

— ORIGINAL —



Title Page

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

Dade: 08/07/14

Name of the Firm: COSUGAS LLC - General Contractor

Contact Person: Herman Giacomelli

Telephone Number: 954-249-6820

Email Address: hgiacomelli@cosugasllc.com

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, Fl 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com

Table of Contents

- 1. Letter of Interest.**
- 2. Solicitation Package.**
 - All applicable forms attached.
- 3. Company Profiles.**
 - Description of company services.
 - Size and scope of work usually performed.
 - Name of all principals and licenses held.
 - Physical address of office.
 - Number of years in business.
 - Statement of business entity has not been debarred.
 - Proof of insurance.
- 4. Professional Competency.**
 - Record of litigation.
 - Copy of State of Florida license.
 - Sample of warranty.
- 5. Relevant Work Experience.**
 - Relevant work experience including: list of recent projects and completed projects, reference (City of Hollywood form), and company brochure.
 - Ability to successfully complete simultaneous projects including: copy of letter from Surety Bond, 2013 Balance Sheet and Income Statement and 941 form / UCT-6 form
- 6. Financial Capability.**
 - Letter from bank entity.
 - Letter of reference.
 - Approved letter from cities for rehabilitation program.
- 7. Section 3 Letter.**
- 8. Addendums.**

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LETTER OF INTEREST

August 7, 2014

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

Ref: Contractors for Housing Rehabilitation Program Solicitation # RFQ-4420A-14-1S

Thank you for the opportunity to submit our company qualification for the reference General Contractors and Home Repair Project.

COSUGAS LLC is a full service General Contractor specialized in Residential & Commercial Projects. We build projects together with owners and cities to understand the goals of the project, permit issues, technical details, budget restraints and key issues during every phase of construction.

Prior to the commencement of construction, **COSUGAS LLC** completes a careful cost and efficiency analysis with home owner and city representative for each project to ensure on time and within budget delivery. We carefully manage every phase of the construction process with our own labor.

The firm is currently working on The Housing Rehabilitation Programs with the City of Hollywood, City of Coconut Creek, City of Coral Springs, City of Pembroke Pines, City of Plantation and City of Deerfield Beach, and also we have been working for more than a year at the Fort Lauderdale International Airport at the Terminal 3 Expansion/Relocation Check Point F and E for the Aviation Department of Broward County. The company has a lot of experience working with Government Agencies, including review and preparing contractual document such as scope of work, program schedule and contracts.

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com



Our Principal, Herman Giacomelli, has been involved on the scheduling and coordination of activities for different Government Agencies such as Fort Lauderdale International Airport, Miami International Airport and Broward Health Medical Center.

The size of work we usually performed is from \$10,000 thru \$800,000, and the scope of work performed is a full service General Contractor. COSUGAS LLC perform metal stud frame, drywall, and all finishing works with our own force labor. All mechanical, electrical, plumbing, roofing works, etc with certified license subcontractors.

COSUGAS LLC is a three county operation company with principal area in Broward County with more than 11 years of experience in the construction industry.

Services that we provide:

- General Contracting
- Housing Rehabilitation Services and Program
- Major & Minor Remodels.
- Residential & Commercial Repairs
- Interior Commercial Fit-Out Projects
- Ground Up New Construction
- New Residential Additions

Sincerely,

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

Herman Giacomelli
Managing Member

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com

Issue Date

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



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

Issue Date:

Closing Date: Aug 7, 2014

Pre-Proposal Meeting Date:

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

A handwritten signature in blue ink, which appears to read "Herman Gismonelli". Below the signature, the name "HERMAN Gismonelli" is printed in a blue, sans-serif font.

HERMAN Gismonelli

Bid RFQ-4420A-14-IS

Contractors for Housing Rehabilitation Program

Bid Number **RFQ-4420A-14-IS**
 Bid Title **Contractors for Housing Rehabilitation Program**

Bid Start Date **Jul 8, 2014 4:56:59 PM EDT**
 Bid End Date **Aug 7, 2014 3:00:00 PM EDT**
 Question & Answer End Date **Jul 24, 2014 5:00:00 PM EDT**

Bid Contact **Ian Superville**
954-921-3552
ISUPERVILLE@hollywoodfl.org

Bid Contact **Lashonne Canty**
954-921-3248
lcanty@hollywoodfl.org

Contract Duration **2 years**
 Contract Renewal **Not Applicable**
 Prices Good for **Not Applicable**
 Pre-Bid Conference **Jul 17, 2014 10:00:00 AM EDT**
Attendance is mandatory
Location: City Hall
2600 Hollywood Boulevard
Hollywood, FL 33020
Rm: 215

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

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

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

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

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

Item Response Form

Item **RFQ-4420A-14-IS-01-01 - Professional Services**

Quantity **1 contract**

Prices are not requested for this item.

Delivery Location **City of Hollywood, Florida**

CITY OF HOLLYWOD

P.O. BOX 229045

FINANCIAL SERVICES

Hollywood FL 33022-9045

Qty 1

Description

See Scope of Work

Issue Date

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

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


Bids/Proposal should be submitted either:

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

OR

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

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



Bid/Proposal Name: Contractors for Housing Rehabilitation Program	
Bid/Proposal Number: RFQ-4420A-14-IS	
Bid/Proposal Opening Date: Aug 7, 2014	
Firm Name/Address:	COSUGAS LLC
	966 NANDINA DR.
	WESTON, FL 33327
Return to:	
City of Hollywood, Florida	
c/o: Office of City Clerk	
2600 Hollywood Blvd., Rm#: 221	
Hollywood, Florida 33020	

Important Notice:

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

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



CONE OF SILENCE

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

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

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

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

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

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

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

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

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

NOTICE TO PROPOSERS REGARDING SECTION 3*

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

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

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

Who is a Section 3 Resident?

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

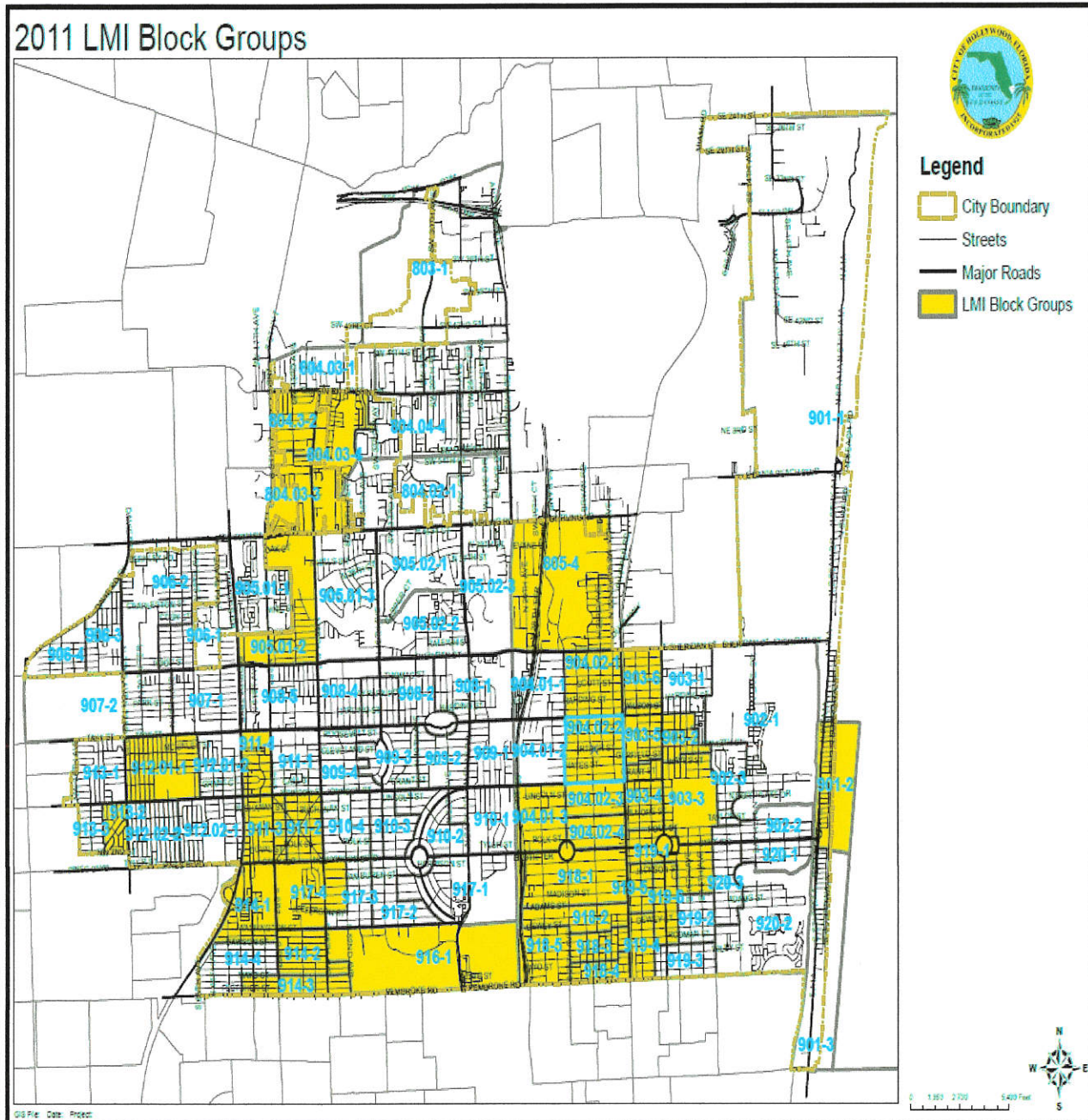
What is a Section 3 Business? A business that meets one of the following:

