FORMAL QUOTE NO.: 0-110253

# LEE COUNTY, FLORIDA PROPOSAL QUOTE FORM PARKING MONITORING SERVICES FOR THE DIVISION OF FACILITIES SERVICES

DATE SUBMITTED: 17 mAY, 2011
VENDOR NAME: Allegiance Security Group, LLC
TO: The Board of County Commissioners Lee County Fort Myers, Florida
Having carefully examined the "General Conditions", and the "Detailed Specifications all of which are contained herein, the Undersigned proposes to furnish the following which meet these specifications:
The undersigned acknowledges receipt of Addenda numbers: N/A
PARKING MONITORING SERVICE  COST FOR PARKING \$ MONITOR \$ HOURLY PER PERSON
12,000 annual hrs x 11.25 hourly rate for attendant = \$ 135,135.00 TOTAL COST (BASIS OF AWARD)
WORK TO BE STARTED WITHIN 10 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.
s your firm interested in being considered for the Local Vendor Preference?  Yes X NoNo
f yes, then read the paragraph entitled "Local Vendor Preference" included in these specifications. Also complete the Local Vendor Preference Questionnaire and return with your quotation.

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Quoters should carefully read all the terms and conditions of the specifications. Any representation of deviation or modification to the quote may be grounds to reject the quote.

Are there any modifications to the quote or specifications?

Yes \_\_\_\_\_\_No \_X

Failure to clearly identify any modifications in the space below or on a separate page may be grounds for the quoter being declared nonresponsive or to have the award of the quote rescinded by the County.

**MODIFICATIONS:** 

Quoter shall submit his/her quote on the County's Proposal Quote Form, including the firm name and authorized signature. Any blank spaces on the Proposal Quote Form, qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the Quoter/Quote being declared non-responsive by the County.

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#### **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 MATERIAL (AS APPLICABLE) AND THE REMOVAL FROM THE MASTER BIDDERS LIST.

FIRM NAME

BY (Printed): Bob Glazman  BY (Signature):
BY (Signature):
TITLE:  Manager, Governmental Services, Division
FEDERAL ID # OR S.S.#_20-8245877
ADDRESS: 4100 Center Pointe Drive, Ste. 109
Ft. Myers, FL 33916
PHONE NO.: 239-278-0000
FAX NO.: 239-278-5929
CELLULAR PHONE/PAGER NO.: 813-417-6576
DUNS #:
LEE COUNTY LOCAL BUSINESS TAX ACCOUNT NUMBER:
E-MAIL ADDRESS: bob.glazman@allegiancesecurityteam.com
REVISED: 4/16/10

## AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

SOLICITATION NO.: Q-110253 PI	ROJECT NAME: Parking Monitoring Services for the Division of Facility Services
CONTRACTOR WHO KNOWINGLY CONSTITUTING A VIOLATION OF THE I	NALLY AWARD COUNTY CONTRACTS TO ANY EMPLOYS UNAUTHORIZED ALIEN WORKERS, EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. OF THE IMMIGRATION AND NATIONALITY ACT
UNAUTHORIZED ALIENS A VIOLATION BY THE RECIPIENT OF T	E EMPLOYMENT BY ANY CONTRACTOR OF ON OF SECTION 274A(e) OF THE INA. SUCH THE EMPLOYMENT PROVISIONS CONTAINED IN BE GROUNDS FOR UNILATERAL CANCELLATION
	FULLY COMPLIANT WITH ALL APPLICABLE OF THE 1986 IMMIGRATION ACT AND SUBSEQUENT

	Company Name:	Allegiance Security G	roup, LLC	·
		Manager,	05/11/2011	
	Signature	Title		Date
		STATE OF Florida COUNTY OF Hillsb	orough	
The foregoing in	nstrument was sign	ed and acknowledged be	efore me this 11 day of	May ,
20 <u>11</u> , by <u>Bob</u>	Glazman	who has	produced	
(Print or Type Personally kno (Type of Iden	e Name) wn tification and Num	as identification.		
Notary Public Si	ionature		DIAME E DE	EAUCHAND
Diane Beauchar	•		DIANE E. BB MY COMMISSIC EXPIRES: Au Bonded Thru Notary	DN # EE 012546 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Printed Name of	Notary Public		- William - Bourges Half (Actes)	1 antin ottoeswitters

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. <u>LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION</u>, <u>AS EVIDENCE OF SERVICES PROVIDED</u>, <u>AT ANY TIME</u>.

