

FLORIDA



Lee County Procurement Management
PROPOSAL FORM

B-160144 Solicitation Name **Services to Repair, Replace or Supply Utility Plant**
Equipment

Having carefully examined the "Terms and Conditions", and the "Detailed Specifications", all of which are contained herein, propose to furnish the following which meet these specifications:

Multi-year and Renewals

The successful proposer shall be responsible for furnishing and delivering to the Lee County requesting Department commodity or services on an "as needed basis for a one-year (1) period or as specified in the Scope of Work as per specifications. There will be an option to extend this contract for four (4) additional one-year periods as specified in the Scope of Work or specification upon approval of both the County and the vendor at the time of the extension or renewal.

NOTE REQUIREMENT: IT IS THE SOLE RESPONSIBILITY OF THE VENDOR TO CHECK LEE COUNTY PROCUREMENT MANAGEMENT WEB SITE FOR ANY PROJECT ADDENDA ISSUED FOR THIS PROJECT. THE COUNTY WILL POST ADDENDA TO THIS WEB PAGE, BUT WILL NOT NOTIFY.

The undersigned acknowledges receipt of Addenda numbers: /

NOTE:

1. EACH BIDDER MUST LIST TOTAL HOURLY RATES FOR PERSONAL, EQUIPMENT AND CREW
2. A WAGE RATE FOR EMERGENCY REPAIRS, WHICH INCLUDES ALL MISCELLANEOUS TOOLS AND SMALL EQUIPMENT NEEDED TO PERFORM THE REPAIRS, SHALL ALSO BE LISTED.
3. EACH BIDDER MUST INDICATE THE % MARKUP COST FOR PARTS AND MATERIALS THAT ARE NEEDED TO COMPLETE THE JOB.
4. VENDOR INVOICES FOR PARTS AND MATERIALS SHALL BE AVAILABLE FOR RANDOM AUDITS TO VERIFY COSTS.

BILLABLE HOURS WILL BE BILLED IN ACCORDANCE TO VAUGHEN'S HOURS IN COMPLETING THE WORK.

VENDOR MUST OBTAIN THE LATEST VERSION OF VAUGHEN'S PRICE GUIDE TO USE FOR HIS PRICING AS WELL AS SUPPLY A SUBSCRIPTION FOR THE COUNTY.

CUSTOMER REQUIRES AN ESTIMATE BEFORE WORK IS DONE IF THE WORK IS GOING TO EXCEED 50% OF THE COST OF NEW EQUIPMENT.

ESTIMATED ANNUAL HOURS AND ESTIMATED EXPENDITURES GIVEN BELOW ARE FOR EVALUATION PURPOSES ONLY AND NO MINIMUM NUMBER OF HOURS OR DOLLARS IS IMPLIED.

Section A - Compensation Rate and Fee Schedule:

| HOURLY RATES – PERSONNEL | (BASIS OF AWARD) | STRAIGHT TIME |
|-----------------------------|-----------------------------|---------------------|
| CLASSIFICATION | | |
| IN HOUSE SHOP TECHNICIANS | 300HRS X \$ <u>30</u> /HR= | \$ <u>9000</u> /YR. |
| MACHINISTS, LATHE OPERATORS | 350HRS X \$ <u>28</u> /HR = | \$ <u>9800</u> /YR. |
| FIELD SERVICE TECHNICIANS | 600HRS X \$ <u>0</u> /HR = | \$ <u>0</u> /YR. |
| TECHNICAL SPECIALISTS | 225HRS X \$ <u>0</u> /HR = | \$ <u>0</u> /YR. |
| SHOP COORDINATOR | 225HRS X \$ <u>0</u> /HR = | \$ <u>0</u> /YR. |
| WELDER | 225HRS X \$ <u>10</u> /HR = | \$ <u>2250</u> /YR. |

TOTAL SECTION A: \$ 21,050.00 /YEAR

SECTION B – EQUIPMENT AND CREW:

| HOURLY RATES – EQUIPMENT AND CREW | (BASIS OF AWARD) | STRAIGHT TIME |
|---|-----------------------------|---------------------|
| ITEM/CLASSIFICATION | | |
| CRANE – 20 TON WITH 95- FOOT REACH. | 150HRS X \$ <u>85</u> /HR = | \$ <u>12750</u> /YR |
| TWO MAN CRANE CREW. | 150HRS X \$ <u>40</u> /HR = | \$ <u>6000</u> /YR |
| TRANSPORTATION FOR FIELD SERVICE PERSONNEL. | 300HRS X \$ <u>0</u> /HR = | \$ <u>0</u> /YR |

TOTAL SECTION B: \$ 18,750.00 /YEAR

THE CRANE CREW MUST SHOW THAT THEY ATTENDED THE SAFETY CLASSES ON THE OPERATION OF THE CRANE.