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

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

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

* Information obtained from HUD-972-FHEO



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

I. STATEMENT OF PURPOSE

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

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

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

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

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

II. SCOPE OF SERVICES

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

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

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

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

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

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

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

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

III. PROCEDURES

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

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

IV. MANDATORY PRE-PROPOSAL CONFERENCE

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

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

V. CONTRACTOR EVALUATION PROCESS

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

VI. EVALUATION CRITERIA

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

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

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

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

At a minimum, to include:

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

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

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

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

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

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

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

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

Section 3 Businesses

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

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

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

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

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

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

Projected Timeline Related to this Request for Qualifications:

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

VII. NON-COLLUSIVE

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

VIII. ASSIGNMENT

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

IX. KEY PERSONNEL

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

X. REPRESENTATIVE OF CITY AND RESPONDENT

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

XI. RESPONSIBILITY FOR ACCURACY, ERRORS, OR OMISSIONS

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

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

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

XII. LICENSES AND INSURANCE

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

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

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

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

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

Combined Single Limit \$100,000

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

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

Worker's Compensation \$100,000/500,000/100,000 for coverage

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

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

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

XIII. TRUTH-IN-NEGOTIATION CERTIFICATE:

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

XIV. MAINTENANCE OF RECORDS

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

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

XV. RIGHT TO REDUCE THE SCOPE OF WORK

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

XVI. RIGHT TO TERMINATE

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

XVI. HOLD HARMLESS AND INDEMNITY CLAUSE

COSUGAS LLC, Herman Giacomelli

(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.

COSUGAS LLC, Herman Giacomelli

(Company Name and Authorized Signature, Print Name),

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

XVII. DISCLOSURE OF CONFLICT OF INTEREST

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

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

Name	Relationship
N/A	

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

RFQ CHECKLIST

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

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

NAME OF COMPANY: COSUGAS LLC

PROPOSER'S NAME: HERMAN GIACOMELLI

PROPOSER'S AUTHORIZED SIGNATURE: 

DATE: 8/6/2014



REFERENCES

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

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

Company Name:	Havenbrook LLC		
Address:	1014 Gateway Blvd. Suite 109		
City, State, ZIP:	Boynton Beach, FL	Phone Number:	561-577-5745
Point of Contact:	Rodney Locke	Fax Number:	
Email:	rlocke@havenbrookhomes.com		
Explain How This Referenced Work Is Similar To This Request:			
Cosugas LLC has a contract to repair and remodel residential projects at Miami, Broward and West Palm County. Scope includes new windows, kitchen, roof, electrical, plumbing, AC etc. Total amount performed thru July 2014 \$950,000			
Date service was provided:	July 2014		

Company Name:	City of Hollywood		
Address:	7710 Atlanta St.		
City, State, ZIP:	Hollywood, Florida	Phone Number:	786-423-8088
Point of Contact:	Suzette Moore	Fax Number:	
Email:			
Explain How This Referenced Work Is Similar To This Request:			
This contract its part of Housing Rehabilitation Services for Department of Community Development			
Date service was provided:	February 2013		

Company Name:	City of Plantation		
Address:	4340 NW 7th St.		
City, State, ZIP:	Plantation, FL 33317	Phone Number:	954-547-6733
Point of Contact:	Sonia Santos	Fax Number:	
Email:	soniagrango@comcast.net		
Explain How This Referenced Work Is Similar To This Request:			
This Contract its Part of the Home Repair Improvement Program			
Date service was provided:	August 2014		

**NONCOLLUSION AFFIDAVIT**STATE OF: FLORIDA H.G.COUNTY OF: BROWARD, being first duly sworn, deposes and says that:

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

Signature

COSUGAS LLC

Name of Company

Printed Name

HERMAN Gislomell

Title

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



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

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


Witness Signature

CANDIDA M. ROJAS
Print Name

Witness Signature

Print Name

(CORPORATE SEAL)

Contractor:

COSUGAS LLC
Name of Contractor


Contractor Signature

HERMAN GIACOMELLI, Managing Member
Print Name, Title

7 day of August, 2014

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

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



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

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

1. This form statement is submitted to City of Hollywood H.G.
 By H. Giacomelli for COSUGAS LLC
 (Print individual's name and title) (Print name of entity submitting sworn statement)
 whose business address is 966 Nandina Dr. Weston, FL 33327
 and if applicable its Federal Employer Identification Number (FEIN) is 05-0540995 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.

	Herman Giacomelli
Signature	Printed Name
COJUGAS LLC	MANAGING MEMBER
Name of Company	Title

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

**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

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

Applicant Name and Address:

COSUGAS LLC, 966 Nandina Dr. Weston FL 33327	5
	6

Application Number and/or Project Name:

RFQ-4420A-14-IS

Applicant IRS/Vendor Number:

--

Signature

COSUGAS LLC

Name of Company

Herman Giacomelli

Printed Name

Title

MOVING MEMBER

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

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



DRUG-FREE WORKPLACE PROGRAM

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

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

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

VENDOR'S SIGNATURE

Herman Giacomelli

PRINTED NAME

COSUGAS LLC

NAME OF COMPANY

Managing Director

TITLE

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

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



SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

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

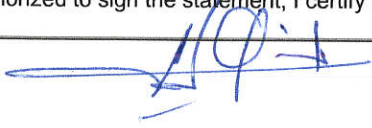
The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

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

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

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

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

	Herman Giacomelli
SIGNATURE	PRINTED NAME
COSUGAS LLC	Managing Member
NAME OF COMPANY	TITLE

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

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

**SOURCE OF INFORMATION**

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

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

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

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



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): Cosugas LLC Federal Tax Identification Number: 05-0540995

If Corporation - Date Incorporated/Organized: _____

State Incorporated/Organized: FLORIDA

Company Operating Address: 966 Nandina Dr.

City Weston State Florida Zip Code 33327

Remittance Address (if different from ordering address): _____

City _____ State _____ Zip Code _____

Company Contact Person: Herman Giacomelli Email Address: _____

~~Text~~ HGIACOMEHL@COSUGASLLC.COM

Phone Number (include area code): 954-249-6820 Fax Number (include area code): _____

Company's Internet Web Address: _____

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

Bidder/Proposer's Authorized Representative's Signature: [Signature] Date 8/8/2014

Type or Print Name: Herman Giacomelli HERMAN GIACOMEHL

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

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

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

ACORD: CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY)	
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
		COMPANIES AFFORDING COVERAGE	
INSURED		COMPANY A. B. C. D.	
COVERAGE THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 		
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/> 		
	BOAT/BOAT TRAILER LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> <input type="checkbox"/> 		
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM <input type="checkbox"/> 		
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR / PARTNERS / EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL <input type="checkbox"/> <input type="checkbox"/> 		
	OTHER		
LIMITS GENERAL AGGREGATE \$300,000 PRODUCTS-COMP/OP AGG \$300,000 PERSONAL & ADV INJURY \$300,000 EACH OCCURRENCE \$300,000 FIRE DAMAGE (ANY ONE FIRE) \$50,000 MED EXP (ANY ONE PERSON) COMBINED SINGLE LIMIT \$100,000 BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$ EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY LIMITS EACH ACCIDENT \$100,000 DISEASE - POLICY LIMIT \$500,000 DISEASE - EACH EMPLOYEE \$100,000			
DESCRIPTION OF OPERATION(S)/LOCATION(S)/VEHICLE(S)/SPECIAL ITEMS			
City of Hollywood is named Additional Insured (Insured as shown)			
CERTIFICATE HOLDER City of Hollywood 2630 Hollywood Blvd. Hollywood, FL 33020 (305) 966-0000 cityofhollywood.org		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE:	
ACORD 25-5 (1/08)			
ATTENTION: DOLLAR LIMITS ARE SUBJECT TO CHANGE BASED UPON TYPE AND TOTAL COST OF SERVICES PROVIDED.			

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

Name (as shown on your income tax return)

COSUGAS LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

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

Exemptions (see instructions):

Exempt payee code (if any)

Exemption from FATCA
reporting code (if any)

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

966 Nandina Dr.

City, state, and ZIP code

Weston, FL 33327

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

Social security number

Employer identification number

05-0540995

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign HereSignature of
U.S. person

Date: 8/8/2014

General Instructions

Section references are to the Internal Revenue Code unless

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

otherwise noted.

