CODB by and through counsel shall file a Joint Stipulation of Voluntary Dismissal With Prejudice with a proposed Order on the Stipulation, which shall provide that the entirety of the Lawsuit as to and between CODB and RJ Behar be dismissed with prejudice, including all claims asserted or could have been asserted between the Parties, with each of the Parties to bear its own attorney's fees and costs, and the Court reserving jurisdiction to enforce the terms of this Agreement.

5. MUTUAL RELEASE: In consideration of receipt of the Settlement Sum and the filing of the Stipulation for Dismissal with Prejudice of the Lawsuit and for the other consideration provided for herein, the sufficiency of which is expressly recognized, the Parties for themselves and for their respective predecessors, parent corporations, subsidiaries, holding companies, affiliates, insurers, current or former agents, trustees, officers, directors, executives, employees, attorneys, members, and managers, and for each of their respective heirs, personal representatives, successors and assigns, hereby voluntarily and knowingly, unconditionally and absolutely, WAIVE, REMISE, RELEASE, ACQUIT, SATISFY and FOREVER DISCHARGE one another and one another's predecessors, parent corporations, subsidiaries, holding companies, affiliates, insurers, current or former agents, trustees, officers, directors, executives, employees, attorneys, members, and managers, and each of their respective heirs, successors and assigns (collectively and hereafter referenced and included within the term “Released Parties” for purposes of this paragraph), from, against or in respect of any causes of action, claims, complaints, liens, liabilities, suits, debts, dues, sums of money, accounts, indemnities, guarantees, contributions, reckonings, bonds, bills, covenants, contracts, controversies, agreements, promises, damages (actual, statutory or other), injuries, judgments, executions, expenses and all other damages now accrued or hereafter to accrue, of any kind or character whatsoever, in any country or jurisdiction whatsoever, at law or in equity, known or unknown, direct or indirect, fixed or contingent, suspected or unsuspected, including but not limited to, any claims under federal, state or local law or any laws of any country in the world, based upon, related to, arising out of, or resulting from the Project and/or any and all

claims or counterclaims that were or could have been asserted by the Parties in the Lawsuit (collectively, the “Released Claims”). The Released Claims encompass any potential claims for any relief, no matter how denominated, including but not limited to, compensatory damages, statutory damages, punitive damages and attorneys’ fees and costs; provided, however, such release does not include any breach of this Agreement.

6. NOTICES: All notices to be given by one Party to this Agreement to the other Party hereto shall be in writing and sent via email to the following addresses:

If to CODB: Eric McAliley, Esq. (elm@lydeckerdiaz.com)

If to RJ Behar: Daniel Pelz, Esq. (dpelz@drbdc-law.com)

7. NO EFFECT ON OTHER PARTIES OR CLAIMS: The terms of the Release and in Paragraph 5 will govern over this section 7. This Agreement is with respect to CODB and RJ Behar, and only as it relates to the claims arising out of or asserted by and between the Parties in the Lawsuit.

8. DRAFTING OF THE AGREEMENT: The Parties participated in the drafting of this Agreement and/or had it reviewed by competent counsel of their own choosing. Accordingly, no presumption shall be given in favor of or against any Party in interpreting this Agreement and the rule of construction to the effect that any ambiguities are to be resolved against the drafting Party shall not be employed in the interpretation of this Agreement.

9. AUTHORITY: Each Party represents and warrants to the other that it is duly authorized and competent to execute this Agreement and that any rights or claims that the Parties had, or asserted in the Lawsuit, or may have in connection with Lawsuit as it relates to the Parties have not been transferred to any other person.

10. COUNTERPARTS: This Agreement may be executed in counterparts and electronically transmitted; facsimile signatures on this Agreement shall be deemed as originals for all purposes.

11. EFFECTIVE DATE: The “Effective Date” of this Agreement shall be the date this Agreement has been fully executed by all Parties.

12. FURTHER ASSURANCES: In the event that at any time any further action is necessary or desirable to carry out the purposes of this Agreement, each of the Parties hereto will take such further action (including the execution and delivery of such further instruments and documents, or the cooperation in obtaining any consents) as any other Party hereto may reasonably request.

13. GOVERNING LAW: This Agreement shall be governed and construed in accordance with the laws of the State of Florida, without regard to its choice-of-law rules.

14. JURISDICTION AND VENUE FOR ENFORCEMENT: The Parties agree that the Fifteenth Circuit Court in and for Palm Beach County, Florida shall retain jurisdiction to enforce

this Agreement.

15. ATTORNEY'S FEES: Each party to this Agreement, including their respective insurance companies and/or carriers, shall bear its own costs and attorneys' fees in connection with the negotiation and preparation of this Agreement as well as with respect to the Lawsuit and the scope of issues and claims released herein. However, in the event it shall become necessary for any Party to take legal action of any type to enforce the terms of this Agreement, the prevailing party shall be entitled to recover its reasonable attorney's fees and costs incurred in enforcing this Settlement Agreement (at all trial, appellate, and other levels), including attorneys' fees and costs incurred in litigating entitlement to attorneys' fees and costs, as well as in determining or quantifying the amount of recoverable attorneys' fees and costs.

16. ENFORCEMENT: Should CODB fail to timely pay the Settlement Sum pursuant to paragraph 3 above, then RJ Behar shall be entitled to immediately file a Motion to Enforce with an attached affidavit of non-performance, and the Court shall hear same on an expedited basis with five (5) business days notice of the hearing to the parties.

17. NO WAIVER CLAUSE: No waiver of any breach or default hereunder shall be considered valid unless in writing and signed by the party giving such waiver, and no waiver shall be deemed a waiver of any subsequent breach or default of the same or similar nature.

18. NO ADMISSION OF LIABILITY. This Agreement represents a compromise and settlement of disputed claims. Nothing herein shall be deemed to be construed as an admission by any party or as evidence of any liability, wrongdoing, or unlawful conduct. That Parties acknowledge that this Settlement Agreement has been entered into by them to avoid the costs and expenses of litigation and to settle disputed claims.