SECTION C: MARK-UPS

| MARK-UPS | |
|---|---|
| REPAIR COMPONENTS (ANNUAL EXPENSE \$66,000) | \$66,000 X <u>12</u> % MARK UP = \$ <u>73,920.00</u> ANNUAL COST |
| NEW EQUIPMENT (ANNUAL EXPENSE \$120,000) | \$120,000 X <u>10</u> % MARK UP = \$ <u>132,000.00</u> ANNUAL COST |
| MISCELLANEOUS ITEMS: E.G. OVERNIGHT FREIGHT ON SPECIAL PARTS, CONSUMABLES...ETC | COST PLUS A <u>0</u> % MARK-UP |

TOTAL SECTION C: \$ 205,920.00 /YEAR

GRAND TOTAL (SECTION A, B AND C) \$ 245,720.00

WARRANTIES: THE AWARDED VENDOR MUST PROVIDE WARRANTIES FOR THE WORK THAT THEY DO SUCH AS:

CONTRACTOR WILL PROVIDE AT LEAST THE LISTED WARRANTIES ON ALL WORK AS FOLLOWS:

ON LABOR AND MATERIALS - 12 MONTHS

ON REBUILT OR REPAIRED EQUIPMENT - 90 DAYS

ON NEW EQUIPMENT: MANUFACTURER'S WARRANTY PERIOD.

PLEASE EXPLAIN THE WARRANTIES THAT YOU WILL OFFER:

ON LABOR AND MATERIALS - 12 MONTHS

As specified in bid

ON REBUILT OR REPAIRED EQUIPMENT - 90 DAYS

As specified in bid

ON NEW EQUIPMENT: Manufacturers warranty period, minimum 1 year

As specified in bid

OPTION A - OVERTIME

| HOURLY RATES – PERSONNEL | |
|-----------------------------|--|
| CLASSIFICATION | <u>OVERTIME SHALL NOT EXCEED TIME AND A HALF. (125 HRS/YR OVERTIME FOR ALL POSITIONS)</u> |
| IN HOUSE SHOP TECHNICIANS | 125HRS X \$ <u>45</u> /HR = \$ <u>5625</u> /YR. |
| MACHINISTS, LATHE OPERATORS | 125HRS X \$ <u>40</u> /HR = \$ <u>5000</u> /YR. |
| FIELD SERVICE TECHNICIANS | 125HRS X \$ <u>0</u> /HR = \$ <u>0</u> /YR. |
| TECHNICAL SPECIALISTS | 125HRS X \$ <u>0</u> /HR = \$ <u>0</u> /YR. |
| SHOP COORDINATOR | 125HRS X \$ <u>0</u> /HR = \$ <u>0</u> /YR. |
| WELDER | 125HRS X \$ <u>15</u> /HR = \$ <u>1875</u> /YR. |

TOTAL OPTION A: \$ 12,500.00 /YEAR

OPTION B: OVERTIME RATES: EQUIPMENT AND CREW

| HOURLY RATES – EQUIPMENT AND CREW | |
|---|---|
| ITEM/CLASSIFICATION | <u>OVERTIME SHALL NOT EXCEED TIME AND A HALF</u> |
| CRANE – 20 TON WITH 95- FOOT REACH. (150 HRS/YR.) | SAME AS STRAIGHT TIME RATE |
| TWO MAN CRANE CREW. (150 HRS/YR.) | 150HRS X \$ <u>60</u> /HR = \$ <u>9000</u> /YR |
| TRANSPORTATION FOR FIELD SERVICE PERSONNEL. (300 HRS/YR.) | SAME AS STRAIGHT TIME RATE. |

