

EnviroWaste Services Group

Bid Contact **eduardo barba**
eddy.barba@envirowastesg.com
Ph 305-637-9665

Address **18001 old cutler road, #554**
miami, FL 33157

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch. Docs
IFB-4744-22-OT--01-01	Realign, grout and seal manhole casting (in street)	Supplier Product Code:	First Offer - \$790.00	50 / each	\$39,500.00 Y Y
IFB-4744-22-OT--01-02	Realign, grout and seal manhole casting (in rear-yard easement)	Supplier Product Code:	First Offer - \$890.00	50 / each	\$44,500.00 Y
IFB-4744-22-OT--01-03	Seal visible infiltration through manhole walls, bench and invert (brick manhole)	Supplier Product Code:	First Offer - \$790.00	25 / each	\$19,750.00 Y
IFB-4744-22-OT--01-04	Seal visible infiltration through manhole walls, bench and invert (concrete manhole)	Supplier Product Code:	First Offer - \$525.00	25 / each	\$13,125.00 Y
IFB-4744-22-OT--01-05	Repair manhole bench and invert	Supplier Product Code:	First Offer - \$420.00	50 / each	\$21,000.00 Y
IFB-4744-22-OT--01-06	Replace manhole bench and invert	Supplier Product Code:	First Offer - \$525.00	25 / each	\$13,125.00 Y
IFB-4744-22-OT--01-07	Replace standard manhole frame and cover, and install seal	Supplier Product Code:	First Offer - \$1,050.00	50 / each	\$52,500.00 Y

IFB-4744-22-OT--01-08	Replace watertight manhole frame and cover, and install seal	Supplier Product Code:	First Offer - \$1,260.00	10 / each	\$12,600.00	Y
IFB-4744-22-OT--01-09	Install cementitious manhole liner for precast 4 - feet diameter manhole (in str	Supplier Product Code:	First Offer - \$265.00	100 / vertical linear feet	\$26,500.00	Y
IFB-4744-22-OT--01-10	Install cementitious manhole liner for precast 4 - feet diameter manhole (in rea	Supplier Product Code:	First Offer - \$300.00	150 / vertical linear feet	\$45,000.00	Y
IFB-4744-22-OT--01-11	Install cementitious manhole liner for brick 4 - feet diameter manhole (in stree	Supplier Product Code:	First Offer - \$300.00	100 / vertical linear feet	\$30,000.00	Y
IFB-4744-22-OT--01-12	Install cementitious manhole liner for brick 4 - feet diameter manhole (in rear-	Supplier Product Code:	First Offer - \$315.00	150 / vertical linear feet	\$47,250.00	Y
IFB-4744-22-OT--01-13	Install cementitious manhole liner for precast 5 - feet diameter manhole (in str	Supplier Product Code:	First Offer - \$300.00	50 / vertical linear feet	\$15,000.00	Y
IFB-4744-22-OT--01-14	Install cementitious manhole liner for brick 5 - feet diameter manhole (in stree	Supplier Product Code:	First Offer - \$315.00	50 / vertical linear feet	\$15,750.00	Y
IFB-4744-22-OT--01-15	Install cementitious	Supplier Product Code:	First Offer - \$315.00	50 / linear foot	\$15,750.00	Y

	manhole liner for precast 6- feet diameter manhole (in stre	Code:				
IFB-4744-22-OT--01-16	Install cementitious manhole liner for brick 6 - feet diameter manhole (in stree	Supplier Product Code:	First Offer - \$341.00	50 / vertical linear feet	\$17,050.00	Y
IFB-4744-22-OT--01-17	Install new standard precast concrete 48 inch diameter sewer manhole (up to 6 fe	Supplier Product Code:	First Offer - \$5,000.00	20 / each	\$100,000.00	Y
IFB-4744-22-OT--01-18	Install new standard precast concrete 48 inch diameter sewer manhole and dewater	Supplier Product Code:	First Offer - \$6,500.00	10 / each	\$65,000.00	Y
IFB-4744-22-OT--01-19	Install new standard precast concrete 48 inch diameter sewer manhole and dewate	Supplier Product Code:	First Offer - \$10,000.00	10 / each	\$100,000.00	Y
IFB-4744-22-OT--01-20	Install new standard precast concrete 48 inch diameter sewer manhole and dewate	Supplier Product Code:	First Offer - \$13,500.00	5 / each	\$67,500.00	Y
IFB-4744-22-OT--01-21	Bypass pumping	Supplier Product Code:	First Offer - \$2,625.00	1 / day	\$2,625.00	Y
IFB-4744-22-OT--01-22	Roadway replacement	Supplier Product Code:	First Offer - \$47.25	200 / square yard	\$9,450.00	Y
IFB-4744-22-OT--01-23	Pavement overlay	Supplier Product Code:	First Offer - \$30.00	100 / square yard	\$3,000.00	Y

