

CONTRACT SUMMARY INFORMATION

SUMMARY: CLEANING OF SHELTERS FOR THE 2015-2016 HURRICANE SEASONS

Quote No.: IT150251
Project Title: CLEANING OF SHELTERS
Purchasing Agent: PATRICK T. LEWIS SR.
Start Date: JUNE 1, 2015
Expiration Date: NOVEMBER 30, 2016
Board Date: N/A
Term: SEASON 2015 AND 2016

Awarded Vendors and Address Book #: Tribond-425155; Prather
Enterprises Inc.-252128; & USSI-103080

Contact Persons:

TRIBOND, LLC
1629 CLAY ROAD SW
MABLETON, GA 30126
PHONE#: (678) 677-0022
FAX# (678) 550-2991
CELL# (678) 677-0022 (Leslie)
Lpalmer@tribond.net

PRATHER ENTERPRISES, INC.
13300-56 S. CLEVELAND AV. #231
FT. MYERS, FL 33907
PHONE #482-3212
FAX# (239) 482-3212
CELL# (239) 565-5298 (Bill)
CELL# (239) 344-6683 (Sergio)
Homecalls@aol.com

U.S.S.I.
11220 METRO PKWY SUITE #17
FORT MYERS, FL 33966
PHONE (239) 334-1865 (Fort Myers) & (202) 824-7440 (Corporate)
FAX# (239)-334-1908
CELL (239) 470-0020 (Viviana), (239) 898-2112 (Andrew) & (410) 336-7759 (Danna)
VBernal@USSIClean.com
AGuzman@ussiclean.com
Fortmyers@ussiclean.com
DHewick@ussiclean.com

**LEE COUNTY, FLORIDA
INFORMAL TELEPHONE QUOTATION FOR
CLEANING OF SHELTERS
FOR THE 2015 AND 2016 HURRICANE SEASONS**

Vendors:

Lee County is requesting quotes for cleaning of shelters on an as needed basis for the upcoming 2015 and 2016 hurricane seasons. (See term of quote below).

Please fill out the following quote and fax or e-mail it to Lee County Procurement Department - Attn: Patrick T. Lewis Sr. at either 239-485-5460 or plewis@leegov.com by 5:00 p.m. (eastern time) on Friday, May 1, 2015.

Should you have questions, I may be reached at 239-533-5453.

REQUIRED PRODUCT

Lee County will be looking for vendors who will be willing to provide cleaning of shelters at various sites throughout Lee County for the 2015 and 2016 hurricanes seasons. Whenever natural disasters occur the county will need cleaning of shelters. All costs associated with cleaning of shelters must be included in the hourly rate per person.

TERM OF QUOTE

This quote shall be in effect for the 2015 and 2016 hurricane or disaster season from 6/1/15 through 11/30/16, or until a new contract is awarded and in place.

BASIS OF AWARD

All vendors meeting the requirements of these specifications will receive an award. It is the County's intent to award to a pool of vendors; this will allow individual departments and divisions to use the vendor that has the needed equipment/supplies within the closest proximity to their location.

All cleaning materials, paper products and equipment will be supplied by the vendor.

WORKMANSHIP AND INSPECTION

- a. The County representative shall decide any and all questions which may arise as to the quality and acceptability of materials used and work performed, the manner of performance and the rate of progress of the work.
- b. All cleaning employees shall be mentally and physically competent to perform the services required. The Vendor shall at all times enforce strict discipline and good order among his/her employees.

QUALITY STANDARDS

- a. Absence of litter and trash on floor(s) and horizontal surfaces of furniture and equipment.
- b. Absence of soil and stains on toilet room fixtures, drains, traps, faucets, soap and paper dispensers, stalls, mirrors, ledges and drinking fountains. Disinfectants shall be used to sterilize toilet room fixtures, where required.
- c. Absence of trash in building. Trash shall be collected and removed to designated area(s).

SUPERVISION AND SAFETY

The Vendor shall be responsible for the supervision and direction of the work performed by his/her employees.

The Vendor shall be responsible for instructing his employees in all safety measures. All equipment used by the Vendor shall be maintained in safe operating condition at all times, free from defects or wear which may in any way constitute a hazard to any person or persons in the facility or on the premises/property.