TOTAL OPTION B: \$ 9,000.00 /YEAR

OPTION C: SPECIALTY SERVICE

| |
|---|
| SPECIALTY SERVICE CLASSIFICATION (IF ANY ARE ANTICIPATED). |
| \$ <u>150</u> /HR. |

EXAMPLE: APPLYING A SPECIALTY COATING; REMODIFYING MECHANICAL SEALS

OPTION D: EMERGENCIES

| HOURLY RATES – PERSONNEL | |
|-----------------------------|---|
| CLASSIFICATION | |
| IN HOUSE SHOP TECHNICIANS | \$ <u>30</u> /HR X <u>50</u> % MARK UP= \$ <u>45</u> RATE |
| MACHINISTS, LATHE OPERATORS | \$ <u>28</u> /HR X <u>50</u> % MARK UP= \$ <u>42</u> RATE |
| FIELD SERVICE TECHNICIANS | \$ <u>0</u> /HR X <u>0</u> % MARK UP= \$ <u>0</u> RATE |
| TECHNICAL SPECIALISTS | \$ <u>0</u> /HR X <u>0</u> % MARK UP= \$ <u>0</u> RATE |
| SHOP COORDINATOR | \$ <u>0</u> /HR X <u>0</u> % MARK UP= \$ <u>0</u> RATE |
| WELDER | \$ <u>10</u> /HR X <u>50</u> % MARK UP= \$ <u>15</u> RATE |

TO BE STARTED WITHIN 1 CALENDAR DAYS AFTER RECEIPT OF AWARD AND PURCHASE ORDER.

WILL YOU DELIVER WITH YOUR OWN VEHICLE AS OPPOSED TO COMMON CARRIER?
 YES X NO _____

Does your firm have a location/office/facility in Lee County?
 YES X NO _____

Address: 18161 N. Tamiami Tr. N. Ft. Myers, FL 33903

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

Bidder shall submit his/her bid 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 Bidder/Bid being declared non-responsive by the County.

GENERAL REQUIREMENTS

In order to be considered for an award the vendor must be able to meet the following conditions:

- The awarded vendor’s facility must be located so the vendor can reach the College Parkway Facility located at 7401 College Parkway Fort Myers, FL 33907, during an emergency, within two hours.

Please list your location and how long in that location:

18161 N. Tamiami Tr.
N. Ft. Myers, FL. 33903

25 years at this location

- Shop must have a UL674 shop certification.
- Response Time:

Contractor’s response time must, in keeping with the criticality of the service provided by LCU as follows:

- For emergencies the response time is two hours or less.
 - Regular repairs: Return the phone call within one hour. Repairs need to be started within 72 hours or less.
 - Weekends and Holidays: Return the phone call within one hour or less.
- Be able to order equipment and parts for Utilities in a timely manner to keep the Facility running up to capacity.
- Must be able to supply parts such as but not limited to:
 - Flygt, ABS, Seepex, Moyno, Afton, Gardner Denver, Roots, Lamson, Alfa Laval, Lakeside, Peerless, Foot Jones, Windsmith
- Ability to make modifications and repairs on the spot to keep the Facility operational.
- The awarded vendor shall have the ability to epoxy coat rotating equipment parts, i.e. impellers, shafts, blower fans etc. prior to reassembly to protect the components from harsh environment.

- The awarded vendor shall have at least 3 employees dedicated to Lee County. There should be two in the field and one in the shop, with a minimum of three year of verifiable experience.

Please list the employee and years of experience. If they have less than three years experience employed by you then please lists their previous employer.

| | |
|---------------|---------------------|
| Jeremy Mader | 20 years experience |
| Dave Lindley | 18 years experience |
| David Munness | 35 years experience |
| | |
| | |
| | |
| | |
| | |

- Inspection of the Facility.
The County reserves the right to inspect the repair facility prior to the award.

Contractor shall own, lease, rent and maintain all equipment necessary to provide these services to include at minimum, welding machines, hydraulic press, brake, motor test platform and safety equipment PPE etc.

TECHNICAL REQUIREMENTS

On a call out and pre-authorization basis, provide the services described as follows.