IFB-4744-22-OT--01-24	Concrete sidewalk replacement	Supplier Product Code:	First Offer - \$157.50	100 / square yard	\$15,750.00	Y
IFB-4744-22-OT--01-25	Concrete curb and gutter replacement	Supplier Product Code:	First Offer - \$47.25	100 / linear foot	\$4,725.00	Y
IFB-4744-22-OT--01-26	Asphalt driveway replacement	Supplier Product Code:	First Offer - \$47.25	100 / square yard	\$4,725.00	Y
IFB-4744-22-OT--01-27	Concrete driveway replacement	Supplier Product Code:	First Offer - \$157.50	100 / square yard	\$15,750.00	Y
IFB-4744-22-OT--01-28	Replace concrete slabs and/or aprons	Supplier Product Code:	First Offer - \$157.50	100 / square yard	\$15,750.00	Y
IFB-4744-22-OT--01-29	Sod replacement	Supplier Product Code:	First Offer - \$2.50	500 / square foot	\$1,250.00	Y
IFB-4744-22-OT--01-30	Installation in rear-yard easement	Supplier Product Code:	First Offer - \$105.00	40 / each	\$4,200.00	Y
IFB-4744-22-OT--01-31	Traffic control	Supplier Product Code:	First Offer - \$315.00	50 / each	\$15,750.00	Y
IFB-4744-22-OT--01-32	Expedited mobilization	Supplier Product Code:	First Offer - \$3,675.00	1 / each	\$3,675.00	Y
IFB-4744-22-OT--01-33	Reinstall tack weld of manhole cover	Supplier Product Code:	First Offer - \$52.50	10 / each	\$525.00	Y
IFB-4744-22-OT--01-34	Manhole Inspection Report	Supplier Product Code:	First Offer - \$30.00	500 / each	\$15,000.00	Y
IFB-4744-22-OT--01-35	Undefined Allowance (Add \$100,000.00)	Supplier Product Code:	First Offer - \$100,000.00	1 / lump sum	\$100,000.00	Y
IFB-4744-22-OT--01-36	Crew hourly	Supplier	First Offer - \$525.00	160 / hour	\$84,000.00	Y

rate to address
utility conflicts

**Product
Code:**

IFB-4744-22-OT--01-37	Indemnification (Add \$10.00)	Supplier Product Code:	First Offer - \$10.00	1 / lump sum	\$10.00	Y
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Supplier Total **\$1,057,085.00**

EnviroWaste Services Group

Item: **Realign, grout and seal manhole casting (in street**

Attachments

hollywood mh docs.pdf

FORM 1**SUBMITTAL CHECKLIST FORM**

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

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

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

FORM 12**TRENCH SAFETY**

This form must be completed and signed by the Respondent.

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

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

Method of ComplianceCost

Trench Box

Total \$ 1,000.00

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

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

Witness Signature_____
Contractor's Signature_____
Witness Printed Name_____
Eduardo Barba_____
Printed Name_____
18001 Old Cutler Rd, #643 Palmetto Bay, Fl. 33157 Corporate Secretary_____
Witness Address_____
Title_____
10/25/22_____
Date_____
10/25/22_____
Date

- END OF SECTION -

Form 13**Bid Guaranty Form**

(Construction)

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS:

That we EnviroWaste Services Group, Inc, as Principal, and Berkley Insurance Company, as