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

Purpose of

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

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

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

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

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

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

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

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

Cat. No. 10231X

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

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

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

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

Nonresident alien who becomes a resident alien.

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

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

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

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

Updating Your Information

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

Penalties

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

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

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

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

Specific Instructions

Name

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

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

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

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

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

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

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

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

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

Payments you receive will be subject to backup withholding if:

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

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

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

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

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

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

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

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

Exemptions

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

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

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

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

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

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

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

G—A real estate investment trust

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

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

J—A bank as defined in section 581

K—A broker

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

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

Part I. Taxpayer Identification Number (TIN)

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

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

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

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

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

Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,0001	Generally, exempt payees 1 through 52
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

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

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

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

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

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

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

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

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

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

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

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

Part II. Certification

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

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

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

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

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

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

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

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

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

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

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

Give name and SSN of:

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

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

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

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

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

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

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

Secure Your Tax Records from Identity Theft

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

To reduce your risk:

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

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

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

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

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

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

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

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

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

Privacy Act Notice

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

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

OVERALL BID QUESTIONS

There are no questions associated with this bid. If you would like to submit a question, please click on the "Create New Question" button below.

Question Deadline: Jul 24, 2014 5:00:00 PM EDT



I. COMPANY PROFILE

Name of Firm: **COSUGAS LLC**
Address: 966 Nandina Dr. – Weston, Florida 33327
Ph: (954) 249 – 6820
Fx: (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com

Description of Company Services

COSUGAS LLC is a full service General Contractor specialized in Residential & Commercial projects. We build projects together with owners and tenants to understand the goals of the project, technical details, budget restraints and key issues during every phase of construction.

Prior to the commencement of construction, **COSUGAS LLC** completes a careful cost and efficiency analysis for each project to ensure on time and within budget delivery. We carefully manage every phase of the construction process. We also provide continuous reports to its clients during the construction phase, always keeping its clients in close communication and fully informed on the project's progress.

Services that we provide:

- General Contracting
- Major & Minor Remodels.
- Residential & Commercial Repairs
- Interior Fit-Out
- Ground Up New Construction
- New Residential Additions

Size and Scope of Work Usually Performed

- Size of Work Usually Performed: from \$10,000 thru \$800,000
- Scope of Work Usually Performed: **COSUGAS LLC** is a full service General Contractor, and we perform metal stud frame, drywall, and all finish with our own force labor. All mechanical, electrical, plumbing, roofing, etc with certified license subcontractors.

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com



Names of all Principals and Licenses

Officers

Name: Herman Giacomelli	Position: Managing Member
Name: Mariana Rosetti	Position: Managing Member

Licenses – Name of Qualifier

Name: Herman Giacomelli	License: General Contractor License #1509739
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Physical Address of Physical Office

- Physical Address: 719 Shotgun Road. - Sunrise, Florida 33326
- Mailing Address: 966 Nandina Dr. – Weston, Florida 33327

Number of Years in Business

11 years

Statement of Business Entity has not been Debarred

ATTACHED

Proof of General Liability and Worker's Compensation

ATTACHED

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com

PROJECT TEAM

Names of Principals and Employees

<u>Name</u>	<u>Position</u>
Herman Giacomelli	Principal / Project Manager & Qualifier
Mariana Rosetti	Principal / Accounting
Farid La Torre	Superintendent / Supervisor
Candida Rojas	Office Manager & Controller
Ricardo Ramos	Foreman
Junior Smith	Journeyman / Metal stud and drywall
Roberto Mompart	Journeyman / Painting, tape and finish
Enrique Moreno	Journeyman / Tape and finish
Luis Candamo	Journeyman / Wall and floor tile installation
Luis Sevilla	Journeyman / Concrete work and masonry
William Rosales Suarez	Journeyman / Floor finish and baseboard
Jose Cumana	Journeyman / Acoustical ceiling

Subcontractors

<u>Company</u>	<u>Trade/Task</u>
Infinity Construction Corp. 14196 SW 24 th St, Davie, FL Ph: 954-274-1078	Painting work / RRP Certified
Well Electric Technology Inc 3960 NW 106 th Dr. Coral Springs, FL Ph: 754-245-1679	Electrical Works and Fire Alarm
Dade Super Cool Air Conditioning 13605 SW 149 Ave, Miami, FL Ph: 305-525-2240	Mechanical Works
A&Y Service and Repairs Plumbing 5564 NW 200 Terrace, Miami FL Ph: 786-316-2226	Plumbing Works
Cory & Associates Inc. 226 NW 5 th Ave, Ste1, Hollywood, FL Ph: 954-457-4132	Roofing Works

COSUGAS LLC
 Certified General Contractor - CGC #1509739
 966 Nandina Dr. – Weston, FL 33327
 Ph (954) 249 – 6820 – Fax (954) 217 – 5029
 Email: hgiacomelli@cosugasllc.com



A&V Services and Repair Inc. 4900 NW 79 Ave, Suite 107 Miami, FL 33166 Ph: 789-499-7136	Windows and Shutters
North American Construction Company LLC 5700 NW 32 Ct, Miami, FL Ph: 305-634-5280	Steel Works
Sprinklermatic Inc. 4740 Davie Road, Davie FL Ph: 954-327-3686	Sprinkler Works

COSUGAS LLC
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Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com

STATEMENT

I, Herman Giacomelli, Managing Member of COSUGAS LLC certify that the applicant business entity COSUGAS LLC has not been debarred.



By: Herman Giacomelli

Title: Managing Member

Date: 8/7/14

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
05/08/14

PRODUCER Insurance Professional Consult 10481 SW 88 St Ste. D-204 Miami, FL 33176 Phone (305) 273-4530 Fax (305) 273-4409	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.														
INSURED Cosugas Llc 966 Nandina Dr WESTON, FL 33327-	<table border="1"><tr><th>INSURERS AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Arch Specialty Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C: Zurich</td><td></td></tr><tr><td>INSURER D: Scottsdale Insurance Company</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Arch Specialty Insurance Company		INSURER B:		INSURER C: Zurich		INSURER D: Scottsdale Insurance Company		INSURER E:		INSURER F:	
INSURERS AFFORDING COVERAGE	NAIC #														
INSURER A: Arch Specialty Insurance Company															
INSURER B:															
INSURER C: Zurich															
INSURER D: Scottsdale Insurance Company															
INSURER E:															
INSURER F:															

COVERAGES

THE POLICIES OF INSURANCE LISTED 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	AGL000555-01	05/03/14	05/03/15	EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG 2,000,000
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY - EA ACCIDENT OTHER THAN EA ACC AUTO ONLY: AGG
D	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	XBS0039517	05/03/14	05/03/15	EACH OCCURRENCE 2,000,000 AGGREGATE 2,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
C		OTHER Builders Risk and Installation	A0058980	02/24/14	08/24/14	COVERED PROPERTY 70,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Reference: JOC FY 13-All County

Builder's risk policy deductibles: 1500 AOP/5% HURRICANE- FLOOD IS EXCLUDED

CERTIFICATE HOLDER**CANCELLATION**CITY OF HOLLYWOOD
2600 HOLLYWOOD BLVD
HOLLYWOOD, FL 33020

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE		Date 8/1/2014												
Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562		This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.												
Insured: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Insurers Affording Coverage</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>Insurer A: Lion Insurance Company</td> <td style="text-align: center;">11075</td> </tr> <tr> <td>Insurer B:</td> <td></td> </tr> <tr> <td>Insurer C:</td> <td></td> </tr> <tr> <td>Insurer D:</td> <td></td> </tr> <tr> <td>Insurer E:</td> <td></td> </tr> </table>	Insurers Affording Coverage	NAIC #	Insurer A: Lion Insurance Company	11075	Insurer B:		Insurer C:		Insurer D:		Insurer E:	
Insurers Affording Coverage	NAIC #													
Insurer A: Lion Insurance Company	11075													
Insurer B:														
Insurer C:														
Insurer D:														
Insurer E:														

Coverages

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. Aggregate limits shown may have been reduced by paid claims.

INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits												
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence \$ Damage to rented premises (EA occurrence) \$ Med Exp \$ Personal Adv Injury \$ General Aggregate \$ Products - Comp/Op Agg \$												
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident) \$ Bodily Injury (Per Person) \$ Bodily Injury (Per Accident) \$ Property Damage (Per Accident) \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible				Each Occurrence \$ Aggregate \$												
A		Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? NO If Yes, describe under special provisions below.	WC 71949	01/01/2014	01/01/2015	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> WC Statutory Limits</td> <td style="text-align: center;"><input type="checkbox"/> OTH-ER</td> <td></td> </tr> <tr> <td colspan="2">E.L. Each Accident</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Ea Employee</td> <td style="text-align: right;">\$1,000,000</td> </tr> <tr> <td colspan="2">E.L. Disease - Policy Limits</td> <td style="text-align: right;">\$1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER		E.L. Each Accident		\$1,000,000	E.L. Disease - Ea Employee		\$1,000,000	E.L. Disease - Policy Limits		\$1,000,000
<input checked="" type="checkbox"/> WC Statutory Limits	<input type="checkbox"/> OTH-ER																	
E.L. Each Accident		\$1,000,000																
E.L. Disease - Ea Employee		\$1,000,000																
E.L. Disease - Policy Limits		\$1,000,000																

Other

Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions:

Client ID: 91-67-835

Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company":

Cosugas, LLC

Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.

Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.

A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.

Project Name:

ISSUE 08-01-14 (AF)

Begin Date 5/19/2014

CERTIFICATE HOLDER CITY OF HOLLYWOOD 2600 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	CANCELLATION Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. <div style="text-align: right;"><i>John D. Bonura</i></div>
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II. PROFESSIONAL COMPETENCY

Record of Litigation

N/A – There is not record of litigation, or complaints against COSUGAS LLC.

Copy of State of Florida Contractor's License and Broward County Contractor Registration

ATTACHED

Sample Warranty Statement

ATTACHED

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com

**STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION****CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783****(850) 487-1395****GIACOMELLI, HERMAN W
COSUGAS LLC
966 NANDINA DR.
WESTON****FL 33327**

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

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

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

**STATE OF FLORIDA AC# 630063
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION****CGC1509739 08/24/12 12803535****CERTIFIED GENERAL CONTRACTOR
GIACOMELLI, HERMAN W
COSUGAS LLC****IS CERTIFIED under the provisions of Ch.489
Expiration date: AUG 31, 2014 L12082402108****DETACH HERE****THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER****AC# 6300631****STATE OF FLORIDA****DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD****SEQ# L12082402108**

DATE	BATCH NUMBER	LICENSE NBR
08/24/2012	128035352	CGC1509739

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

**GIACOMELLI, HERMAN W
COSUGAS LLC
966 NANDINA DR.
WESTON****FL 33327****RICK SCOTT
GOVERNOR****KEN LAWSON
SECRETARY**

DISPLAY AS REQUIRED BY LAW

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

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

DBA:
Business Name: COSUGAS LLC

Receipt #: 180-7211
Business Type: GENERAL CONTRACTOR (GENERAL CONTRACTOR)

Owner Name: HERMAN GIACOMELLI
Business Location: 966 NANDINA DR
WESTON
Business Phone: 954-249-6820

Business Opened: 10/04/2006
State/County/Cert/Reg: CGC 1509739
Exemption Code:

Rooms Seats Employees Machines Professionals
1

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

**THIS BECOMES A TAX RECEIPT
WHEN VALIDATED**

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

Mailing Address:

HERMAN GIACOMELLI
966 NANDINA DR
WESTON, FL 33327

Receipt #04A-12-00013568
Paid 08/23/2013 27.00

2013 - 2014



City of Weston
17200 Royal Palm Boulevard
Weston, Florida 33326
(954) 385-2000

City of Weston Business Tax Receipt

Receipt Effective:

10/01/2013 - 09/30/2014

Name and Address of Business:

Cosugas, LLC.
966 Nandina Drive
Weston, Florida 33327

Contact Information:

Name: Herman Giomelli

Phone: (954) 249-6820

Business Tax Category: Limited Business: Home Occupation; Business with only a Post Office, Private Mail Box or Registered Office in the City

RECEIPT NO. 2014-9442

1. This receipt **MUST be renewed on or before September 30th of each year.** Business Tax renewals are the responsibility of the business and shall occur during the 90-day period prior to September 30th of each year. Renewal notices are provided as a courtesy and are not required for renewal purposes.
2. This receipt **MUST BE DISPLAYED** within 10 FEET of the entrance inside your business establishment.
3. The City of Weston must be notified of any changes of name, address or ownership.

08/21/2013
Date Issued

David E. Keller, Assistant City Manager/CFO

detach and keep this section for your records

City of Weston Business Tax Receipt

Limited Business: Home Occupation; Business with only a Post Office,
Private Mail Box or Registered Office in the City

\$165.37

RECEIPT NO. 2014-9442

TOTAL BUSINESS TAX:

\$165.37

LETTER OF WARRANTY

We hereby agree that the **work performed per the scope of work of agreement dated (date of agreement)** for the **Housing Rehabilitation Services** at the property which is located at **(Home Address)** has been done in strict accordance with the drawings and specifications as amended and that the work installed will fulfill the requirements of those specifications. We agree to repair or cause to be repaired or replaced any, or all, of the work which may prove to be defective in workmanship or materials together with any adjacent work which our work has damaged, within a period of twelve (12) months from the date of substantial completion which is **(date of completion)** ordinary wear and tear, unusual abuse or neglect excepted.

COSUGAS, LLC

Signature

Title

Date



III. RELEVANT WORK EXPERIENCE

Relevant Work Experience

See ATTACHED:

- List of recent projects and completed projects.
- Reference (City of Hollywood Form)
- Company brochure and pictures.

Documented ability to successfully complete simultaneous rehabilitation/construction projects

PLEASE SEE THE ATTACHED FOLLOWING DOCUMENTS:

- Bond Capacity – Copy of letter from Surety Bond Professionals.
- 2013 Balance Sheet and Income Statement.
- 941 form / UCT-6 form

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com

**CONTRACT IN PROGRESS AND
COMPLETED PROJECTS**



Project Name	Owner	Total Contract Value	Contracted Date of Completion	% of Completion to Date
Residential Rehabilitation Program @ City of Plantation	Community Redevelopment Associates of Florida, Inc. 954-547-6733. Home Owner: Sonia Santos	\$33,370.00	Aug-14	95%
Residential Repairs and Improvement One Year Contract	Havenbrook Construction LLC - Rodney Locke, 561-577-5745	\$1,200,000.00	Dec-14	80%
Residential Rehabilitation Program @ City of Pembroke Pines	Community Redevelopment Associates of Florida, Inc. 786-291-3867. Home Owner: Juan and Idalia Pares	\$38,550.00	Sep-14	80%
Residential Rehabilitation Program @ City of Coral Springs	BCMBC 954-444-7266. Home Owner: Amon Aharon	\$22,290.00	Aug-14	100%
Residential Rehabilitation Program @ City of Coconut Creek	Community Redevelopment Associates of Florida, Inc. 954-431-7866. Home Owner: Joshua Strate	\$24,780.00	Jul-14	100%
Residential Rehabilitation Program @ City of Deerfield Beach	Community Redevelopment Associates of Florida, Inc. Home Owner: Ethellene Times, 954-421-3125	\$45,600.00	Aug-14	100%
Residential Rehabilitation Program @ City of Deerfield Beach	Community Redevelopment Associates of Florida, Inc. Home Owner: Emma Mohorn, 954-200-0821	\$46,814.00	Jul-14	100%
Vanilla Box Suite B-2572 @ Homestead	DDR Southeast Fountain LLC - Guillermo Zegri 954-845-7150	\$78,600.00	Jun-14	100%
Vanilla Box Suite C-94 @ The Fountains Plantation	DDR Southeast Fountain LLC - Guillermo Zegri 954-845-7150	\$65,400.00	Feb-14	100%
Chipotle Mexican Grill, Cutler Bay, Florida	Rand American Construction Corp - Dixon Poole 770-777-4177	\$38,650.00	Jan-14	100%
St Katharine Drexel @ City of Weston	Lemartec Engineering and Construction Corp, Dariel Adato 305-273-8676	\$142,000.00	Dec-13	100%
Vanilla Box Suite J101 @ The Fountains Plantation	DDR Southeast Fountain LLC - Guillermo Zegri 954-845-7150	\$58,494.00	Sep-13	100%
The Cheese Course @ Downtown Miami	The Cheese Course Miami, Miguel Contreras 305-772-7183	\$293,900.00	Sep-13	100%
Residential Rehabilitation Program @ City of Deerfield Beach	Community Redevelopment Associates of Florida, Inc. 954-431-7866. Home Owner: Deborah Whetstone, 954-421-5821	\$42,080.00	Jun-13	100%
Residential Rehabilitation Program @ City of Deerfield Beach	Community Redevelopment Associates of Florida, Inc. 954-431-7866. Home Owner: Mercedes Paramore, 954-667-2500	\$40,330.00	Jun-13	100%
Residential Rehabilitation Program @ City of Hollywood	Department of Community and Economic Development: Clay Milan, 954-921-3271. Home Owner: Suzette Moore, 786-423-8088	\$31,000.00	Feb-13	100%
SAS Comfort Shoes @ The Fountains Plantation	DDR Southeast Fountain LLC - Guillermo Zegri 954-845-7150	\$121,000.00	Mar-13	100%
Residential Remodeling @ City of Weston	Repairs and Home Improvements, Paulo Antonione 312-907-0622	\$55,000.00	2012	100%
The Cheese Course The Fountain Plantation	The Cheese Course Plantations, Ricardo Cardenas, 786-399-1102	\$350,000.00	2012	100%
Fountain Jewelers, Plantation	Fountain Jewelers, Reuben Ezekiel, 954-684-5086	\$69,000.00	2012	100%