1. On Vertical Turbine Well and Basin Pumps manufactured by Layne, Peerless, Flowserve, J-Line, Gould, Crown, Johnson and Worthington or approved for retrofitting equal:

Removal, inspection, evaluation, repair and re-installation of existing pump or installation of a new pump. Where possible, change stuffing box configuration from packing to a water cooled and internal water flushed mechanical seal. Machine and adapt proper fit up to the liquid side of the pump. Perform test run on all repaired or new equipment and document acceptance by LCU.

2. On Horizontal Split Case Pumps manufactured by Worthington, Allis Chalmers, Weinmann, Aurora, Peerless, Fairbanks Morse and Ingersoll Rand or equal:

Removal, inspection, evaluation, repair and re-installation of existing pump or installation of a new pump. Upon re-installation or new installation, a full laser alignment shall be performed along with a vibration analysis during test run. Where possible, change stuffing box configuration from packing to a water cooled and internal water flushed mechanical seal. Machine and adapt proper fit up to the liquid side of the pump. Perform test run on all repaired or new equipment and document acceptance by LCU.

3. On Submersible Well Pumps manufactured by Gould, J-Line, Grundfos or equal:

Removal, inspection, evaluation, repair and re-installation of existing pump or installation of a new pump. Upon installation or re-installation all nuts, bolts, and studs shall be replaced with new, 316 stainless steel nuts, bolts and studs. Change piping to Certaloc piping on all well pumps that does not exist when converting from vertical turbine to submersible application. Add ¾" PVC pipe completely secured to discharge pipe of pump down into well to serve as an insertion tube for pizometer to measure well draw downs. Provide stainless steel safety cable connected to top of pump and motor to provide adequate support in the event of piping failure.

Perform test run on all repaired or new equipment and document acceptance by LCU.

On sewage lift station pumps manufactured by Flygt, ABS, Wilo EMU or equal:

Removal, inspection, evaluation, repair and re-installation of existing pump or installation of a new pump. Upon installation or re-installation all nuts, bolts, and studs shall be replaced with new, 316 stainless steel nuts, bolts and studs.

These pumps are combined motor and pump. Repair shop must be able to also repair the motor as well as the pump. With the number of pumps in our system spare parts must be kept on hand for any emergency repairs. Spare pumps must be available also. All OEM parts must be used on all rebuilds no aftermarket substitutes.

4. On Gearboxes manufactured by Footjones, Winsmith, Dodge, Hub City, Euro drive, Sumitomo or equal:

Pull and rebuild gearboxes, replace all bearings, bushings, and gears. Machine all surfaces related to bearing and oil seal surfaces for a proper fit as necessary. Reassemble and install, align as necessary to avoid shaft wobble by shimming vertically. All nuts, bolts and studs shall be replaced with new, 316 stainless steel nuts, bolts and studs. Perform laser alignment between motor and gearbox assemblies. Perform test run on all repaired or new equipment and document acceptance by LCU.

5. On Compressors manufactured by Dayton, Quincy, Ingersoll Rand, Speedaire; sizes 3HP, 5HP, 10HP or equal:

Rebuild air compressors, dress or hone cylinder walls, replace rings, replace suction and discharge valves, replace bearings and bushings as needed, replace pistons as needed, replace crank shaft as needed, Clean or replace sight glass to oil sump as necessary, Inspect inner-cooler and after-cooler for cracks, replace as necessary. Supply new drive belts where needed. Test pressure switches for settings, operation and condition of contacts, replace as necessary. Perform test run on all repaired or new equipment and document acceptance by LCU.

6. Documentation:

Contractor will provide to LCU all installation, operation and maintenance manuals for all new equipment supplied and/or installed; as well as all warranties. Provide digital pictures to equipment data plates such as submersible well pumps, vertical pumps for identification purposes for LCU records.

7. Authorization to perform work:

Upon award LCU will provide contractor a list of LCU employees empowered to authorize work.

8. Appendices to quote:

Contractor will provide appendices to the quote showing the hourly rates and fees to be charged for work performed.

9. Be able to perform electrical/mechanical repairs on vertical inline pumps and horizontal split case pump sizes 40 h.p., 50 h.p., 60 h.p., 75 h.p., 100 h.p., 150 h.p., 200 h.p. 300 h.p. and 500 h.p.

10. Need to be able to come to our facility to either repair or pick items up for repair.

11. Vendor must be able to supply at least three references where they have provided similar services as described in this bid. We are looking for at least three years experience.