Surety, are held and firmly bound unto the City of Hollywood in the sum of _____

Five Percent of Amount Bid Dollars (\$ 5%) lawful money

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

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the principal has submitted the accompanying SOLICITATION, dated _____ October 27th ²²20_{for}

**INFLOW/INFILTRATION (I/I) PROGRAM – Manhole Repairs
SOLICITATION-4744-22-OT**

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

Approved SOLICITATION Bond

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

IN WITNESS WHEREOF, the above bound parties have executed this statement under their several seals this 27th
day of October, 2022, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

WHEN THE PRINCIPAL IS AN INDIVIDUAL:

Signed, sealed and delivered in the presence of:

Witness

Signature of Individual

Address

Printed Name of Individual

Witness

Address

Approved SOLICITATION Bond

WHEN THE PRINCIPAL IS A CORPORATION:

Attest:


SecretaryEnviroWaste Services Group, Inc
Name of Corporation18001 Old Cutler Rd, #643 Palmetto Bay, FL 33157
Business Address

By:


(Affix Corporate Seal)Paul Quentel
Printed NameCEO
Official TitleCERTIFICATE AS TO CORPORATE PRINCIPAL

I, Eduardo Barba, certify that I am the secretary of the Corporation named as Principal in the attached bond; that Paul Quentel who signed the said bond on behalf of the Principal, was then CEO of said Corporation; that I know his signature, and his signature thereto is genuine and that said bond was duly signed, sealed and attested for and on behalf of said Corporation by authority of its governing body.


(SEAL)
Secretary

POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: *Stephen A. Vann; Sarah C. Belcastro; Jodi Jennings; or Oana R. Dimulescu of Lockton Companies, LLC of Atlanta, GA* its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed **Fifty Million and 00/100 U.S. Dollars (U.S.\$50,000,000.00)**, to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further

RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further

RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further

RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 16th day of February, 2021.

Attest:

(Seal)

By

Ira S. Lederman
Executive Vice President & Secretary

Berkley Insurance Company

By

Jeffrey M. Hafter
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT)

COUNTY OF FAIRFIELD) ss:

Sworn to before me, a Notary Public in the State of Connecticut, this 16th day of February 2021, by Ira S. Lederman and Jeffrey M. Hafter who are sworn to me to be the Executive Vice President and Secretary, and the Senior Vice President, respectively, of Berkley Insurance Company.

MARIA C RUNDRAKEN
NOTARY PUBLIC
CONNECTICUT
MY COMMISSION EXPIRES
APRIL 30, 2024

Maria C. Rundracken
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 27th day of OCTOBER, 2022

(Seal)

Vincent P. Forte
Vincent P. Forte

Form 14**LIST OF SUBCONTRACTORS**

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

	Work to be Performed	Subcontractor's Name / Address
1.	100% self perform	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

NOTE: Attach additional sheets if required.

- END OF SECTION -

FORM 15**INFORMATION REQUIRED FROM BIDDERS****GENERAL INFORMATION**

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

1. Contractor's Name/Address: EnviroWaste Services Group, Inc
18001 Old Cutler Rd, #643 Palmetto Bay, Fl. 33157

2. Contractor's Telephone Number: 305-637-9665
and e-mail address: info@ewsg.com

3. Contractor's License (attach copy): CGC1520877
Primary Classification: General contractor
Broward County License Number (attach copy): _____
4. Number of years as a Contractor in construction work of the type involved in this Contract: 14

5. List the names and titles of all officers of Contractor's firm:
Paul Quentel, CEO / Melissa Linton CFO / Eduardo Barba, Corporate Secretary

6. Name of person who inspected site or proposed work for your firm:
Name: Eduardo Barba
Date of Inspection: 10/24/22

7. What is the last project of this nature you have completed?
The previous City of Hollywood MH rehab contract, # 19-7101

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

No

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

VDOT District 7 Van Black 813-975-6423

Town of Cutler Bay, Alfredo Quintero 305-234-4262

City of Miami, Ely Estevez 305-416-1295

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

Name of Project	City	Total Contract Value	Contracted Date of Completion	% Completion to Date
Please see attached				

(Continue list on inset sheet, if necessary)

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

Please see attached

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

None

13. List at least three (3) similar projects completed within the last two (2) years by the bidder. For purposes of this requirement, 'similar' projects shall be considered to include experience with manhole repairs and replacements.