19. KNOWING AND VOLUNTARY: BY EXECUTING THIS AGREEMENT, EACH PARTY HEREBY EXPRESSLY AGREES AND ACKNOWLEDGES THAT IT HAS CAREFULLY READ THIS AGREEMENT PRIOR TO SIGNING IT, THAT THE AGREEMENT HAS BEEN EXPLAINED TO THEM PRIOR TO SIGNING IT, THAT THEY HAVE HAD THIS OPPORTUNITY TO HAVE IT REVIEWED BY AN ATTORNEY, THAT THEY UNDERSTAND THIS AGREEMENT'S FINAL AND BINDING EFFECT PRIOR TO SIGNING IT, AND THE PARTIES ARE SIGNING THIS AGREEMENT VOLUNTARILY WITH THE FULL INTENTION OF COMPROMISING, SETTLING, AND RELEASING THE OTHER PARTY AS STATED IN THIS AGREEMENT.

20. WAIVER OF JURY TRIAL: EACH PARTY ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY THAT MAY ARISE UNDER THIS AGREEMENT IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES, AND THEREFORE IT HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY LITIGATION DIRECTLY OR INDIRECTLY ARISING OUT OF OR RELATING TO THIS AGREEMENT AND

ANY OF THE AGREEMENTS DELIVERED IN CONNECTION HEREWITH OR THE TRANSACTIONS CONTEMPLATED HEREBY OR THEREBY. THIS WAIVER OF JURY TRIAL SHALL BE BINDING ON THE PARTIES' PERMITTED SUCCESSORS AND ASSIGNS. EACH PARTY CERTIFIES AND ACKNOWLEDGES THAT: (A) NO REPRESENTATIVE, AGENT OR ATTORNEY OF ANY OTHER PARTY HAS REPRESENTED, EXPRESSLY OR OTHERWISE, THAT SUCH OTHER PARTY WOULD NOT, IN THE EVENT OF LITIGATION, SEEK TO ENFORCE SUCH WAIVER; (B) IT UNDERSTANDS AND HAS CONSIDERED THE IMPLICATIONS OF SUCH WAIVER; AND (C) IT MAKES SUCH WAIVER VOLUNTARILY.

[SIGNATURES ON FOLLOWING PAGES]

SIGNATURE PAGE TO SETTLEMENT AND RELEASE AGREEMENT

ACKNOWLEDGED, AGREED, AND ACCEPTED:

CITY OF DELRAY BEACH, a Florida municipal corporation

By: 

Print Name: Linda Green

Title: City Attorney

Date: June 16, 2021

SIGNATURE PAGE TO SETTLEMENT AND RELEASE AGREEMENT

ACKNOWLEDGED, AGREED, AND ACCEPTED:

RJ BEHAR & COMPANY, INC., a Florida corporation

By: 

Print Name: Robert J. Behar, P.E.

Title: President

Date: 5/24/2021



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/5/2024

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

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

PRODUCER Edgewood Partners Insurance Agency 3780 Mansell Rd. Suite 370 Alpharetta GA 30022		CONTACT NAME: ACEC Certificates PHONE (A/C, No, Ext): 770-552-4225 FAX (A/C, No): E-MAIL ADDRESS: ACECcertificates@greylng.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Sentinel Insurance Company, Ltd.	11000
INSURED R.J. Behar & Company, Inc. 6861 S.W. 196th Avenue Suite 302 Pembroke Pines FL 33332		INSURER B: Hartford Casualty Insurance Company	29424
		INSURER C: Beazley Insurance Company, Inc.	37540
		INSURER D:	
		INSURER E:	
		INSURER F:	
		RJBEHAR	

COVERAGES

CERTIFICATE NUMBER: 113169254

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.

EXCLUSIONS AND CONDITIONS OF COVERAGED. LIMITS SHOWN MAY HAVE BEEN REDUCED BY EXCLUDED LIMITS.													
INSR LTR	TYPE OF INSURANCE		ADDL/SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	COMMERCIAL GENERAL LIABILITY			20SBWBA1624	11/17/2024	11/17/2025	EACH OCCURRENCE		\$ 1,000,000				
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$ 1,000,000				
							MED EXP (Any one person)		\$ 10,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY		\$ 1,000,000				
	POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE		\$ 2,000,000				
	OTHER:						PRODUCTS - COMP/OP AGG		\$ 2,000,000				
									\$				
A	AUTOMOBILE LIABILITY			20UEGNG0289	11/17/2024	11/17/2025	COMBINED SINGLE LIMIT (Ea accident)		\$ 1,000,000				
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)		\$				
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)		\$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)		\$				
									\$				
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR	20SBWBA1624	11/17/2024	11/17/2025	EACH OCCURRENCE		\$ 4,000,000				
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE		\$ 4,000,000				
									\$				
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000												
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			20WBGAD8LUV	11/17/2024	11/17/2025	<input checked="" type="checkbox"/> Y / N	PER STATUTE	OTH-ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT		\$ 1,000,000				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000				
							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000				
C	Professional Liability incl. Pollution Liability			C20C99240801	11/17/2024	11/17/2025	Per Claim Aggregate		\$ 2,000,000 \$ 3,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Umbrella Follows Form with respects to General, Automobile & Employers Liability Policies

CERTIFICATE HOLDER

CANCELLATION

For Proposal Purposes

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

Gregg Bradachuk



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2024

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.