12. Invoices

Contractor will provide a sample invoice with this quote. This invoice will include the following items:

- Clearly state on invoice who authorized work to be done, full name.
- Name of the facility where work was performed.
- Address or location of the facility.
- County work order, purchase order or contract number.
- Problem corrected and description of work performed.
- Identifiers for equipment worked on; e.g. lift station number, pump number, serial number, horsepower, manufacturer, etc.
- For labor, name, classification, work performed, total straight time hours worked, total premium time hours worked and extended amount.
- For repair components, item, quantity, unit price and extended amount.
- For replacement equipment supplied and /or installed, item description, manufacturer, model number, serial number, location where delivered or installed, price, mark-up and extended amount.
- For crew, premium time hours for crew, rate for crew, crane use hours, rate and extended amounts.
- For any subcontracted work; name of subcontractor, work performed, price, mark-up and extended amount.
- For Miscellaneous items, e.g. overnight freight, pick-up or delivery charges, consumables, etc., item, cost, mark-up if any and extended amount.
- For specialty services, if any, service provided, name of provider, hours, rate and extended amount.
- Invoices must be provided to show the charges from other sources in order to verify any additional charges plus the percentage.

Form#1 - Solicitation Response Form

LEE COUNTY PROCUREMENT MANAGEMENT
SOLICITATION RESPONSE FORM



Deadline Date: 3/15/2016

SOLICITATION IDENTIFICATION: B-160144

SOLICITATION NAME: SERVICES TO REPAIR, REPLACE OR SUPPLY UTILITY PLANT EQUIPMENT

COMPANY NAME: John Mader Enterprises Inc., DBA Mader Electric Motors

NAME & TITLE: (TYPED OR PRINTED) Jeremy Mader President

BUSINESS ADDRESS: (PHYSICAL) 18161 N. Tomiami Tr. N. Ft. Myers, FL 33903
CORPORATE OR MAILING ADDRESS:

[] SAME AS PHYSICAL

ADDRESS MUST MATCH SUNBIZ.ORG

E-MAIL ADDRESS: mader-electricmotors@msn.com

PHONE NUMBER: 239-731-5455

FAX NUMBER: 239-731-8165

NOTE REQUIREMENT: IT IS THE SOLE RESPONSIBILITY OF THE VENDOR TO CHECK LEE COUNTY PROCUREMENT MANAGEMENT WEB SITE FOR ANY ADDENDA ISSUED FOR THIS PROJECT. THE COUNTY WILL POST ADDENDA TO THIS WEB PAGE, BUT WILL NOT NOTIFY.

In submitting this proposal, Proposer makes all representations required by the instructions to Proposer and further warrants and represents that: Proposer has examined copies of all the solicitation documents and of the following addenda:

No. 1 Dated: 2-25-16

No. Dated:
No. Dated:

Collusion Statement: Lee County, Fort Myers, Florida

The undersigned, as Proposer, hereby declares that no person or other persons other than the undersigned are interested in this solicitation as Principal, and that this solicitation is submitted without collusion with others; and that we have carefully read and examined the specifications or scope of work, and with full knowledge of all conditions under which the services herein is contemplated must be furnished, hereby propose and agree to furnish this service according to the requirements set out in the specifications or scope of work for said service for the prices as listed on the county provided price sheet or (CCNA) agree to negotiate prices in good faith if a contract is awarded.

Tax Payer Identification Number 65-0048538

(1) Employer Identification Number -or- (2) Social Security Number:

** Lee County collects your social security number for tax reporting purposes only

Please submit a copy of your registration certificate establishing your firm as authorized to conduct business in the State of Florida, as provided by the Florida Department of State, Division of Corporations. Please refer to website: www.sunbiz.org

ALL PROPOSALS MUST BE SIGNED, SEALED (IF APPLICABLE) AND EXECUTED BY A CORPORATE AUTHORITY

Where Proposer is a Corporation, add:

Company Name: (Name printed or typed) John Mader Enterprises Inc., DBA Mader Electric Motors

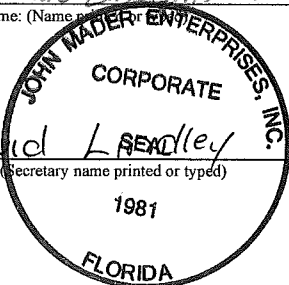
Authorized Proposer: (Name printed or typed) Jeremy Mader