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

19-7101 city of Hollywood MH Rehab Jeff Jiang 954-921-3930 FJIANG@hollywoodfl.org

(Add sheets as requested.)

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

Mike Garcia

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



MIKE GARCIA

Director of Construction - EnviroWaste Services Group, Inc.

PROFESSIONAL PROFILE

Mr. Garcia joined EWSG as Director of Construction in September of 2008 and has worked in a number of complex public Right-of-Way projects involving sanitary and storm drain pipe replacement. All of his projects have been delivered within contract schedule. He oversees the overall horizontal construction end of the company as well as bidding for future job opportunities and meeting with public officials.

In addition to being in charge of all horizontal and underground construction in South Florida, Mr. Garcia also handles all of cleaning and cctv inspection work based out of our Miami office. With a local fleet of 10 jet/vacs and 4 cctv inspection trucks, Mr. Garcia is directly responsible for roughly 1,000,000 linear feet of storm and sanitary sewers inspections yearly.

EWSG has the ability to self perform all of the open cut pipe replacement work, and generally subcontracts asphalt paving. Concrete paving is self performed.

- City of Miami Beach Horizontal JOC – Sanitary Sewer Pipe replacement and Point Repairs - \$ 150,000
- Town of Miami Lakes – Paving Drainage - \$ 206,000
- North Bay Village – Drainage and Paving - & 164,000
- Tamayo Engineering – FDOT Emergency Response – Sanitary Sewer Pipe Replacement - \$ 115,000
- City of Miami Beach JOC Contract- Cleaning, Lining, Point Repairs \$1,500,000
- City of Miramar – Cleaning, Inspection and Repair of Sanitary Sewer \$185,000
- Miami International Airport – Cleaning, Inspection and Repair of Sanitary Sewer - \$ 71,000
- Homestead Air Reserve Base - Sanitary Sewer Evaluation Study and Repairs – \$ 126,000
- City of Punta Gorda – Annual Grouting Contract - \$ 60,000
- City of Orlando Smoke Testing, and Sectional Point Repair - \$ 400,000 Annual
- FDOT – District 5 E5J21 Storm Sewer Inspection and Repair - \$ 670,000
- Indian Creek Village Storm Sewer Inspection and Rehabilitation - \$ 390,000
- InsituformTechnologies, Inc. – CCTV Inspection subcontracting: City of Miami Storm Capital Improvements, Pompano Beach Storm Sewer, City of Fort Lauderdale, City of North Miami, City of Clearwater, City of Tampa \$800,000
- Miami Dade WASD S-793 Countywide One-Year Contract Removal/Replacement and Rehabilitation of Sanitary Sewer Laterals - \$450,000
- City of Coral Gables Sanitary Sewer Rehabilitation Evaluation Assessment - \$1,200,000.00
- City of Miami C.I.P. Department Storm Drainage Improvements - \$790,000.00
- City of Miami C.I.P. Department concrete speed table installations City wide-\$100,000.00
- Town of Cutler Bay Concrete and Roadway Resurfacing - \$3,000.000.00

Headquarters: 18001 Old Cutler Road, #643, Miami, FL 33157 * (877) 637-9665 * F (877) 637-9659