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PRODUCER		CONTACT NAME: PHONE (A/C. No. Ext.): (706) 629-4441 FAX (A/C. No. Ext.): (706) 629-3631 E-MAIL ADDRESS:				
INSURED		INSURER(S) AFFORDING COVERAGE			NAIC #	
CARDOZO ENGINEERING, INC. 717 PONCE DE LEON BLVD STE 322 CORAL GABLES, FL 33134		INSURER A : THE PHOENIX INSURANCE COMPANY				
		INSURER B : TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA				
		INSURER C : TRAVELERS CASUALTY AND SURETY COMPANY				
		INSURER D :				
		INSURER E :				
		INSURER F :				

COVERAGES		CERTIFICATE NUMBER:			REVISION NUMBER:						
INSR LTR		TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY				680-3H968119-24-47	10/24/2024	10/24/2025	EACH OCCURRENCE \$1,000,000		
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000		
	<input checked="" type="checkbox"/>	HIRED AUTO							MED EXP (Any one person) \$5,000		
	<input checked="" type="checkbox"/>	NON OWNED AUTO							PERSONAL & ADV INJURY \$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE \$2,000,000								
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PROJECT						<input type="checkbox"/> LOC	PRODUCTS – COMP/OP AGG \$2,000,000	
	AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT (Ea accident) \$								
	ANY AUTO		BODILY INJURY (Per person) \$								
	<input type="checkbox"/>	OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$							
	<input type="checkbox"/>	Hired AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	PROPERTY DAMAGE (Per accident) \$							
				\$							
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CUP-3551T467-24-47	10/24/2024	10/24/2025	EACH OCCURRENCE \$1,000,000			
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$1,000,000			
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/> RETENTION \$10000								
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A		UB-8S617373-24-47	10/24/2024	10/24/2025	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH -ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/>						E.L. EACH ACCIDENT \$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW								E.L. DISEASE- EA EMPLOYEE \$1,000,000		
									E.L. DISEASE – POLICY LIMIT \$1,000,000		
									\$		
									\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

CERTIFICATE HOLDER		CANCELLATION		
CARDOZO ENGINEERING, INC. 717 PONCE DE LEON BLVD STE 322 CORAL GABLES, FL 33134		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 <i>Renan M. Beltran</i>		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2024

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PRODUCER	CONTACT NAME:	
	PHONE (A/C. No. Ext.): 706-629-4441	FAX (A/C. No. Ext.):
	E-MAIL ADDRESS:	
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERS

CERTIFICATE NUMBER:

REVISION NUMBER:

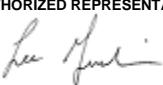
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER						GENERAL AGGREGATE	\$	
							PRODUCTS – COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$	
	DED <input type="checkbox"/> RETENTION \$						AGGREGATE	\$	
	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 <input type="checkbox"/> N/A					PER STATUTE	OTH -ER	
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE- EA EMPLOYEE	\$	
							E.L. DISEASE – POLICY LIMIT	\$	
A	Professional Liability - Design Professionals			107459286	06/17/2024	06/17/2025	EACH CLAIM	\$2,000,000	
							AGGREGATE	\$2,000,000	
								\$	

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

CERTIFICATE HOLDER

CANCELLATION

CARDOZO ENGINEERING, INC. 717 PONCE DE LEON BLVD #322 CORAL GABLES, FL 33134	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS		
	AUTHORIZED REPRESENTATIVE 		

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	Ames & Gough 8300 Greensboro Drive Suite 980 McLean, VA 22102	CONTACT NAME: PHONE (A/C, No, Ext): (703) 827-2277	FAX (A/C, No): (703) 827-2279
		E-MAIL ADDRESS: admin@amesgough.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: National Union Fire Insurance Company	19445
INSURED	Tierra South Florida, Inc. 2765 Vista Parkway, H7-H10 West Palm Beach, FL 33411	INSURER B: National Union Fire Ins. Co. of Pittsburgh, PA A (XV)	19445
		INSURER C: Continental Insurance Company A(XV)	35289
		INSURER D: Endurance American Specialty A+, XV	41718
		INSURER E:	
		INSURER F:	

COVERS

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			9925653	6/1/2024	6/1/2025	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 25,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							\$	\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			4544957	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6072223686	6/1/2024	6/1/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	039326871	6/1/2024	6/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
D	Professional			DPL30020041901	6/1/2024	6/1/2025	Per Claim	\$ 1,000,000
D	Professional			DPL30020041901	6/1/2024	6/1/2025	Aggregate	\$ 2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance
Tierra South Florida, Inc.
2765 Vista Parkway, Suite 9
West Palm Beach, FL 33411

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/31/2024

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.

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PRODUCER Edgewood Partners Insurance Agency 3780 Mansell Rd. Suite 370 Alpharetta GA 30022	CONTACT NAME: Rebecca Egan	
	PHONE (A/C, No, Ext): 770-552-4225	FAX (A/C, No):
INSURED WGI, Inc. 2035 Vista Parkway Suite 100 West Palm Beach FL 33411	E-MAIL ADDRESS: greylingcerts@greyling.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Union Fire Ins Co of Pittsburg	19445
	INSURER B: The Continental Insurance Company	35289
	INSURER C: New Hampshire Insurance Company	23841
	INSURER D: Beazley America Insurance Company, Inc.	16510
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 298331235

REVISION NUMBER: 24-25

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			4613985	8/1/2024	8/1/2025	EACH OCCURRENCE	\$ 2,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
							MED EXP (Any one person)	\$ 25,000	
							PERSONAL & ADV INJURY	\$ 2,000,000	
							GENERAL AGGREGATE	\$ 10,000,000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC OTHER:							\$	
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			9775972	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE			6049958687	8/1/2024	8/1/2025	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
								\$	
C	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 <input checked="" type="checkbox"/> N	N / A	011569886	8/1/2024	8/1/2025	X PER STATUTE	OTHE-	
							E.L. EACH ACCIDENT		\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
D	Professional Liability incl. Pollution			C356DE240201	8/1/2024	8/1/2025	Per Claim Aggregate		\$2,000,000 \$2,000,000

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

Subject to the terms, conditions, limitations and exclusions of the policies evidenced herein: The above are included as Additional Insureds when required by written contract with the Named Insured under the general liability including ongoing operations and products/completed operations and auto liability, but only with respect to services provided by the Named Insured, regarding the referenced project.