(Seal)

Attest: David L Seadley
Secretary name printed or typed

Authorized Signature and Proposer Title

Secretary Signature:



Form#2 – Affidavit Certification of Immigration Laws



AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

SOLICITATION NO.: B-160144 SOLICITATION NAME: SERVICES TO REPAIR, REPLACE OR SUPPLY UTILITY PLANT EQUIPMENT

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.**

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

Company Name: Jho Mader Enterprises Inc, OSA Mader Electric Motors
[Signature] President 3-10-16
Signature Title Date

STATE OF FL
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me this 10 day of March 20 16, by Jeremy D. Mader who has produced PLDL
(Print or Type Name)

m360-424-73-297-1 as identification.
(Type of Identification and Number)

[Signature]
Notary Public Signature

Dana Hallihan
Printed Name of Notary Public

FF 110073 5/4/18
Notary Commission Number/Expiration



The signee of this Affidavit guarantee, 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.**

Form#3 Reference Survey



Lee County Procurement Management

REFERENCE SURVEY

Solicitation # **B-160144**
Equipment

Solicitation: **Services to Repair, Replace or Supply Utility Plant**

Section 1

| | | |
|----------|--|---|
| FROM: | <i>Lee, North Port, + Sarasota</i> | BUYER: Kathy Ciccarelli |
| COMPANY: | <i>will send in per specifications</i> | DATE: March 15, 2016 |
| PHONE #: | | TOTAL # PAGES: 1 |
| FAX #: | | PHONE #: 239-533-5456 FAX #: 239-485-5460 |
| EMAIL: | | BUYER EMAIL: kciccarelli@leegov.com |

SUBJECT: Reference for work completed regarding (Proposer project name):

You as an individual or Your company has been given as a reference on a project identified above.

Description of Lee County Project:

The intent of this specification is to obtain a qualified vendor who can repair, replace or supply Utility Plant Equipment for the Lee County Utilities Division.

Section 2

Proposer name (reference is being provided for):

Mader Electric Motors

Section 3

"YES" OR "NO"

| | |
|--|--|
| 1. Was the scope of work performed similar in nature? | |
| 2. Did this company have the proper resources and personnel by which to get the job done? | |
| 3. Were any problems encountered with the company's work performance? | |
| 4. Were any change orders or contract amendments issued, other than owner initiated? | |
| 5. Was the job completed on time? | |
| 6. Was the job completed within budget? | |
| 7. On a scale of one to ten, ten being best, how would you rate the overall work performance, considering professionalism; final product; personnel; resources. Rate from 1 to 10. (10 being highest) | |
| 8. If the opportunity were to present itself, would you rehire this company? | |
| 9. Please provide any additional comments pertinent to this company and the work performed for you: | |

Section 4

PLEASE COMPLETE AND RETURN TO THE ATTENTION OF: Kathy Ciccarelli

Email: kciccarelli@leegov.com or FAX # 239-485-5460

Reference Name (Print Name)

Please submit non-Lee County employees as references

Reference Signature

Form#4 - Negligence or Breach of Contract Disclosure Form



LEE COUNTY **ALLEGED NEGLIGENCE OR BREACH**
OF CONTRACT DISCLOSURE FORM
 S O U T H W E S T F L O R I D A

Please fill in the form below. Provide a sheet for each incident that has occurred over the past 10 years. Please complete in chronological order with the most recent incident on starting on page 1. Please do not modify this form or submit your own variation.

| | | | | |
|----|---|--|--------------------|--------------------|
| 1. | Your Company Name | <i>John Made Enterprises Inc, OBA Made Electric Motors</i> | | |
| 2. | Type of Incident | Place an "X" in the appropriate block. | Alleged Negligence | Breach of Contract |
| 3. | Date of Incident | <i>None</i> | | |
| 4. | Who Took Action Against Your Company? (Include name, City, and State) | | | |
| 5. | What was the initial circumstance for this action? | | | |
| 6. | What was the final outcome of this action? (who prevailed) | | | |

Make as many copies of this sheet as necessary in order to provide a 10 year history of the requested information. Provide this sheet to your primary partners listed in your proposal. If there is no action pending or action taken in the last 10 years, write 'NONE' on the line 3 of this page and return it with the company name completed.