Offices: Miami, FL * Orlando, FL * Tampa, FL

www.envirowastesg.com * email: info@envirowastesg.com



- City of Ft. Lauderdale Sanitary Sewer Rehabilitation Evaluation Assessment - \$325,000.00
- City of Homestead Sanitary Sewer Rehabilitation Evaluation Assessment - \$725,000.00
- City of Hollywood Sanitary Sewer Rehabilitation Evaluation Assessment - \$5,525,000.00
- City of Sunrise Sanitary Sewer Rehabilitation Evaluation Assessment - \$225,000.00
- City of Boca Raton Sanitary Sewer Rehabilitation Evaluation Assessment - \$1,285,000.00
- Broward County Sanitary Sewer Rehabilitation Evaluation Assessment - \$1,000,000.00
- City of Weston Sanitary Sewer Rehabilitation Evaluation Assessment - \$185,000.00
- Town of Davie Sanitary Sewer manhole removal/point repair - \$37,000.00
- City of North Miami Beach Sanitary Sewer Rehabilitation Evaluation Assessment - \$625,000.00
- City of North Miami Beach 18" water main replacement - \$125,000.00
- Village of Bal Harbour Sanitary Sewer Rehabilitation Evaluation Assessment - \$300,000.00
- Village of Pinecrest Storm Water Drainage Improvements - \$50,000.00
- Village of Pinecrest Sidewalk Improvements - \$90,000.00
- Collier County Storm Water Pipe Replacement - \$48,000.00
-

PREVIOUS EXPERIENCE

Mr. Garcia has been in the construction arena for over 21 years. Throughout his years in the industry, he has been involved in some of the largest homebuilding and land development jobs throughout South Florida.

He has also been involved in three opportunities to participate in Habitat for Humanity offering his help and experience during the development of new homes.

EDUCATION

Florida International University	-	1998
Miami Dade Community College	-	1996

SPECIAL QUALIFICATIONS

OSHA certified
First Aid certified

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FORM 16**PROPOSAL**

TO THE MAYOR AND COMMISSIONERS
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED 11/8/22

Dear Mayor and Commissioners:

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

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

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

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

The BIDDER acknowledges receipt of the following addenda:

No. _____	Dated _____
No. _____	Dated _____
No. _____	Dated _____

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

Attached hereto is a certified check on the

_____ Bank of _____

or approved Bid Bond for the sum of

5% of bid amount Dollars (\$) according to the conditions under the Instructions to Bidders and provisions therein.

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

WHEN THE BIDDER IS AN INDIVIDUAL:

(Signature of Individual)

(Printed Name of Individual)

(Address)

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

(Name of Firm)

(Address)

(Signature of Individual) (SEAL)

WHEN THE BIDDER IS A PARTNERSHIP:

(Name of Firm) A Partnership

(Address)

By: _____
(SEAL)
(Partner)

Name and Address of all Partners:

WHEN THE BIDDER IS A JOINT VENTURE:

(Correct Name of Corporation)

By: _____ (SEAL)
(Address)

(Official Title)

As Joint Venture
(Corporate Seal)

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

WHEN THE BIDDER IS A CORPORATION:

EnviroWaste Services Group, Inc
(Correct Name of Corporation)

By: _____
(SEAL)

Paul Quentel, CEO

(Official Title)

18001 Old Cutler Rd, #643 Palmetto Bay, Fl. 33157
(Address of Corporation)

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

CERTIFIED COPY OF RESOLUTION OF
BOARD OF DIRECTORS

EnviroWaste Services Group, Inc
(Name of Corporation)

RESOLVED that Paul Quentel
(Person Authorized to Sign)

CEO of EnviroWaste Services Group, Inc
(Title) (Name of Corporation)

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

INFLOW/INFILTRATION (I/I) PROGRAM – MANHOLE REPAIRS
ECSD Project No. - 7101A
Bid No. IFB-4744-22-OT

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

EnviroWaste Services Group, Inc at a meeting of its Board of
(Name of Corporation)

Directors held on the 21 day of April, 2017.

By: [Signature]

Title: Eduardo Barba Corporate Secretary

(SEAL)