COMMUNICATION

To facilitate communication between the vendor and shelter staff/county personnel, the awarded vendor must provide or make available/accessible some form of communications device or means while on the premises.

The awarded vendor's supervisor will routinely be dealing with designated Lee County personnel. The vendor will ensure these supervisors are conversant in English. Moreover, any of the awarded vendor's personnel who have regular interaction with shelter/county staff, take direction from shelter/county staff, and/or perform their duties in the absence of vendor's supervisory personnel, will also be conversant in English.

DAMAGE TO PROPERTY

Damage or theft of property directly caused by the Vendor during the janitorial operations shall be assumed by the Vendor. A written report of same and cause of damage must be submitted to the County Representative within 24 hours of occurrence. Vendor will pay for the cost of polygraph tests required by Lee County.

TERMINATION

Any agreement as a result of this quote may be terminated by either party giving thirty (30) calendar days advance written notice. The County reserves the right to accept or not accept a termination notice submitted by the vendor, and no such termination notice

submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Procurement Management Director may immediately terminate any agreement as a result of this quote for emergency purposes, as defined by the Lee County Procurement Management and Payment Procedure Manual.

Any vendor, who has voluntarily withdrawn from a formal quote/proposal without the county's mutual consent during the contract period, shall be barred from further County procurement for a period of 180 days. The vendor may apply to the Board of Lee County Commissioners for waiver of this debarment. Such application for waiver of debarment must be coordinated with and processed by Procurement Management.

DESIGNATED CONTACT

The awarded vendor shall appoint a person or persons to act as a primary contact with Lee County. This person or back-up shall be readily available during normal work hours by phone or in person, and shall be knowledgeable of the terms and procedures involved in this quote. Additionally, the county will provide designated contacts for the vendors.

LICENSES AND PERMITS

All vendors must maintain all appropriate licenses, insurance, and permits that are required. Vendors may be required to present copies of all licenses, certificate of insurance and permits.

PRICE INCREASES

It is the County's desire that the quoted prices remain firm throughout the term of this quote. However, if the awarded vendor experiences a major price increase from suppliers for items in this quotation, the vendor may submit a written request to increase pricing. All information necessary to review and analyze the request must be submitted to Lee County Procurement. Lee County shall have the right to grant the price increase, or requote, at the County's sole discretion.

PRICING

Hourly Rate Per Person \$ _____ / Hr.
(This is to be one figure only)

DATE SUBMITTED: _____

VENDOR NAME: _____

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIALS (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME: _____

BY (Printed): _____

BY (Signature): _____

TITLE: _____

FEDERAL ID # OR S.S.# _____

ADDRESS:

PHONE NO.: _____

FAX NO.: _____

CELLULAR PHONE/PAGER NO.: _____

DUNS#: _____

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: _____

E-MAIL ADDRESS: _____

Minimum Insurance Requirements: *Risk Management in no way represents that the insurance required is sufficient or adequate to protect the vendors' interest or liabilities. The following are the required minimums the vendor must maintain throughout the duration of this contract. The County reserves the right to request additional documentation regarding insurance provided*

a. Commercial General Liability - Coverage shall apply to premises and/or operations, products and completed operations, independent contractors, contractual liability exposures with minimum limits of:

\$500,000 per occurrence
\$1,000,000 general aggregate
\$500,000 products and completed operations
\$500,000 personal and advertising injury

b. Business Auto Liability - The following Automobile Liability will be required and coverage shall apply to all owned, hired and non-owned vehicles use with minimum limits of:

\$500,000 combined single limit (CSL)
\$300,000 bodily injury per person
\$500,000 bodily injury per accident
\$300,000 property damage per accident

c. Workers' Compensation - Statutory benefits as defined by FS 440 encompassing all operations contemplated by this contract or agreement to apply to all owners, officers, and employees regardless of the number of employees. Workers Compensation exemptions may be accepted with written proof of the State of Florida's approval of such exemption. Employers' liability will have minimum limits of:

\$100,000 per accident
\$100,000 disease limit
\$500,000 disease – policy limit

d. Janitorial Service Bond – Providing protection from losses incurred by dishonest acts of the vendors employees. Coverage shall not be less than \$100,000.