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#### **ATTACHMENT A**

## LOCAL VENDOR PREFERENCE QUESTIONNAIRE (LEE COUNTY ORDINANCE NO. 08-26)

Instructions: Please complete either Part A or B whichever is applicable to your firm

PART A: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS LOCATED WITHIN LEE/COLLIER COUNTY (Only complete Part A if your principal place of business is located within the boundaries of Lee/Collier County)

	4100 Center Pointe Drive, Suite 109				
Fort 1	Myers, FL 33916				
What	is the size of this facility (i.e. sales area size, warehouse, storage yard,				
326 S	ecurity Guards covering three counties.				
IT B: VE DOES N	ENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED WITHIN LEE/COLLIER COU OT HAVE A PHYSICAL LOCATION WITHIN LEE/COLLIER COUNTY (Please complete this se				
IT B: VE DOES N	OT HAVE A PHYSICAL LOCATION WITHIN LEE/COLLIER COUNTY (Please complete this se				
IT B: VE DOES N	OT HAVE A PHYSICAL LOCATION WITHIN LEE/COLLIER COUNTY (Please complete this se				
IT B: VE DOES N	OT HAVE A PHYSICAL LOCATION WITHIN LEE/COLLIER COUNTY (Please complete this se				
T B: VE DOES N	How many employees are available to service this contract?  Describe the types, amount and location of equipment you have.				
ET B: VE	OT HAVE A PHYSICAL LOCATION WITHIN LEE/COLLIER COUNTY (Please complete this see  1. How many employees are available to service this contract?				

LOCAL VENDOR PREFERENCE QUESTIONNAIRE CONTINUED

	3. have a	Describe the vailable to s	ervice this co	unt and 100 ntract	cauon or m	iaici iai sioc	k tha
N/A					•		
					**************************************		
Have preced	you pro ling, co	vided goods nsecutive thr	or services to ee years?	Lee Coun	ty on a reg	gular basis	for th
		Yes		_	X		
If yes, consec	please putive y	provide your	contractual h	istory witl	ı Lee Cou	nty for the	past t
If yes, consec	please cutive y	provide your	contractual h	istory with	n Lee Coursessary.	nty for the	
If yes,	cutive y	provide your ears. Attach	contractual h additional pa	istory with ges if nece	n Lee Coursessary.		
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### LEE COUNTY PROCUREMENT MANAGEMENT - BIDDERS CHECK LIST

IMPORTANT: Please check off X	Please read carefully and return with your bid propressed of the following items as the necessary action in 1. The Quote has been signed.	oosal. is completed:			
X	The Quote prices offered have been reviewed.				
X	3. The price extensions and totals have been checked.				
<u>X</u>	4. The original (must be manually signed) and 1 additional copy of the quote has been submitted.				
<u>X</u>	5. Two (2) identical sets of descriptive literature, brochures and/or data (if required) h been submitted under separate cover.				
X	6. All modifications have been acknowledged in th	e space provided.			
<u>X</u>	7. All addendums issued, if any, have been acknown	vledged in the space provided.			
<u>X</u>	8. Erasures or other changes made to the quote doc person signing the quote.	ument have been initialed by the			
<u>X</u>	<ol> <li>Bid Bond and/or certified Check, (if required) have been submitted with the quote in amounts indicated.</li> </ol>				
X	10. Any Delivery information required is included.				
X	11. Affidavit Certification Immigration Signed and	Notarized			
X	12. The mailing envelope has been addressed to:  MAILING ADDRESS  Lee County Procurement Mgmt.  P.O. Box 398 or  Ft. Myers, FL 33902-0398	PHYSICAL ADDRESS Lee County Procurement Mgmt. 1825 Hendry St 3 <sup>rd</sup> Floor Ft. Myers, FL 33901			
X	13. The mailing envelope <u>MUST</u> be sealed and marked with:  Quote Number  Opening Date and/or Receiving Date				
<u>X</u>	14. The quote will be mailed or delivered in time to be received no later than the specified opening date and time. (Otherwise quote cannot be considered or accepted.)				
4	15. If submitting a "NO BID" please write quote nur and check one of the following:  Do not offer this product Unable to meet specifications (why Unable to meet bond or insurance r Other:	Insufficient time to respond.			
	Company Name and Address:				