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

- END OF SECTION -

Client#: 1840410

ENVIRSER19

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

7/28/2022

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

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

PRODUCER USI Insurance Services, LLC/CL 201 Alhambra Circle, Suite 1401 Coral Gables, FL 33134-5108 305 669-6000		CONTACT NAME: Jennifer Warrington PHONE (A/C, No, Ext): 305 669-6000 FAX (A/C, No): E-MAIL ADDRESS: jennifer.warrington@usi.com															
INSURED Envirowaste Services Group, Inc 18001 Old Cutler Rd Ste 554 Miami, FL 33157-6440		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Steadfast Insurance Company</td> <td>26387</td> </tr> <tr> <td>INSURER B : Colony Insurance Company</td> <td>39993</td> </tr> <tr> <td>INSURER C : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER D : Aspen American Insurance Company</td> <td>43460</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Steadfast Insurance Company	26387	INSURER B : Colony Insurance Company	39993	INSURER C : Zurich American Insurance Company	16535	INSURER D : Aspen American Insurance Company	43460	INSURER E :		INSURER F :	
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INSURER E :																	
INSURER F :																	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors <input type="checkbox"/> Pollution Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	GPL180638902	07/31/2022	07/31/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	BAP557133810	07/31/2022	07/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$NIL	X	X	EXO4267441	07/31/2022	07/31/2023	EACH OCCURRENCE \$20,000,000
A				SXS187844802	07/31/2022	07/31/2023	AGGREGATE \$20,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WC017636208	07/31/2022	07/31/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Inland Marine	X	X	IM10Q0000451511	07/31/2022	07/31/2023	Scheduled/Rented/Leased

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

RE: Project: 20-7106, Gravity Sewer System Condition Assessment and Renewal and Replacement (21-035M)

Excavated Point Repairs.

The General Liability, Automobile Liability and Umbrella Liability policies includes an automatic Additional Insured endorsement that provides Additional Insured status to The City of Hollywood, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Hollywood
 1621 N 14th Ave
 P.O. Box 229045
 Hollywood, FL 33022-9045

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

Ben G. Bah

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ACORD 25 (2016/03) 1 of 1
 #S36874640/M36873028

The ACORD name and logo are registered marks of ACORD

SP1ZP

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Category / ID	Make	Model	Category	Year	Plate No.	Capacity (Gal)
V100-200: Vactors & Vac-cons 43						
V126	Sterling	L7500	Vactor	2004	P0195B	2400
V134	Sterling	L7500	Vactor	2006	N1715X	3000
V137	International	7400	Vactor	2006	N1713X	3000
V141	Sterling	L7500	Vactor	2006	N1716X	3000
V142	Sterling	L7500	Vactor	2006	N9073Y	3000
V143	Sterling	L7500	Vactor	2006	N2484Y	3000
V145	Sterling	L7500	Vactor	2007	N9068Y	3000
V146	Sterling	L7500	Vactor	2007	P0797E	3000
V147	Sterling	L7500	Vactor	2007	N9072Y	2400
V149	Sterling	L7500	Vactor	2006	N9071Y	2400
V151	Sterling	L7500	Vactor	2007	N9069Y	2400
V153	International	7400	Vactor	2007	N4946Z	600
V154	International	Durastar	Vactor Mini	2009	NW1343	600
V156	International	Durastar	Vactor Mini	2009	RC9230	2400
V167	Sterling	L7500	Vactor	2006	P0466D	2400
V169	Freightliner	114SD	Vactor	2012	N1264Z	2400
V170	International	7400	Vactor	2007	N1518Y	2400
V171	International	7400	Vactor	2007	N1517Y	2400
V174	International	7400	Vactor	2007	N1501Y	2400
G175	Sterling	L9500	Guzzler	2005	NS6317 IRP	3000
V178	Peterbilt	P348	Vac-Con	2015	NV5242 IRP	2400
V179	Peterbilt	P348	Vac-Con	2017	NH6741 IRP	2400
V180	Peterbilt	P348	Vac-Con	2017	NH6742 IRP	2400
V181	Peterbilt	P348	Vac-Con	2018	NH6743 IRP	2400
V182	International	Maxx Force 10	Vactor	2011	P5591A	2400
V183	Freightliner	M2106V	Vac-Con	2012	P5592A	2400
V184	International	7500	Vac-Con	2012	P5593A	2400
V185	Freightliner	114SD	Vac-Con	2015	P5594A	2400
G186	Sterling	L9500	Guzzler	2008	NS6318 IRP	3000
V188	International	7400	Vactor	2007	P3792B	2400
V189	International	7400	Vac-con	2007	P3794B	2400
G190	Kenworth	T880	Combo	2016	NS6319 IRP	
G191	Peterbilt	P567	Supersucker	2017	NS6320 IRP	
G193	Sterling	L9500	Supersucker	2002	NS6321 IRP	
G194	Sterling	L9500	Supersucker	2006	NS6322 IRP	
V195	Freightliner	114SD	Vacall	2021	P3228F	1500
V196	Freightliner	114SD	Vacall	2021	P3227F	1500
V197	Freightliner	114SD	Vacall	2021	NS6323 IRP	1500
V198	Freightliner	114SD	Vacall	2021	P5983F	1500
V199	Freightliner	114SD	Vacall	2022	EZC166	1500
V200	Western Star	4700	Front part of Vac-Truck	2019	YA149918	
V201	Western Star	4700	Vac-Con	2019	YA-151286	1500 gal
V202	Western Star	4700	Vac-Con	2016	YA-128754	1500 gal
C300: Camera Units 27						