*The required minimum limit of liability shown in a and b may be provided in the form of "Excess Insurance" or "Commercial Umbrella Policies." In which case, a "Following Form Endorsement" will be required on the "Excess Insurance Policy" or "Commercial Umbrella Policy."

Verification of Coverage:

1. Coverage shall be in place prior to the commencement of any work and throughout the duration of the contract. A certificate of insurance will be provided to the Risk Manager for review and approval. The certificate shall provide for the following:

- a. The certificate holder shall read as follows:

Lee County Board of County Commissioners
P.O. Box 398
Fort Myers, Florida 33902

- b. *“Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials”* will be named as an "Additional Insured" on the General Liability policy, including Products and Completed Operations coverage.
 - c. Lee County will be given thirty (30) days notice prior to cancellation or modification of any stipulated insurance. Such notification will be in writing by registered mail, return receipt requested and addressed to the Risk Manager (P.O. BOX 398 Ft. Myers, FL 33902).

Special Requirements:

1. An appropriate "Indemnification" clause shall be made a provision of the contract.
2. It is the responsibility of the general contractor to insure that all subcontractors comply with all insurance requirements.

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: _____ PROJECT NAME: _____

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: _____

Signature

Title

Date

STATE OF _____

COUNTY OF _____

The foregoing instrument was signed and acknowledged before me this _____ day of _____, 20____, by

_____ who has produced

(Print or Type Name)

_____ as identification.

(Type of Identification and Number)

Notary Public Signature

Printed Name of Notary Public

Notary Commission Number/Expiration

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.

QUOTATION #IT150251	LEE COUNTY, FLORIDA TABULATION SHEET					
OPENING DATE: May 1, 2015	FOR					
BUYER: Patrick T. Lewis Sr.	CLEANING OF SHELTERS FOR THE 2015 AND 2016 HURICANE SEASONS					
	Tribond LLC	Prather Enterprises	USSI			
VENDORS						
Addenda Acknowledged	N/A	N/A	N/A			
PRICING	\$16.95	\$22.00	\$39.95			
Hourly Rate per Person						
Signed	Yes	Yes	Yes			
Local Business Tax Account Number	N/A	8902084	9203331			
Immigration Affidavit	Yes	Yes	Yes			
NO BIDS						
POSTING TIME/DATE						
FROM: _____ / _____						
UNTIL: _____ / _____						
BY:						

INFORMAL TELEPHONE QUOTE NO.: IT150251

submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

The Procurement Management Director may immediately terminate any agreement as a result of this quote for emergency purposes, as defined by the Lee County Procurement Management and Payment Procedure Manual.

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PRICE INCREASES

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PRICING

Hourly Rate Per Person \$ 22.00 / Hr.
(This is to be one figure only)

DATE SUBMITTED: 05-05

VENDOR NAME: Prather Enterprises

INFORMAL TELEPHONE QUOTE NO.: IT150251

ANTI-COLLUSION STATEMENT

THE BELOW SIGNED QUOTER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS QUOTE WITH OTHER QUOTERS AND HAS NOT COLLUDED WITH ANY OTHER QUOTER OR PARTIES TO A QUOTE WHATSOEVER. NOTE: NO PREMIUMS, REBATES OR GRATUITIES TO ANY EMPLOYEE OR AGENT ARE PERMITTED EITHER WITH, PRIOR TO, OR AFTER ANY DELIVERY OF MATERIALS. ANY SUCH VIOLATION WILL RESULT IN THE CANCELLATION AND/OR RETURN OF MATERIALS (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME: Prather EnterprisesBY (Printed): Bill PratherBY (Signature): [Signature]TITLE: owner/operatorFEDERAL ID # OR S.S.# 65-0168112

ADDRESS:

13300-54 S. ClevelandIr. Myers, F. 33907PHONE NO.: 239 482 3212FAX NO.: 239 482 3212CELLULAR PHONE/PAGER NO.: 239 525 5298

DUNS#: _____

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 842084E-MAIL ADDRESS: kmcclite@aol.com

INFORMAL TELEPHONE QUOTE NO.: IT150251

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWSSOLICITATION NO.: IT150251 PROJECT NAME: Stallions / Hurricane Season

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) (SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

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BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name:

Prather Enterprises, Inc.