**CONTRACT IN PROGRESS AND
COMPLETED PROJECTS**



Residential Remodeling @ City of Weston	Repairs and Home Improvements, Pablo Bukin 954-536-7165	\$62,300.00	2012	100%
Hair Frenzy Salon, The Shop of Pembroke Gardens	Hair Frenzy Salon, Fred Gray 954-249-9540	\$4,100.00	2012	100%
Chipotle Mexican Grill, Port Orange, Florida	Rand American Construction Corp - Dixon Poole 770-777-4177	\$31,000.00	2012	100%
The Cheese Course @ Aventura Mall	The Cheese Course Aventura Mall, Miguel Contreras 305-772-7183	\$69,439.00	2012	100%
Terminal 3 Expansion/Relocation Fort Lauderdale Hollywood Airport	Grace & Naeem Uddim, Inc - Grace Beltran 954-693-0620	\$385,265.00	2011	100%
Yogurtland The Fountain Plantation	Yogurtland - Jaime Miro 305-794-1036	\$188,400.00	2011	100%
One Red Shoe The Fountains Plantation	DDR Southeast Fountain LLC - Guillermo Zegri 954-845-7150	\$76,400.00	2011	100%
Office Remodeling, Miami Lakes, Florida	Social Service Coordinator, Lori Alison, 305-779-6070	\$34,900.00	2011	100%
Boward Health Weston, Weston Florida	Grace & Naeem Uddim, Inc - Naeem Uddin 954-693-0620	\$114,704.00	2011	100%
Chipotle Mexican Grill, Fort Lauderdale, Florida	Rand American Construction Corp - Dixon Poole 770-777-4177	\$31,431.00	2011	100%
Chipotle Mexican Grill, Naples, Florida	Rand American Construction Corp - Dixon Poole 770-777-4177	\$31,640.00	2011	100%
Sonic Restaurant, Homestead, Florida	Ganaway Contracting Co - Todd Larking 770-650-7722	\$13,960.00	2011	100%



REFERENCES

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

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

Company Name:	Havenbrook LLC		
Address:	1014 Gateway Blvd. Suite 109		
City, State, ZIP:	Boynton Beach, FL	Phone Number:	561-577-5745
Point of Contact:	Rodney Locke	Fax Number:	
Email:	rlocke@havenbrookhomes.com		
Explain How This Referenced Work Is Similar To This Request:			
Cosugas LLC has a contract to repair and remodel residential projects at Miami, Broward and West Palm County. Scope includes new windows, kitchen, roof, electrical, plumbing, AC etc. Total amount performed thru July 2014 \$950,000			
Date service was provided:		July 2014	

Company Name:	City of Hollywood		
Address:	7710 Atlanta St.		
City, State, ZIP:	Hollywood, Florida	Phone Number:	786-423-8088
Point of Contact:	Suzette Moore	Fax Number:	
Email:			
Explain How This Referenced Work Is Similar To This Request:			
This contract its part of Housing Rehabilitation Services for Department of Community Developmnet			
Date service was provided:		February 2013	

Company Name:	City of Plantation		
Address:	4340 NW 7th St.		
City, State, ZIP:	Plantation, FL 33317	Phone Number:	954-547-6733
Point of Contact:	Sonia Santos	Fax Number:	
Email:	soniagrange@comcast.net		
Explain How This Referenced Work Is Similar To This Request:			
This Contract its Part of the Home Repair Improvement Program			
Date service was provided:		August 2014	



REFERENCES

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

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

Company Name:	City of Deerfield Beach		
Address:	673 NW 2nd Way		
City, State, ZIP:	Deerfield Beach, Florida	Phone Number:	954-421-3125
Point of Contact:	Ethelene Times	Fax Number:	
Email:			
Explain How This Referenced Work Is Similar To This Request:			
This Contract its part of the Residential Rehabilitation <u>5</u> Program of the City. <u>6</u>			
Date service was provided:	August 2014		

Company Name:	City of Coral Springs		
Address:	10215 NW 31st.		
City, State, ZIP:	Coral Springs	Phone Number:	954-444-7266
Point of Contact:	Amon Ahron	Fax Number:	
Email:			
Explain How This Referenced Work Is Similar To This Request:			
This Contract its part of the Home Repair/Improvement <u>5</u> Program of the City. <u>6</u>			
Date service was provided:	July 2014		

Company Name:	City of Deerfield Beach		
Address:	600 NW 2nd Way		
City, State, ZIP:	Deerfield Beach, Florida	Phone Number:	954-200-0821
Point of Contact:	Emma Mohorn	Fax Number:	
Email:			
Explain How This Referenced Work Is Similar To This Request:			
This contract its part of Residential Rehabilitation <u>5</u> Program of the City. <u>6</u>			
Date service was provided:			

COSUGAS LLC

General Contractor

On Site.

On Time.

On Budget.

About us

With over a decade of experience, the COSUGAS LLC General Contractor team continually provides our clients quality craftsmanship with an artistic eye for detail. We work with architects and owners during the initial design phase to ensure value engineering and proper budgeting. During the pre-construction phase we make cost-saving suggestions to assist our clients.

Each and every project has its own dedicated project manager on site to maintain quality control, efficient scheduling and to ensure that if any concerns arise they are addressed immediately.



Integrity, knowledge, Skill and vision

When building, it is the future customer that will be experiencing the finished product. In order to compel them to enter an establishment, it must first have intriguing design which is then built to perfection - and built to perfection is exactly what COSUGAS LLC does.

We make certain, down to the smallest detail, that your project is of the highest standards. We specialize in both areas, Commercial & Residential, and COSUGAS LLC will bring your project to life with an unbridled passion for excellence.

COSUGAS
General Contractor

966 Nandina Dr.
Weston, FL, 33327

Ph 954-249-6820
Fx 954-217-5029

hgiacomelli@cosugasllc.com



COSUGAS LLC specializes in the construction of Office, Retail and Restaurant projects and buildouts.

Some projects include:

- Broward County Aviation Department
- The Cheese Course.
- Yogurtland.
- Ricera American Corp.
- Chipotle Mexican Grill.
- Beef O'Brady
- PRC, Inc
- Beiswenger, Hoch and Associates.
- Social Service Coordinator, Inc
- Kite Realty Group, LLC
- Banana Republic
- Godiva Chocolatier
- Barnes & Noble
- Broward Health of Weston
- Miami Dade County
- Security Improvements Ft Lauderdale Hollywood Airport
- New Restaurant – The Fountains City of Plantation
- New Quick Service Restaurant - The Fountains City of Plantation
- New Interior Office Construction – Sunrise
- New Restaurant – Pembroke Pines, West Pines, Sunrise, Miami Lakes, Delray Beach, Port St. Lucie, Miami Gardens, Tallahassee & Naples
- New Restaurant – City of Davie & Kendall
- New Interior Office Construction - Miami
- Vakharia Building New Interior Office Construction - Plantation
- New Interior Office Construction – Miami Lakes
- New Interior Office Construction – Pembroke Pines
- Retail Construction – Dolphin Mall
- Retail Construction – Aventura Mall
- Retail Construction – Pembroke Pines
- Hospital – City of Weston
- Arcola Lakes Branch Library New Construction – Miami



COSUGAS LLC
General Contractor

hgiacomelli@cosugasllc.com
Ph: 954-249-6820
Fx: 954-217-5029



ALTER SURETY GROUP, INC.

SURETY BOND PROFESSIONALS

July 14, 2014

CITY OF TAMARAC
7525 NW 88th Avenue, Room 108
Tamarac, FL 33321-2401

RE: COSUGAS, LLC.

To Whom It May Concern:

This is to advise you that our office provides Bid, Performance, and Payment Bonds for Cosugas, LLC. Their bonds are issued on a co-surety basis with Accredited Surety and Casualty Company, Inc., which carries an A.M. Best Rating of A- V and Bankers Insurance Company, which carries an A.M. Best Rating of B+ VII. Both sureties are listed in the Department of the Treasury's Federal Register.

Based upon normal and standard underwriting criteria at the time of the request, we anticipate providing Performance and Payment Bonds for single size jobs in the \$1,000,000 range and \$2,000,000 in the aggregate. These amounts should not be construed as a limit but rather a guide to handle their day-to-day needs. We obviously reserve the right to review all contractual documents, bond forms, and obtain satisfactory evidence of funding prior to final commitment to issue any bonds.

Cosugas, LLC is an excellent contractor and we hold them in high regard. Obviously, we feel extremely confident in our contractor and encourage you to offer them an opportunity to execute the above referenced project.