CERTIFICATE HOLDER

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

TAB K: **Required Forms**

Form 1 – Submittal Checklist Form

Form 2 – Acknowledgement and Signature Page

Form 3 – Bid Form – **Not Applicable**

Form 4 – Vendor Reference Form

Form 5 – Hold Harmless and Indemnity Clause – **Not Applicable**

Form 6 – Non-Collusion Affidavit

Form 7 – Sworn Statement Pursuant to Section 287.133(3)(a)

Form 8 – Certifications Regarding Debarments, Suspensions and Other
Responsibility Matters

Form 9 – Drug-Free Workplace Program

Form 10 – Solicitation, Giving and Acceptance of Gifts Policy

Form 11 – W-9 (Request for Taxpayer Identification)

Form 12 – Statement of Qualification

Form 14 – List of Subcontractors

Proposal Form – **Not Applicable**



R.J.Behar

FORM 1

SUBMITTAL CHECKLIST FORM

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

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

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

FORM 2

ACKNOWLEDGMENT AND SIGNATURE PAGE

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

Legal Company Name (include d/b/a if applicable): R.J. Behar & Company, Inc.

If Corporation - Date Incorporated/Organized: 10/04/1999 Federal Tax Identification Number: 65-0954070

State Incorporated/Organized: Florida

Company Operating Address: 6861 SW 196th Avenue, Suite 302

City: Pembroke Pines State: Florida Zip Code: 33332

Remittance Address (if different from ordering address):

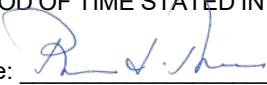
City: _____ State: _____ Zip Code: _____

Company Contact Person: Robert J. Behar, PE - President Email Address: bbehar@rjbehar.com

Phone Number (include area code): (954) 680-7771 Fax Number (include area code): (954) 680-7781

Company's Internet Web Address: www.rjbehar.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: December 12, 2024

Type or Print Name: Robert J. Behar, PE

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.

SUBMISSION

How to submit bids/proposals: Vendor's solicitation response may be submitted electronically through BidSync, the City's designated electronic bidding system, or by mail or hand delivery to the address noted above. It is the Vendor's sole responsibility to assure its response is submitted and received by the date and time specified in the solicitation. Any timeframe references are in Eastern Standard Time. The official time for electronic submittals is BidSync's servers, as synchronized with the atomic clock. All parties without reservation will accept the official time.

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.

FORM 3

BID FORM

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

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

Item No.	Position Classifications	Quantity	Unit	Unit Price	Percentag e Markup
GRAND TOTAL BID PRICE					
GRAND TOTAL BID PRICE (in words)					

Company Name _____

Authorized Signature _____

Print Name _____

Title _____

Date _____

FORM 4

VENDOR REFERENCE FORM

City of Hollywood RFQ-238-24-JJ - Design, Construction Management and Inspection Services
Solicitation #: for the Influent Pump Station Upgrade.
Reference for: R.J. Behar & Company, Inc.

Organization/Firm Name providing reference: City of Coconut Creek
Organization/Firm Contact **Title:** Project Manager
Name: Robert McDonald, CGC
Email: RMcDonald@coconutcreek.net
Name of Referenced Project: Copans Road Wastewater Transmission
Contract No: 160793-1
Date Services were provided: System Rehabilitation
Project Fees Paid: \$88,000
Amount: Construction Cost: \$2,499,998
06/06/2017 to 12/2020
Referenced Vendor's role in Project: Prime Vendor Subcontractor/
Would you use the Vendor again? Yes Subconsultant
 No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):				
Wastewater Force Main design and rehabilitation. The scope included the design and specifications for 7,190 ft of new 20-inch force main and rehabilitation of 4,420 ft existing 24-inch force main using trenchless technology (sliplining). RJ Behar was responsible for the plan's preparation, coordination with subconsultants, coordination with utilities, cost estimates and permitting.				

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

Additional Comments (provide additional sheet if necessary):				
R.J. Behar has been on our rotating list of engineers for over four years and we just recently extended their contract.				
We recommend their firm for work in your city.				

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

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood

Solicitation #:

Reference for:

RFQ-238-24-JJ - Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade.

R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

Subconsultant to: Bermello Ajamil & Partners, Inc.

Organization/Firm Contact

Name:

Jose Lopez, PE, PMP, ENV SP

Email:

jlopez@bermelloajamil.com

Name of Referenced Project:

Hook Square Pump House

Date Services were provided:

Replacement

2/13/2023 to 9/2023 (Design)

Title: Director of Environmental Engineering

Phone: 305-859-2050 934-260-5383

Contract No: 02296.000

Project Amount: Fees Paid: \$48,416
Construction Cost: \$750,000 (Estimate)

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/ \$250,000
Subconsultant

Would you use the Vendor again?

Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

RJ Behar provided civil, structural, mechanical and electrical engineering. The structural modifications, include a new roof, pump platform, new doors and installation of new ventilation. The electrical design scope included coordination with project architect and structural engineers, coordination with FP&L, panel board modifications, grounding details, riser diagrams, new power center, new meter and disconnect, lighting layout and fixtures selection.

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

Additional Comments (provide additional sheet if necessary):

Good company w/experience and support in pump stations

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

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood

Solicitation #:

Reference for:

RFQ-238-24-JJ - Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade.

R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

City of Miami

Organization/Firm Contact

Name:

Elyrosa Estevez, P.E.

Elyra E.

Title:

Professional Engineer III

Email:

EEstevez@miamigov.com

Phone: 305-416-1295

Name of Referenced Project: Riverview Pump Station New Generator, **Contract No:** 1502214/ 13

Date Services were provided: Fire Suppressant and Main Switch Disconnect **Project** 11/10/2017 - Under Construction **Amount:** Fees Paid: \$74,200
Construction Cost: \$1,450,350.00

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/ Subconsultant

Would you use the Vendor again?

Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

Project Management, Electrical design, Cost estimates and Specifications - The engineering analysis included the following: 1. Analysis of two possible scenarios for sizing the new generator, 2. Design and Plans Preparation, 3. Project Specifications, and 4. Estimates of Probable Costs. The design also included the structural design of the new generator foundation. Services include Engineer of Record, Post Design Support and Construction Management Assistance.

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

Additional Comments (provide additional sheet if necessary):

Staff was very responsive and professional.

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

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood

Solicitation #:

Reference for:

RFQ-238-24-JJ - Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade.