Signature

Title

Date

President45.07.15

STATE OF

Florida

COUNTY OF

Lee

The foregoing instrument was signed and acknowledged before me this 7 day of May, 2015 by

William Prather who has produced

(Print or Type Name)

FLDL

as identification.

(Type of Identification and Number)

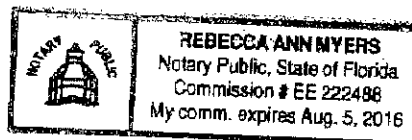
Notary Public Signature

Rebecca Myers

Printed Name of Notary Public

Aug 5, 2016

Notary Commission Number/Expiration



The signer of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.

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PRICING

Hourly Rate Per Person \$ 16.95 / Hr.
(This is to be one figure only)

DATE SUBMITTED: 4/27/2015

VENDOR NAME: TRIBOND, LLC

ANTI-COLLUSION STATEMENT

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FIRM NAME: TRIBOND, LLC

BY (Printed): Leslie Palmer

BY (Signature): 

TITLE: Member/Owner

FEDERAL ID # OR S.S.# 26-1653050

ADDRESS:
1629 Clay Road SW
Mableton, GA 30126

PHONE NO.: 678-677-0022

FAX NO.: 678-550-2991

CELLULAR PHONE/PAGER NO.: 678-677-0022

DUNS#: 804538119

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: N/A

E-MAIL ADDRESS: lpalmer@tribond.net

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

SOLICITATION NO.: IT150251 PROJECT NAME: CLEANING OF SHELTERS FOR THE 2015 AND 2016 HURRICANE SEASONS

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: TRIBOND, LLC
Leslie Palmer Member/Owner 04/28/2015
 Signature Title Date

STATE OF Georgia
 COUNTY OF Barrow

The foregoing instrument was signed and acknowledged before me this 28th day of April, 2015, by

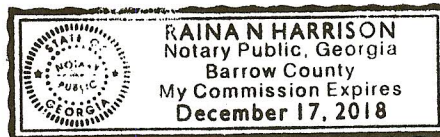
Leslie Palmer who has produced
 (Print or Type Name)

GA Driver's License as identification.
 (Type of Identification and Number)

Raina N Harrison
 Notary Public Signature

Raina N Harrison
 Printed Name of Notary Public

December 17, 2018
 Notary Commission Number/Expiration



The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.

AFFIDAVIT CERTIFICATION
IMMIGRATION LAWSSOLICITATION NO.: IT150251 PROJECT NAME: Cleaning Shelters for 2015-2016 Hurricane Season

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Company Name: WSBISignature: Viviano Bernal

Signature

Title: Area Manager

Title

Date: 5/1/15

Date

STATE OF FloridaCOUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 1st day of May, 2015, by

Viviano Bernal

who has produced

(Print or Type Name)

Personally known

as identification.

(Type of Identification and Number)

Notary Public Signature

Printed Name of Notary Public



Notary Commission Number/Expiration

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.

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FIRM NAME: USSI

BY (Printed): Viviana Bernat

BY (Signature): Viviana Bernat

TITLE: Area Manager

FEDERAL ID # OR S.S.# 52-0897024

ADDRESS: 11220 Metro Pkwy. Ste. 17
Ft. Myers, FL 33966

PHONE NO.: 239-334-1865

FAX NO.: 239-334-1908

CELLULAR PHONE/PAGER NO.: 239-470-0020

DUNS#: 049501430

LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER: 9203331

E-MAIL ADDRESS: FortMyers@USSIClean.com

submitted by the vendor shall become effective unless and until the vendor is notified in writing by the County of its acceptance.

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PRICING

Hourly Rate Per Person \$ 39.95 / Hr.
(This is to be one figure only)

DATE SUBMITTED: 5/1/15

VENDOR NAME: WJSE