This letter is not an assumption of liability. It is issued only as a bonding reference requested by our respected client. If you should have any questions, please do not hesitate to give me a call.

Sincerely,

Warren M. Alter
Resident Agent

COSUGAS, LLC
BALANCE SHEET
January 2013 thru December 2013

ASSETS

CURRENT ASSETS

Checking, 1st United Bank	\$ 63,753.20
Accounts Receivable	144,656.19
Refundable Deposit	<u>2,500.00</u>
Total Current Assets	<u>210,909.39</u>

Automobiles, Truck-Dodge Ram 1500 and GMC	110,980.00
Computer System	5,400.00
Accum. Depr. Automobiles	(54,480.00)
Accum. Depr. Computer & Software	<u>(2,500.00)</u>
Net Property and Equipment	<u>59,400.00</u>

TOTAL ASSETS	<u>\$ 270,309.39</u>
---------------------	-----------------------------

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT LIABILITIES

Accounts Payables	\$ 40,802.53
Loan Payable Cars	<u>12,896.00</u>
Total Current Liabilities	<u>53,698.53</u>

STOCKHOLDERS' EQUITY

Capital	152,927.54
Net Income (Loss)	<u>63,683.32</u>
Total Stockholders' Equity	<u>216,610.86</u>

TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY	<u>\$ 270,309.39</u>
---	-----------------------------

COSUGAS, LLC
INCOME STATEMENT
January 2013 thru December 2013

	12 Months Ended 31-Dec-13
Sales	
Sales	\$ 723,659.88
Less: Returns & Allowances	
Total sales	<u>723,659.88</u>
Cost of Goods Sold	
Materials	176,982.78
Direct Labor	23,470.16
Other Compensation (1099)	99,697.00
Freight	-
Maintenance on Equipment	-
Sub-Contractor	231,207.04
Other Cost & Expenses	1,200.00
Total Cost of Goods Sold	<u>532,556.98</u>
Gross Profit	<u>191,102.90</u>
Operating Expenses	
Advertising	-
Auto Expenses	17,866.57
Freight	-
Bank Service Charges	113.50
Contributions	-
Depreciation Expenses	-
Equipment Rental	1,414.00
Insurance	17,207.84
Interest Expenses	-
Licenses, Fees, Permits	3,429.82
Miscellaneous	-
Office & Postage Expenses	8,803.28
Professional Fees	4,659.50
Salaries: Officers	57,092.87
Repairs and Maintenance	-
Rent	10,402.11
Taxes: FICA	4,912.98
Telephone	1,517.11
Travel Expenses & Entertainment	-
Trash Removal	-
Total Operating Expenses	<u>127,419.58</u>
Operating Income (Loss)	<u>63,683.32</u>
Net Income	<u><u>\$ 63,683.32</u></u>

Form **941 for 2014: Employer's QUARTERLY Federal Tax Return**
 (Rev. January 2014) Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

(EIN) Employer identification number **05-0540995**

Name (not your trade name) **COSUGAS LLC**

Trade name (if any) _____

Address **966 NANDINA DR**
 Number Street Suite or room number
WESTON **FL** **33327**
 City State ZIP code
 Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2014
 (Check one.)**

- ☐ 1: January, February, March
☒ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December
 Instructions and prior-year forms are available at www.irs.gov/form941.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	0
2 Wages, tips, and other compensation	2	11880.00
3 Federal income tax withheld from wages, tips, and other compensation	3	1029.06
4 If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
5a Taxable social security wages	Column 1	Column 2
	11880.00	1473.12
5b Taxable social security tips		
5c Taxable Medicare wages & tips	11880.00	344.52
5d Taxable wages & tips subject to Additional Medicare Tax withholding		
5e Add Column 2 from lines 5a, 5b, 5c, and 5d		1817.64
5f Section 3121(q) Notice and Demand - Tax due on unreported tips (see instructions)		
6 Total taxes before adjustments. Add lines 3, 5e, and 5f.	6	2846.70
7 Current quarter's adjustment for fractions of cents	7	
8 Current quarter's adjustment for sick pay	8	
9 Current quarter's adjustments for tips and group-term life insurance	9	
10 Total taxes after adjustments. Combine lines 6 through 9	10	2846.70
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X, 941-X (PR), 944-X, 944-X (PR), or 944-X (SP) filed in the current quarter.	11	2846.70
12 Balance due. If line 10 is more than line 11, enter the difference and see instructions	12	
13 Overpayment. If line 11 is more than line 10, enter difference		

Check one: ☐ Apply to next return. ☐ Send a refund.

Next →

► You MUST complete both pages of Form 941 and SIGN it.
 For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Form **941** (Rev. 1-2014)

Name (not your trade name) COSUGAS LLC	Employer identification number (EIN) 05-0540995
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Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see *Pub. 15 (Circular E)*, section 11.

- 14 Check one: ☐ Line 10 on this return is less than \$2,500 or line 10 on the return for the prior quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. If line 10 for the prior quarter was less than \$2,500 but line 10 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	Month 1	<input type="text" value="1581.50"/>
	Month 2	<input type="text" value="632.60"/>
	Month 3	<input type="text" value="632.60"/>
		<input type="text" value="2846.70"/>

Total liability for quarter Total must equal line 10.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete *Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors*, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 15 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages

- 16 If you are a seasonal employer and you do not have to file a return for every quarter of the year . . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

- ☐ Yes. Designee's name and phone number () -

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

- ☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here

REFERENCE COPY PREPARED BY PAYCHEX.

Print your name here

Print your title here

Date

Best daytime phone

Paid preparer's use only

Check if you are self-employed ☐

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone ()

City

State

ZIP code



0040-17013571

14182 TAXPAY ®

Florida Department of Revenue
Employer's Quarterly ReportCOMPLETE and MAIL your REPORT/PAYMENT to
5050 W. Tennessee St., Tallahassee, Florida 32399-0180PAYX
RT-6
R. 01/13

Employers are required to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

844602014063000680540311500249254900006

Quarter Ending 06/30/14	Due Date 07/01/14	Penalty After Date 07/31/14	Tax Rate 0.0059	RT Account Number 2492549
Employer's Name COSUGAS LLC				F.E.I. Number 050540995
Mailing Address 966 NANDINA DR				For Official Use Only - Postmark Date [][][][][][]
City/State/ZIP WESTON FL 33327				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the payroll period including the 12th of the month.

1st Month	2
2nd Month	2
3rd Month	0

2. Gross wages paid this quarter (Must total all pages)	11880.00
3. Excess wages paid this quarter (See instructions)00
4. Taxable wages for this quarter (See instructions)	11880.00
5. Tax Due (Multiply Line 4 by tax rate)	70.09
6. Penalty Due (See instructions)	
7. Interest Due (See instructions)	
8. Installment Fee (See instructions)	
9a. Total Amount Due (See instructions)	70.09
9b. Amount Enclosed (See instructions)	70.09

All wage items must be reflected on the continuation sheet.If you are filing as a sole proprietor, is this for domestic household employment only? ☐ Yes ☒ No☐ Check if you had out-of-state wages. Attach *Employer's Quarterly Report for Out-of-State Wages (RT-6NF)*.☐ Check if final return
Date operations ceased.

[][] / [][] / [][][][]

"Under penalties of perjury, I declare that I have read this return and the facts stated in it are true (sections 443.171(5) and 443.141(2) Florida Statutes)
(DO NOT DETACH)

Signature REFERENCE COPY PREPARED BY PAYCHEX.	Date 07/01/14	Signature of Preparer
Title DO NOT FILE.	Telephone No. ()	Preparer's Telephone No.

COSUGAS LLC
966 NANDINA DR
WESTON FL 33327☐ Check here if you transmitted
funds electronically

RT Account Number: 2492549

DOR USE ONLY
____/____/____
POSTMARK OR HAND DELIVERY DATE

PAYX
RT-6
R. 01/13Rule 73B-10.025
Florida Administrative Code

2492549	050540995	2	2
0	1188000	0	1188000
7009	0	0	0
7009	7009	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

CONTINUATION SHEET FOR REPORTING TO STATE

2492549 COSUGAS LLC 966 NANDINA DR WESTON FL 33327		Date Quarter Ended JUNE 30, 2014		Page Number 1 OF 1		Name of State FLORIDA	
05-0540995		REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FILE.					
Employer's identification number, name and address		ENTER ON PAGE 1 ONLY		GRAND TOTAL ALL WAGE REPORT SHEETS		EXCESS WAGES OVER STATE LIMIT OR Date Separated Weeks Worked	
EMPLOYEE'S SOCIAL SECURITY NUMBER	NAME OF EMPLOYEE	TAXABLE WAGES	TOTAL WAGES	STATE TAXABLE WAGES*	TOTAL WAGES*		
	LA TORRE, FARID A GIACOMELLI, HERMAN W	11880.00	11880.00	5940.00 5940.00	5940.00 5940.00		
TOTALS FOR THIS PAGE NUMBER OF EMPLOYEES AND WAGE TOTALS		Number of Employees <div style="border: 1px solid black; width: 100px; text-align: center; margin-top: 5px;">2</div>		11880.00	11880.00		

IV. FINANCIAL COMPETENCY

Letter from Bank

ATTACHED

Letter of Reference

ATTACHED

Approved Letter from Cities for Rehabilitation Programs

ATTACHED

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, Fl 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com



August 5, 2014

City Of Hollywood
Hollywood, Florida

Re: Cosugas LLC

Dear Sir's:

At the request of Mr. Hernan Giacomelli we inform you that he has maintained a commercial banking relationship in good standing with 1st United Bank since December 17,2002.