C305	International	4300	Aries	2006	KQUL24
C306	Ford	E-450	Aries	2008	IUZV88
C308	Ford	E-450	Aries	2008	2072IM
C309	Ford	E-450	Aries	2008	GQPY54
C310	Ford	F-650	Aries	2008	GQPY55
C319	Ford	E450	Aries	1998	JSJI14
C322	Ford	E450	Cues	2014	KDKT46
C323	Ford	E-450	Envirosight	2016	Y14QZG
C324	Ford	Transit F250	Envirosight	2016	LFKH92
C325	Ford	Transit F250	Envirosight	2015	LFMP16
C326	Ford	Transit F250	Envirosight	2016	LFMY09
C327	Ford	E-450	RST Camera Truck	2007	JCT8985
C328	Ford	E-450	RST Camera Truck	2017	JL2831
C329	Ford	E-450	RST Camera Truck	2012	JCT8986
C330	Chevy	C-4500	Cues / Video / Seal	2005	CXUR56
C331	Ford	F-550	Cues / Video / Seal / Laser	2006	HGTS49
C332	Nissan	NV2500	Aries	2012	72BCRD
C333	Chevy	C-5500	Cues / Cutter	2005	38AXVZ
C334	Ford	F-650	Cues / Groute / Ranger	2015	HHXV01
C335 (Not a truck)	RST	SPRINTER VANS	RST Camera Cube	2018	JAAM
C336 (Not a Truck)		SPRINTER VANS	Envirosight Dolly Cart		N/A
C337	Freightliner	3500	TV-VAN	2021	DEL1166
C338	Freightliner		TV-VAN	2021	DEL1119
C339	Ford	E-450	Van Transit	2018	YAQ732
C340	Ford	E450	Transit Van - New Not In Service Yet (CUES Equipment)	2019	HFA2054
C341	Ford	E-450	CUES Transit Van	2017	HT7459
C342		Defender Max 1000	Cues / 4 wheeler	2017	
C321	Ford	E450	Cues	2012	NW1344
C343	Can Am	Defender Max		2022	



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

BARBA, EDUARDO JOSE

ENVIROWASTE SERVICES GROUP, INC.

18001 OLD CUTLER ROAD SUITE 643

PALMETTO BAY FL 33157

LICENSE NUMBER: CGC1520877

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. EnviroWaste Services Group, Inc	
2 Business name/disregarded entity name, if different from above EnviroWaste Services Group, Inc.	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 18001 Old Cutler Road #554	Requester's name and address (optional)
6 City, state, and ZIP code Palmetto Bay, FL 33157	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
or									
Employer identification number									
6	5	-	0	8	2	9	0	9	0

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of
U.S. person ►



Date ► **11/08/2022**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

Supplier: **EnviroWaste Services Group**

FORM 2

ACKNOWLEDGMENT AND SIGNATURE PAGE

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

Legal Company Name (include d/b/a if applicable): **envirowaste services group, inc**

If Corporation - Date Incorporated/Organized: **2/13/98** Federal Tax Identification Number: **65-0829090**

State Incorporated/Organized: **florida**

Company Operating Address: **18001 Old Cutler Road Road #643**

City: **Palmetto Bay** State: **FI** Zip Code: **33157**

Remittance Address (if different from ordering address):

City: State: Zip Code:

Company Contact Person: **eduardo barba** Email Address: **eddybarba@ewsg.com**

Phone Number (include area code): **305-637-9665** Fax Number (include area code): **305-637-9659**

Company's Internet Web Address: **www.ewsg.com**

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

Bidder/Proposer's Authorized Representative's Signature: **Eduardo Barba** Date: **10/25/22**

Type or Print Name: **eduardo barba**

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

SUBMISSION

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

Important Notice:

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

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

Supplier: **EnviroWaste Services Group****FORM 4****VENDOR REFERENCE FORM**

City of Hollywood Solicitation IFB-4744-22-OT

#:

Reference for: EnviroWaste Services Group, IncOrganization/Firm Name providing reference: City of HollywoodOrganization/Firm Contact Name: Clece Aurelus, P.E. Title: Engineering ManagerEmail: caurelus@hollywoodfl.orgPhone: 954) 921-3930Name of Referenced Project: Manhole RehabContract No: Date Services were provided: 2019-2022Project Amount: 400000Referenced Vendor's role in Project: ☒ Prime Vendor☐ Subcontractor/
SubconsultantWould you use the Vendor again? ☐ Yes☐ No. Please specify in additional comments

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

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

Additional Comments (provide additional sheet if necessary):

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

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

Supplier: **EnviroWaste Services Group**

FORM 5

HOLD HARMLESS AND INDEMNITY CLAUSE

envirowaste services group, inc (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.

Eduardo Barba
Signature

EnviroWaste Services Group, Inc
Name of Company

Eduardo Barba
Printed Name

corporate secretary
Title

Supplier: **EnviroWaste Services Group**

FORM 8

NON-COLLUSION AFFIDAVIT

STATE OF: Florida

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

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

Eduardo Barba
Signature

EnviroWaste Services Group, Inc
Name of Company

Eduardo Barba
Printed Name

corporate secretary
Title

Supplier: **EnviroWaste Services Group**

FORM 7

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

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

1. This form statement is submitted to the City of Hollywood by **Eduardo Barba, Corporate Secretary** (Print individual's name and title) for **EnviroWaste Services Group, Inc** (Print name of entity submitting sworn statement) whose business address is **18001 Old Cutler Rd #643, Palmetto Bay, FL. 33157** and if applicable its Federal Employer Identification Number (FEIN) is **65-0829090**. 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 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 any entity organized under the laws of any state or 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.

eduardo barba
(Signature)

Sworn to and subscribed before me this **25** day of **october**, 2022.

Personally known ✓

Or produced identification Notary Public-State of **Florida**

my commission expires **6/14/25**
(Type of identification)

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

Supplier: **EnviroWaste Services Group**

FORM 8

CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The applicant certifies that it and its principals:

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

Applicant Name and Address:

Eduardo Barba
Envirowaste Services Group, Inc.
18001 Old Cutler Road #643
Palmetto Bay, Fl. 33157

Application Number and/or Project Name: **IFB-4744-22-OT**

Applicant IRS/Vendor Number: **65-0829090**

Eduardo Barba
Signature

Eduardo Barba
Printed Name

Envirowaste Services Group, Inc.
Name of Company

corporate secretary
Title

Supplier: EnviroWaste Services Group**FORM 9****DRUG-FREE WORKPLACE PROGRAM**

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

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

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

Eduardo Barba
Signature

Eduardo Barba
Printed Name

Envirowaste Services Group, Inc.
Name of Company

Corporate Secretary
Title

Supplier: **EnviroWaste Services Group**

FORM 10

SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

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

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

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

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

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

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

Eduardo Barba
Signature

Envirowaste Services Group, Inc.
Name of Company

Eduardo Barba
Printed Name

corporate secretary
Title

Supplier: **EnviroWaste Services Group****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)

envirowaste services group, inc

Business name/disregarded entity name, if different from above

envirowaste services group, inc

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.)

18001 Old Cutler Road suite 554

City, state, and ZIP code

miami, FL. 33157

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****65-0829090**

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 **eduardo barba**
U.S. person *Date **10/25/22****General Instructions**

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

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

Purpose of

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

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

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

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

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

- 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 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.

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 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

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.

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

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).

.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.
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)

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

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

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.

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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.