R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

City of Greenacres

Organization/Firm Contact

Name:

Carlos Cedeño



Title: Director - Public Works Department

Email:

ccedeno@greenacresfl.gov

Phone: (561) 642-2074

Name of Referenced Project:

Dillman Trail - CEI

Contract No: RFQ 19-007

Date Services were provided:

5/16/2022 to 8/2024

Project Fees Paid: \$139,573

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/ Subconsultant

Would you use the Vendor again?

Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

Construction Engineering and Inspection Services. RJ Behar's scope of services consisted of providing CEI services, on a full-time basis as requested by the City, required for contract administration, inspection, and managing the materials sampling and testing.

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

Additional Comments (provide additional sheet if necessary):

Staff was very professional and knowledgeable to work with. They guided the City in our decision making process and provided quality results. We are looking forward to working with RJ Behar in future projects.

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

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

FORM 5

HOLD HARMLESS AND INDEMNITY CLAUSE

(Company Name and Authorized Signature, Print Name)

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

Signature

Printed Name

Name of Company

Title

NOT APPLICABLE

FORM 6

NON-COLLUSION AFFIDAVIT

STATE OF: Florida

COUNTY OF: Broward Robert J. Behar, being first duly sworn, deposes and says that:

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



Signature

R.J. Behar & Company, Inc.

Name of Company

Robert J. Behar, PE

Printed Name

President/CEO

Title

FORM 7

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

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

1. This form statement is submitted to the City of Hollywood by
Robert J. Behar, PE - President for R.J. Behar & Company, Inc.

(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is
6861 SW 196th Avenue, Suite 302, Pembroke Pines, Florida 33332

and if applicable its Federal Employer Identification Number (FEIN) is 65-0954070. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a *prima facie* case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5 I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the

United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida,

Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



(Signature)

Sworn to and subscribed before me this 12th day of December, 2024.

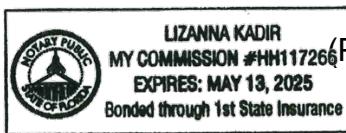
Personally known ✓

Or produced identification _____ Notary Public-State of Florida

(Type of identification)

my commission expires 5/13/2025

Lizanna Kadir



(Printed, typed or stamped commissioned name of notary public)

FORM 8

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The applicant certifies that it and its principals:

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

Applicant Name and Address:

R.J. Behar & Company, Inc.

6861 SW 196th Avenue, Suite 302

Pembroke Pines, Florida 33332

Application Number and/or Project Name:

RFQ-238-24-JJ - Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade

Applicant IRS/Vendor Number: 65-0954070



Signature

R.J. Behar & Company, Inc.

Name of Company

Robert J. Behar, PE

Printed Name

President/CEO

Title

FORM 9

DRUG-FREE WORKPLACE PROGRAM

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

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

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



Signature

R.J. Behar & Company, Inc.

Name of Company

Robert J. Behar, PE

Printed Name

President/CEO

Title

FORM 10

SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

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

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

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

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

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

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



Signature

Robert J. Behar, PE

Printed Name

R.J. Behar & Company, Inc.

Name of Company

President/CEO

Title

**Request for Taxpayer
Identification Number and Certification**► Go to www.irs.gov/FormW9 for instructions and the latest information.Give Form to the
requester. Do not
send to the IRS.Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
2 Business name/disregarded entity name, if different from above						
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.						
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____						
5 Address (number, street, and apt. or suite no.) See instructions.				Requester's name and address (optional)		
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

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

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

Social security number											
			-				-				

or

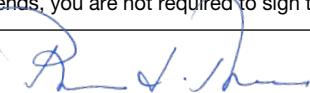
Employer identification number											
			-								

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign
HereSignature of
U.S. person ►

Date ► 12/12/2024

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

STATEMENT OF QUALIFICATION CERTIFICATION

Please Note: All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) R.J. Behar & Company, Inc.

Name/Principal/Project Manager: Robert J. Behar, PE - Principal/President/CEO

Address: 6861 SW 196th Avenue, Suite 302

City: Pembroke Pines State: FL Zip: 33332

Telephone No. (954) 680-7771 FEIN/Tax ID No. 65-0954070 Email: bbehar@rjbehar.com

Does your firm qualify for MBE or WBE status: MBE WBE _____

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>
<u>1</u>	<u>10/22/2024</u>		
<u>2</u>	<u>11/19/2024</u>		

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. If this section does not apply to your bid/proposal, simply mark N/A. **If submitting your response electronically through OPENGOV you must click the exception link if any variation or exception is taken to the specifications, terms and conditions.**

No variations or exceptions.

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed bid/proposal, I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, hereby agrees that in no event shall the City's liability for respondent's indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of five hundred dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Robert J. Behar, PE

Name (printed)

December 12, 2024

Date: Title



Signature

President/CEO

Form 14

LIST OF SUBCONTRACTORS

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

1. Work to be Performed	Subcontractor's Name / Address
1. <u>Mechanical engineering design services</u>	Cardozo Engineering, Inc. 717 Ponce De Leon Boulevard, Suite 220 Coral Gables, FL 33134
2. <u>Geotechnical Engineering, Construction</u> <u>Materials Testing and Inspections</u>	Tierra South Florida, Inc. d/b/a (TSFGeo) 2765 Vista Parkway, Suite 10 West Palm Beach, FL 33411
3. <u>Survey services and Subsurface utility</u> <u>services, and Architecture as needed</u>	WGI, Inc. 11410 NW 20th Street, Suite 101, Miami, FL 33172
4.	
5.	
6.	
7.	
8.	
9.	
10.	

NOTE: Attach additional sheets if required.

- END OF SECTION -

PROPOSAL

TO THE MAYOR AND COMMISSIONERS
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED _____

Dear Mayor and Commissioners:

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

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

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

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

The BIDDER acknowledges receipt of the any and all addenda.