This information is furnished and is given without responsibility on the part of this bank or the individual acting for the bank and it is intended for your confidential use only.

Sincerely,

A handwritten signature in blue ink that reads 'NINOSKA'.

Ninoska Maya
Operations Manager



March 20th, 2012

To Whom It May Concern;

I am very pleased to write this letter of recommendation for Mr. Herman Giacomelli at COSUGAS LLC - General Contractor.

COSUGAS LLC was the general contractor for our build out. They have successfully completed our new interior office and warehouse construction project located at 749 Shotgun Rd, Sunrise, FL 33326. We were pleased that the overall project was completed on time and within budget expectations.

We would wholeheartedly consider COSUGAS LLC for future construction projects.

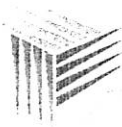
Sincerely

A handwritten signature in black ink, appearing to read "Jose A. Prazeres", is written over a horizontal line.

Jose A. Prazeres

749 Shotgun Road – Sunrise – FL – 33326 – USA

Tel. (954) 476-0746 – Fax (954) 476-0798 – info@ricera.com – www.ricera.com



March 20, 2012

To whom it may concern:

This letter is to serve as my formal recommendation to Herman Giacomelli from COSUGAS LLC - General Contractor.

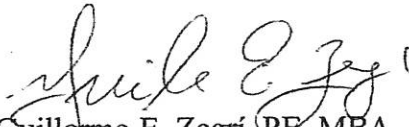
COSUGAS LLC was the general contractor and have successfully completed our interior construction project of One Red Shoe - The Fountains located at 801 S University Dr, Plantation, Florida. We are very pleased that the overall project was completed on time and within budget expectations.

We would wholeheartedly recommend COSUGAS LLC for future construction projects.

Sincerely

If you have any comments or questions, please call me at 954-845-7157. Thank you.
Sincerely,

DDR CORP.


Guillermo E. Zegri, PE, MBA
Sr. Tenant Coordinator

THINK TALK, ORANGE

THINK TALK, ORANGE
THINK TALK, ORANGE
THINK TALK, ORANGE



This letter is to serve as my formal recommendation to Herman Giacomelli at CONSUGAS LLC- General Contractor.

CONSUGAS LLC is the general contractor and is completing our new interior construction project of The Cheese Course located 801 S University Dr # 126, Plantation Florida. We are certain that the overall project will be completed on time and within budget expectations.

We would wholeheartedly recommend CONSUGAS LLC for future construction projects.

Sincerely,

Jaime Miro
Director of Franchising
The Cheese Course Franchising, LLC



yogurt-land.com

TEL (786) 472-2867 FAX (786) 472-2869
3250 NE 1st Ave., Ste. 317, Miami, FL 33137

Independently Owned & Operated

This letter is to serve as my formal recommendation to Herman Giacomelli at CONSUGAS LLC- General Contractor.

CONSUGAS LLC was the general contractor and have successfully completed our new interior construction project of Yogurtland located 801 S University Dr Ste A-104, Plantation Florida. We are very pleased that the overall project was completed on time and within budget expectations.

We would wholeheartedly recommend COSUGAS LLC for future construction projects.

Sincerely,

Jaime Miro
Director Operations
Yogurtland



3275 S.W. 42nd St. Ft. LAUDERDALE, FL 33312
954-327-3465 . 800-330-4659 . WWW.GPROULX.COM

September 14, 2012

RE: Cosugas LLC
Herman Giacomelli
966 Nandina Drive
Weston, FL 33327

To Whom It May Concern:

This is to confirm that Cosugas LLC has had an account with G Proulx LLC since March 2009. Their high balance is \$15,460. Payments are received promptly and we consider Mr. Giacomelli and Cosugas LLC a valuable customer

If you need any additional information, please do not hesitate to contact me. I will be glad to help you.

Sincerely,

G Proulx LLC



Nathalie Lavoie
Credit Manager

To Whom It May Concern;

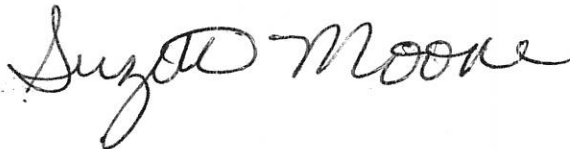
I am very pleased to write this letter of recommendation for Mr. Herman Giacomelli at COSUGAS LLC General Contractor.

COSUGAS LLC was the general contractor for the Housing Rehabilitation Services with The City of Hollywood Program, and have successfully completed the scope of work on my property located at 7710 Atlanta Street, Hollywood, FL 33024. I am very pleased that the overall project was completed on time and within budget expectations.

I would wholeheartedly recommend COSUGAS LLC for future construction projects.

Sincerely,

Suzette Moore
Home Owner
Phone: 789-423-8088

A handwritten signature in cursive script that reads "Suzette Moore". The signature is written in dark ink and is positioned to the right of the typed name and contact information.

To Whom It May Concern,

I am very pleased to write this letter of recommendation for Mr. Herman Giacomelli at COSUGAS LLC General Contractor.

COSUGAS LLC was the general contractor for the home repairs and remodeling, and have successfully completed the scope of work on my property located at 1289 Chenille Circle, Weston FL 33327. I am very pleased that the overall project was completed on time and within budget expectations.

I would wholeheartedly recommend COSUGAS LLC for future construction projects.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paulo Antonione', written over a horizontal line.

Paulo Antonione

Home Owner

Phone: 312-907-0622

To Whom It May Concern,

I am very pleased to write this letter of recommendation for Mr. Herman Giacomelli at COSUGAS LLC General Contractor.

COSUGAS LLC was the general contractor for the home repairs and improvements, and have successfully completed the scope of work on my property located at 1440 Thrush Ct, Weston FL 33327. I am very pleased that the overall project was completed on time and within budget expectations.

I would wholeheartedly recommend COSUGAS LLC for future construction projects.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Pablo Bukin', with a stylized, cursive flourish.

Pablo Bukin

Home Owner

Phone: 954-536-7165



August 7, 2014

City of Hollywood, Florida
c/o Office of the Clerk
2600 Hollywood Blvd.
Room 221
Hollywood, Florida 33020

Ref: Prior experience working with government

The firm is currently working on The Housing Rehabilitation Programs with the City of Hollywood, City of Coral Springs, City of Pembroke Pines, City of Plantation and City of Deerfield Beach, please see attached approval letters.

Also COSUGAS LLC have been working for more than a year at the Fort Lauderdale International Airport at the Terminal 3 Expansion/Relocation Check Point F and E for the Aviation Department of Broward County.

The company has a lot of experience working with Government Agencies, including review and preparing contractual document such as scope of work, program schedule and contracts.

Sincerely,

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

Herman Giacomelli
Principal / Managing Member

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com



October 30, 2013

**Subject: City of Coral Springs
Home Repair Grant Programs**

On November 6, 2013, the City Commission selected your firm to be part of the City's Home Repair Grant Programs for one of the following categories: General Contractors, Housing Inspectors or Environmental Specialists. This will be a two-year term with the City of Coral Springs and expires on November 30, 2015.

As part of the City's Home Repair Grant program please plan to attend a mandatory workshop on **Friday November 15, 2013** at the following location:

**City Hall- West Wing Conference Room
9551 West Sample Road,
Coral Springs, FL 33065
9:30 a.m. to 11:30 a.m.**

The purpose of the workshop is to introduce the City's Home Repair Grant Programs, guidelines, contractor responsibilities and information on the City's permit process to assist contractors in navigating through the process in an efficient manner. **Should you have any questions regarding this notice, please contact me at 954-344-1161.**

Best Regards,

A handwritten signature in cursive script, appearing to read "Neirah Sankar".

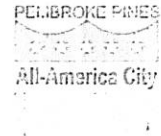
Neirah Sankar

Assistant Planner/Housing Specialist

Cc: James Hickey, Assistant Director of Development Services
Leo Bermudez, Purchasing Division
Janice Hayes, Broward County Minority Builders



City of Pembroke Pines



2004

Frank C. Ortis, Mayor
Angelo Castillo, Vice-Mayor
Charles F. Dodge, City Manager

Jay Schwartz, Commissioner
Carl Shechter, Commissioner
Iris A. Siple, Commissioner

AGREEMENT COVER MEMORANDUM

To: Pat Atkinson, City Clerk's Office
From: Tania Mercado, Purchasing Division
Date: September 4, 2013

Please route the two (2) attached agreements, as described below, for execution and please return one executed copies to me.