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

Attached hereto is a certified check on the

_____ Bank of _____

or approved Bid Bond for the sum of

_____ Dollars (\$) according to the
conditions under the Instructions to Bidders and provisions therein.

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

WHEN THE BIDDER IS AN INDIVIDUAL:

(Signature of Individual)

(Printed Name of Individual)

(Address)

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

(Name of Firm)

(Address)

(SEAL)
(Signature of Individual)

WHEN THE BIDDER IS A PARTNERSHIP:

(Name of Firm) A Partnership

(Address)

By: _____
(SEAL)
(Partner)

Name and Address of all Partners:

WHEN THE BIDDER IS A JOINT VENTURE:

(Correct Name of Corporation)

By: _____ (SEAL)
(Address)

(Official Title)

As Joint Venture
(Corporate Seal)

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

WHEN THE BIDDER IS A CORPORATION:

(Correct Name of Corporation)

By: _____
(SEAL)

(Official Title)

(Address of Corporation)

Not Applicable

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

CERTIFIED COPY OF RESOLUTION OF
BOARD OF DIRECTORS

(Name of Corporation)

RESOLVED that _____
(Person Authorized to Sign)

(Title) (Name of Corporation) of
(Title) (Name of Corporation)

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

[Project name]
[Project Number]
Bid No. IFB-xxxxxx

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

(Name of Corporation) at a meeting of its Board of
Directors held on the _____ day of _____, 20_____.
By: _____

Title: _____

(SEAL)

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

- END OF SECTION -



R.J.Behar & Company, Inc.
Engineers • Planners

6861 SW 196th Avenue, Suite 302

Pembroke Pines, Florida 33332

Tel: (954) 680-7771 / Fax: (954) 680-7781

Contact: Mr. Jossmel Cruz-García, PE

jcruzgarcia@rjbehar.com

FORM 4

VENDOR REFERENCE FORM

City of Hollywood RFQ-238-24-JJ - Design, Construction Management and Inspection Services
Solicitation #: for the Influent Pump Station Upgrade.
Reference for: R.J. Behar & Company, Inc.

Organization/Firm Name providing reference: City of Coconut Creek

Organization/Firm Contact **Title:** Project Manager
Name: Robert McDonald, CGC
Email: RMcDonald@coconutcreek.net
Name of Referenced Project: Copans Road Wastewater Transmission
Contract No: 160793-1
Date Services were provided: System Rehabilitation
Project Fees Paid: \$88,000
Amount: Construction Cost: \$2,499,998
06/06/2017 to 12/2020

Referenced Vendor's role in Project: Prime Vendor Subcontractor/
Would you use the Vendor again? Yes Subconsultant
 No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):				
Wastewater Force Main design and rehabilitation. The scope included the design and specifications for 7,190 ft of new 20-inch force main and rehabilitation of 4,420 ft existing 24-inch force main using trenchless technology (sliplining). RJ Behar was responsible for the plan's preparation, coordination with subconsultants, coordination with utilities, cost estimates and permitting.				

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

Additional Comments (provide additional sheet if necessary):				
R.J. Behar has been on our rotating list of engineers for over four years and we just recently extended their contract.				
We recommend their firm for work in your city.				

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

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood

Solicitation #:

Reference for:

RFQ-238-24-JJ - Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade.

R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

Subconsultant to: Bermello Ajamil & Partners, Inc.

Organization/Firm Contact

Name:

Jose Lopez, PE, PMP, ENV SP

Email:

jlopez@bermelloajamil.com

Name of Referenced Project:

Hook Square Pump House

Date Services were provided:

Replacement

2/13/2023 to 9/2023 (Design)

Title: Director of Environmental Engineering

Phone: 305-859-2050 934-260-5383

Contract No: 02296.000

Project Amount: Fees Paid: \$48,416
Construction Cost: \$750,000 (Estimate)

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/ \$250,000
Subconsultant

Would you use the Vendor again?

Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

RJ Behar provided civil, structural, mechanical and electrical engineering. The structural modifications, include a new roof, pump platform, new doors and installation of new ventilation. The electrical design scope included coordination with project architect and structural engineers, coordination with FP&L, panel board modifications, grounding details, riser diagrams, new power center, new meter and disconnect, lighting layout and fixtures selection.

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

Additional Comments (provide additional sheet if necessary):

Good company w/experience and support in pump stations

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

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood RFQ-238-24-JJ - Design, Construction Management and Inspection Services
Solicitation #: for the Influent Pump Station Upgrade.
Reference for: R.J. Behar & Company, Inc.

Organization/Firm Name providing reference: City of Miami

Organization/Firm Contact
Name: Elyrosa Estevez, P.E. *Elyra E.* **Title:** Professional Engineer III
Email: EEstevez@miamigov.com **Phone:** 305-416-1295

Name of Referenced Project: Riverview Pump Station New Generator, **Contract No:** 1502214/ 13
Date Services were provided: Fire Suppressant and Main Switch Disconnect **Project** Fees Paid: \$74,200
11/10/2017 - Under Construction **Amount:** Construction Cost: \$1,450,350.00

Referenced Vendor's role in Project: **Prime Vendor** **Subcontractor/ Subconsultant**
Would you use the Vendor again? **Yes** **No. Please specify in additional comments**

Description of services provided by Vendor (provide additional sheet if necessary):				
Project Management, Electrical design, Cost estimates and Specifications - The engineering analysis included the following: 1. Analysis of two possible scenarios for sizing the new generator, 2. Design and Plans Preparation, 3. Project Specifications, and 4. Estimates of Probable Costs.				
The design also included the structural design of the new generator foundation. Services include Engineer of Record, Post Design Support and Construction Management Assistance.				

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

Additional Comments (provide additional sheet if necessary):				
Staff was very responsive and professional.				

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

FORM 4

VENDOR REFERENCE FORM

City of Hollywood

Solicitation #:

Reference for:

RFQ-238-24-JJ - Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade.

R.J. Behar & Company, Inc.

Organization/Firm Name providing reference:

City of Greenacres

Organization/Firm Contact

Name:

Carlos Cedeño



Title: Director - Public Works Department

Email:

ccedeno@greenacresfl.gov

Phone: (561) 642-2074

Name of Referenced Project:

Dillman Trail - CEI

Contract No: RFQ 19-007

Date Services were provided:

5/16/2022 to 8/2024

Project Fees Paid: \$139,573

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/ Subconsultant

Would you use the Vendor again?

Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

Construction Engineering and Inspection Services. RJ Behar's scope of services consisted of providing CEI services, on a full-time basis as requested by the City, required for contract administration, inspection, and managing the materials sampling and testing.

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

Additional Comments (provide additional sheet if necessary):

Staff was very professional and knowledgeable to work with. They guided the City in our decision making process and provided quality results. We are looking forward to working with RJ Behar in future projects.

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

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

Form 14

LIST OF SUBCONTRACTORS

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

1. Work to be Performed	Subcontractor's Name / Address
1. <u>Mechanical engineering design services</u>	Cardozo Engineering, Inc. 717 Ponce De Leon Boulevard, Suite 220 Coral Gables, FL 33134
2. <u>Geotechnical Engineering, Construction</u> <u>Materials Testing and Inspections</u>	Tierra South Florida, Inc. d/b/a (TSFGeo) 2765 Vista Parkway, Suite 10 West Palm Beach, FL 33411
3. <u>Survey services and Subsurface utility</u> <u>services, and Architecture as needed</u>	WGI, Inc. 11410 NW 20th Street, Suite 101, Miami, FL 33172
4.	
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NOTE: Attach additional sheets if required.

- END OF SECTION -



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/5/2024

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

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

PRODUCER Edgewood Partners Insurance Agency 3780 Mansell Rd. Suite 370 Alpharetta GA 30022	CONTACT NAME: ACEC Certificates	FAX (A/C, No.):	
	PHONE (A/C, No. Ext): 770-552-4225		
	E-MAIL ADDRESS: ACECcertificates@greylng.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Sentinel Insurance Company, Ltd.		11000
INSURED R.J. Behar & Company, Inc. 6861 S.W. 196th Avenue Suite 302 Pembroke Pines FL 33332	RJBEHAR	INSURER B : Hartford Casualty Insurance Company	29424
		INSURER C : Beazley Insurance Company, Inc.	37540
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 113169254

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.

EXCLUSIONS AND CONDITIONS OF THIS POLICY. LIMITS OWNED MAY HAVE BEEN REDUCED BY THIS POLICY.																	
INSR LTR	TYPE OF INSURANCE		ADDL SUBR INSD WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS									
A	COMMERCIAL GENERAL LIABILITY			20SBWBA1624		11/17/2024	11/17/2025	EACH OCCURRENCE		\$1,000,000							
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		\$1,000,000							
								MED EXP (Any one person)		\$10,000							
								PERSONAL & ADV INJURY		\$1,000,000							
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$2,000,000							
	POLICY <input checked="" type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG		\$2,000,000							
	OTHER:									\$							
A	AUTOMOBILE LIABILITY			20UEGNG0289		11/17/2024	11/17/2025	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000							
	<input checked="" type="checkbox"/> ANY AUTO							BODILY INJURY (Per person)		\$							
	OWNED AUTOS ONLY							BODILY INJURY (Per accident)		\$							
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$							
										\$							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR		20SBWBA1624		11/17/2024	11/17/2025	EACH OCCURRENCE		\$4,000,000						
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE						AGGREGATE		\$4,000,000						
											\$						
	DED <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RETENTION \$ 10,000														
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Y / N <input checked="" type="checkbox"/> N N / A	20WBGAD8LUV		11/17/2024	11/17/2025	<input checked="" type="checkbox"/> PER STATUTE		OTH-ER						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?								E.L. EACH ACCIDENT		\$1,000,000						
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE		\$1,000,000						
									E.L. DISEASE - POLICY LIMIT		\$1,000,000						
C	Professional Liability incl. Pollution Liability				C20C99240801		11/17/2024	11/17/2025	Per Claim Aggregate		\$2,000,000 \$3,000,000						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Umbrella Follows Form with respects to General, Automobile & Employers Liability Policies

CERTIFICATE HOLDER

CANCELLATION

For Proposal Purposes

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

Gregg Bachelder



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2024

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

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

PRODUCER		CONTACT NAME: PHONE (A/C. No. Ext.): (706) 629-4441 FAX (A/C. No. Ext.): (706) 629-3631 E-MAIL ADDRESS:				
INSURED		INSURER(S) AFFORDING COVERAGE			NAIC #	
CARDOZO ENGINEERING, INC. 717 PONCE DE LEON BLVD STE 322 CORAL GABLES, FL 33134		INSURER A : THE PHOENIX INSURANCE COMPANY				
		INSURER B : TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA				
		INSURER C : TRAVELERS CASUALTY AND SURETY COMPANY				
		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 INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			680-3H968119-24-47	10/24/2024	10/24/2025	EACH OCCURRENCE \$1,000,000							
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000							
	<input checked="" type="checkbox"/>	HIRE AUTO						MED EXP (Any one person) \$5,000							
	<input checked="" type="checkbox"/>	NON OWNED AUTO						PERSONAL & ADV INJURY \$1,000,000							
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$2,000,000							
	<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS – COMP/OP AGG \$2,000,000							
B	AUTOMOBILE LIABILITY				CUP-3551T467-24-47	10/24/2024	10/24/2025	COMBINED SINGLE LIMIT (Ea accident) \$							
	ANY AUTO							BODILY INJURY (Per person) \$							
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident) \$							
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$							
											\$				
											\$				
C	<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			UB-8S617373-24-47	10/24/2024	10/24/2025	EACH OCCURRENCE \$1,000,000							
	<input type="checkbox"/>	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$1,000,000							
	<input type="checkbox"/>	DED <input checked="" type="checkbox"/> RETENTION \$10000													
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH -ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							<input type="checkbox"/>					E.L. EACH ACCIDENT \$1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW												E.L. DISEASE- EA EMPLOYEE \$1,000,000		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)															

CERTIFICATE HOLDER		CANCELLATION		
CARDOZO ENGINEERING, INC. 717 PONCE DE LEON BLVD STE 322 CORAL GABLES, FL 33134		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 <i>Renan M. Beltran</i>		



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/25/2024

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PRODUCER	CONTACT NAME:	
	PHONE (A/C. No. Ext.): 706-629-4441	FAX (A/C. No. Ext.):
	E-MAIL ADDRESS:	
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERS

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 INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER						GENERAL AGGREGATE	\$	
							PRODUCTS – COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>	SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							\$	
	DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$	
							AGGREGATE	\$	
	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 <input type="checkbox"/> N/A					PER STATUTE	OTH -ER	
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE- EA EMPLOYEE	\$	
							E.L. DISEASE – POLICY LIMIT	\$	
A	Professional Liability - Design Professionals			107459286	06/17/2024	06/17/2025	EACH CLAIM	\$2,000,000	
							AGGREGATE	\$2,000,000	
								\$	

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

CERTIFICATE HOLDER

CANCELLATION

CARDOZO ENGINEERING, INC. 717 PONCE DE LEON BLVD #322 CORAL GABLES, FL 33134	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS
	AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER	Ames & Gough 8300 Greensboro Drive Suite 980 McLean, VA 22102	CONTACT NAME: PHONE (A/C, No, Ext): (703) 827-2277	FAX (A/C, No): (703) 827-2279
		E-MAIL ADDRESS: admin@amesgough.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: National Union Fire Insurance Company	19445
INSURED	Tierra South Florida, Inc. 2765 Vista Parkway, H7-H10 West Palm Beach, FL 33411	INSURER B: National Union Fire Ins. Co. of Pittsburgh, PA A (XV)	19445
		INSURER C: Continental Insurance Company A(XV)	35289
		INSURER D: Endurance American Specialty A+, XV	41718
		INSURER E:	
		INSURER F:	

COVERS

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO- <input type="checkbox"/> JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			9925653	6/1/2024	6/1/2025	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 25,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							\$	\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			4544957	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							\$	\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6072223686	6/1/2024	6/1/2025	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
							\$	\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in N/A) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	039326871	6/1/2024	6/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- E.L. EACH ACCIDENT <input type="checkbox"/> \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE <input type="checkbox"/> \$ 1,000,000 E.L. DISEASE - POLICY LIMIT <input type="checkbox"/> \$ 1,000,000	
D	Professional			DPL30020041901	6/1/2024	6/1/2025	Per Claim	\$ 1,000,000
D	Professional			DPL30020041901	6/1/2024	6/1/2025	Aggregate	\$ 2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance
Tierra South Florida, Inc.
2765 Vista Parkway, Suite 9
West Palm Beach, FL 33411

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/31/2024

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.

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PRODUCER Edgewood Partners Insurance Agency 3780 Mansell Rd. Suite 370 Alpharetta GA 30022	CONTACT NAME: Rebecca Egan	
	PHONE (A/C, No. Ext): 770-552-4225	FAX (A/C, No):
INSURED WGI, Inc. 2035 Vista Parkway Suite 100 West Palm Beach FL 33411	E-MAIL ADDRESS: greylingcerts@greyling.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: National Union Fire Ins Co of Pittsburg	19445
	INSURER B: The Continental Insurance Company	35289
	INSURER C: New Hampshire Insurance Company	23841
	INSURER D: Beazley America Insurance Company, Inc.	16510
	INSURER E:	
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 298331235

REVISION NUMBER: 24-25

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			4613985	8/1/2024	8/1/2025	EACH OCCURRENCE	\$ 2,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
							MED EXP (Any one person)	\$ 25,000	
							PERSONAL & ADV INJURY	\$ 2,000,000	
							GENERAL AGGREGATE	\$ 10,000,000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC OTHER:							\$	
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			9775972	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
B	X UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE			6049958687	8/1/2024	8/1/2025	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
								\$	
C	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 <input checked="" type="checkbox"/> N	N / A	011569886	8/1/2024	8/1/2025	X PER STATUTE	OTHE-	
							E.L. EACH ACCIDENT	\$ 1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
D	Professional Liability incl. Pollution			C356DE240201	8/1/2024	8/1/2025	Per Claim Aggregate	\$ 2,000,000 \$ 2,000,000	

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

Subject to the terms, conditions, limitations and exclusions of the policies evidenced herein: The above are included as Additional Insureds when required by written contract with the Named Insured under the general liability including ongoing operations and products/completed operations and auto liability, but only with respect to services provided by the Named Insured, regarding the referenced project.

CERTIFICATE HOLDER

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

PROPOSAL

TO THE MAYOR AND COMMISSIONERS
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED _____

Dear Mayor and Commissioners:

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

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

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

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

The BIDDER acknowledges receipt of the any and all addenda.

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

Attached hereto is a certified check on the

_____ Bank of _____

or approved Bid Bond for the sum of

_____ Dollars (\$) according to the
conditions under the Instructions to Bidders and provisions therein.

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

WHEN THE BIDDER IS AN INDIVIDUAL:

(Signature of Individual)

(Printed Name of Individual)

(Address)

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

(Name of Firm)

(Address)

(SEAL)
(Signature of Individual)

WHEN THE BIDDER IS A PARTNERSHIP:

(Name of Firm) A Partnership

(Address)

By: _____
(SEAL)
(Partner)

Name and Address of all Partners:

WHEN THE BIDDER IS A JOINT VENTURE:

(Correct Name of Corporation)

By: _____ (SEAL)
(Address)

(Official Title)

As Joint Venture
(Corporate Seal)

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

WHEN THE BIDDER IS A CORPORATION:

(Correct Name of Corporation)

By: _____
(SEAL)

(Official Title)

(Address of Corporation)

Not Applicable

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

CERTIFIED COPY OF RESOLUTION OF
BOARD OF DIRECTORS

(Name of Corporation)

RESOLVED that _____
(Person Authorized to Sign)

(Title) (Name of Corporation) of
(Title) (Name of Corporation)

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

[Project name]
[Project Number]
Bid No. IFB-xxxxxx

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

(Name of Corporation) at a meeting of its Board of
Directors held on the _____ day of _____, 20_____.
By: _____

Title: _____

(SEAL)

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

- END OF SECTION -