Vendor(s):	Cosugas LLC		
Purpose:	AD-13-03 – General Contractors for Home Repair Projects		
Effective Date:	TBD	Expiration Date:	06/14/2014
Initial Period:	Approximately one year.		
# of Renewal Options:	N/A		
Length of Renewals:	N/A		
Contract Type:	Continuing Services Agreement		
Contract Amount:	TBD		
Commission Approved:	Yes, on 08/07/2013.		
Procurement Method:	Formal Solicitation		
Procurement Summary:	Please see attached Agenda Item.		
Agreements Attached:	(2) Originals, Signed/Notarized/Witness by Vendor <ul style="list-style-type: none">• Certificate of Liability Insurance• Commission Approval• Exhibit A: "RFP #AD-13-03" & Contractor's Response (Sent Electronically)		

OFFICE OF THE MAYOR

Diane Veltri Bendekovic,
Mayor

**PLANNING, ZONING &
ECONOMIC DEVELOPMENT**

Laurence Leeds, AICP, Director



CITY COUNCIL

Dr. Robert A. Levy, *President*
Lynn Stoner,
President Pro-Tem
Jerry Fadgen
Ron Jacobs
Chris P. Zimmerman, AIA

October 21, 2013

Mr. Herman Giacomelli
COSUGAS, LLC
966 Nandina Drive
Weston, FL 33327

Dear Mr. Giacomelli:

Thank you for recently submitting qualifications to participate in the City of Plantation Contractors' Pool for our Minor Home Repair programs. Your firm has been approved to participate in the pool and will receive notification of future bids from Community Redevelopment Associates of Florida (CRA) and Broward Alliance for Neighborhood Development (BAND) for CDBG and NSP funded projects, respectively.

Please submit a W-9 form to my attention, this will assure that our Finance Department has the proper information to reimburse your company for work completed. Please also complete a City of Plantation Vendor Form on the City's website, www.plantation.org. You can find it near the bottom of the page under "Quick Links" "Become a City vendor". Please be aware, as a new vendor for the City of Plantation, should COSUGAS be contracted for services, you will not be eligible to bid on future projects until all prior projects are complete.

Again, congratulations on being included in the City of Plantation Contractors' Pool. Should you have any questions about the process or require anything further, please do not hesitate to contact me.

Sincerely,

Patrick Haggerty
Community Development Grant Coordinator

cc: Andrew Azebokhai, CRA
Bonnye Deese, BAND
Pat Stephenson, BAND



FINANCE AND ADMINISTRATIVE SERVICES

PURCHASING DIVISION

4800 WEST COPANS ROAD
COCONUT CREEK, FLORIDA 33063



KAREN M. BROOKS
DEPARTMENT DIRECTOR

July 2, 2013

RETURN RECEIPT REQUESTED

Herman Giacomelli
COSUGAS LLC
966 Nandina Dr.
Weston, FL 33327

Re: General Contractors for Home Repair Projects
L.O.I. No. 05-08-13-09

Dear Mr. Giacomelli:

Congratulations! The City is pleased to inform you that on June 27, 2013, the City Commission approved your placement in the pool of qualified general contractors to carry out minor home repair projects in conjunction with the City of Coconut Creek's Minor Home Repair Program.

In order to introduce and familiarize you with our staff and to orient you to the requirements for participation in the program, we have scheduled an orientation workshop.

The workshop schedule is as follows:

Date: Monday, July 15, 2013
Time: 3:00 p.m. EST
Location: Coconut Creek Government Center
City Hall, PZ Room
4800 West Copans Road
Coconut Creek, FL 33063

Please be advised that placement in the pool of qualified general contractors does not guarantee any minimum volume of work received.

Should you have any questions or concerns regarding the scheduled workshop or your participation in the program, please contact Scott Stoudenmire at (954) 973-6756.

Sincerely,

CHRISTINA SEMERARO
Purchasing Agent
csemeraro@coconutcreek.net

cc: Scott Stoudenmire, Deputy Director of Sustainable Development
Marianne Bowers, Housing and Project Coordinator
Shekeria Brown, Community Redevelopment Associates of Florida



August 23, 2012

SENT VIA CERTIFIED MAIL

Herman Giacomelli, Principal
COSUGAS LLC
966 Nandina Dr.
Weston, FL 33327

RE: General Contractors for Federal and State Funded Housing and
Community Development Programs.
RFQ #2011-12/10

Dear Mr. Giacomelli,

Congratulations, the City Commission has approved your company into
the pool of general contractors for General Contractors for Federal and
State Funded Housing and Community Development Programs.

Should you have any questions, your contact for this is Shekeria Brown,
Community and Economic Development Manager for Community
Redevelopment Associates of Florida, Inc. She can be reached at 1-954-
431-7866 ext. 115 or sbrown@crafla.org.

Sincerely,

David Santucci, CPPB
Purchasing Manager

Mayor
Peggy Noland

Vice Mayor
Bill Ganz

Commissioners
Joseph P. Miller
Martin Popelsky
Ben Preston

City Manager
Burgess Hanson

InternetCoast



Deerfield Beach

All America City



C: Donna DeFronzo, Director of Senior Services
Ada Graham Johnson, City Clerk
Shekeria Brown, Community Redevelopment Associates of Florida, Inc.



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City of Miramar
An Equal Opportunity Employer

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Lori C. Moseley

City Commission

Winston F. Barnes

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Wayne M. Messam

Yvette Colbourne

**"We're at the
Center of Everything"**

Procurement Department
2300 Civic Center Place
Miramar, Florida 33025

Phone (954) 602-3047
FAX (954) 602-3507

June 23, 2014

To Whom It May Concern:

RE: NOTICE OF INTENT TO AWARD

Request For Qualifications (RFQ) 14-03-32

Pool Of Qualified Contractors For Commercial Rehabilitation Projects


RFQ#14-03-32 was issued on April 6, 2014 to solicit to identify highly qualified licensed Contractors For Commercial Rehabilitation Projects who can provide services for the program, which is funded by the federal government ("CDBG") for the City of Miramar. The RFQ closed on April 28, 2014 with a total of 14 responses. The resulting library of firms will be used to secure services necessary to complete commercial rehabilitation projects. Seven firms were determined to be qualified for selection to the pools with a score of 75 or above, as indicated in Exhibit "B".

Points were awarded for City local preference and/or a preference if they were certified by the Broward County Office of Economic Development and Small Business Development in the scoring of the firms as required in the solicitation.

This Notice of Intent to Award must be posted to the public for a total of five (5) business days prior to recommendation for this award.

A recommendation for this award is scheduled to be presented to the City Commission on July 2, 2014 as required by city code section 2-412.

Thank You.


Thomas Blaine, CPPO, FCPM, FCPA
Contract Administration Manager

Cc: Randy Cross, Procurement Director



August 07, 2014

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

Ref: Section 3.
Contractors for Housing Rehabilitation Program
Solicitation # RFQ-4420A-14-IS

Please be informed that **COSUGAS LLC** will comply with all applicable Section 3 requirements.

Sincerely

A handwritten signature in blue ink, appearing to read "H. Giacomelli", with a stylized flourish at the end.

Herman Giacomelli

Managing Member

COSUGAS LLC
Certified General Contractor - CGC #1509739
966 Nandina Dr. – Weston, FL 33327
Ph (954) 249 – 6820 – Fax (954) 217 – 5029
Email: hgiacomelli@cosugasllc.com



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

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

City of Hollywood, Florida, FL

[See other bids by this agency](#)

Community and Economic Development

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

Time left: 21 hrs, 8 mins

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

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

Pre-bid conference: **Mandatory**[Download bid packet](#)[Remove from My bids](#)[Details](#)[Documents](#)[Line items](#)[Q&A](#)[Pre-bid conference](#)[Vendor ads](#)[Planholder's list](#)

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

RFQ



Time started: Jul 08, 2014 4:56:59 PM EDT
Bid contact: [See contact information](#)
Issuing agency: City of Hollywood, Florida, FL [See other bids by this agency](#)
Issuing department: Community and Economic Development [See other bids by this department](#)

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

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

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

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

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

Description: See Scope of Work
Delivery location: CITY OF HOLLYWOD
P.O. BOX 229045
FINANCIAL SERVICES
Hollywood, FL 33022-9045
Classification codes: [View classification codes](#)
Contract duration: 2 years
Contract renewal: Not Applicable

Prices good for: Not Applicable
Regions: [View regions](#)

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

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

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


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

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

Place offer

Place "No bid"

[Back to bid list](#)


HERMAN GIDWOLL
COUNCIL

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