Page Number: of

Update the page number to reflect the current page and the total number of pages. If you must use a separate sheet to continue an explanation please reference the page and item number on the separate sheet. Example: Page 3, Item 5.

Alternate Reporting: If you have more than 10 lawsuits, report the most recent 10 lawsuits. This may be done on a spreadsheet. Please include the name of the information requested above. (Do not include litigation with your company as the plaintiff). Final outcome should include whether a monetary settlement was made. The amount may remain anonymous. In the blocks above enter, "See Enclosed Spreadsheet" if you use this alternate method.

Form#5 - Affidavit Principal Place of Business



AFFIDAVIT PRINCIPAL PLACE OF BUSINESS

Local Vendor Preference (Non-CCNA)
(Lee County Ordinance No. 08-26)
Location Identification (CCNA)

Instructions: Please complete all information that is applicable to your firm

Company Name: John Mader Enterprises Inc. DBA Mader Electric Motors
Jeremy Mader President
Printed name of authorized signer Title

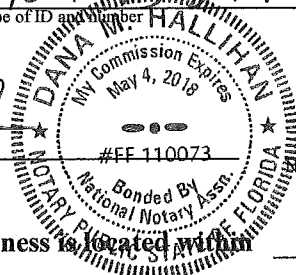
[Signature] 3-10-16
Authorized Signature Date

The signee of this Affidavit guarantee, 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.**

Notary:
State of FL
County of Lee

The foregoing instrument was signed and acknowledged before me this 10 day of March
20 16 by Jeremy Mader who has produced
FLDL # M360-424-73-297-1 as identification (or personally known)

[Signature] FF 110073 5/4/18
Notary Public Signature Notary Commission Number and expiration



- Principal place of business is located within the boundaries of: X Lee County
Collier County
Non-Local
- Local Business Tax License # 7807977
- Address of Principal Place of Business: 18161 N. Tomiami Tr
N. Ft. Myers, FL 33903
- Number of years at this location 31
- Have you provided goods or services to Lee County on a regular basis within the past 3 consecutive years X Yes* No *If yes, attach contractual history for past 3 consecutive years

AFFIDAVIT PRINCIPAL PLACE OF BUSINESS Page 2

5. Size of Facility (i.e. sales area, warehouse, storage yard, etc.)

10,000 sq. Ft.

6. Number of available employees for this contract

30

7. Describe the types, amount and location of equipment you have available to service this contract.

All equipment in North Ft. Myers facility. F750 flat bed crane truck with 20 ton and 100 ft. lifting capacity. F250 crane truck with 9000 lb. crane. 20 individual 5 ton cranes in shop, 1 cabinet sand blaster, steam cleaner, parts washing machines, 3 mills, 2 lathes, 3 bake ovens, 2 dip tank, 1 burn out oven, BEM test center with computerized volt, amp, and vibration printing capability. Crown # 2110 insulation tester, Baker # ST1125 surge tester, Phenix # CL10-A core less and rotor tester, 4 Baker mega-meters, Crown # 2505 motor growler, Dan-Bal # DSHD dynamic balancing machine, vibrolen laser alignment tool. Hand tools and power tools of various types and sizes. Miller welding machine, 100 ton hydraulic press, brakes, all safety & PPE equipment required for this project.

8. Describe the types, amount and location of material stock that you have available to service this contract.

Copper magnet wire, insulation, varnish for all types of motor rewinds, bearings of over 50 sizes, seals, O-rings, and shaft sleeves over 30 sizes, 3 types of product oil, 3 types of bearing greases, electric cables in over 10 sizes, 55 hardware of various sizes. All material in stock in N. Ft. Myers

Attach additional page(s), if necessary

CONTRACTUAL HISTORY WITH LEE COUNTY PER AFFIDAVIT PRINCIPAL PLACE OF BUSINESS FORM, ITEM # 4.

Over the past 3 consecutive years we have provided goods and services to Lee County under 2 contracts, one for a bid entitled "Services to repair, replace or supply utility plant equipment" and another contract for a bid entitled "Electric motor repair & replacement services".

Form#6-Sub-contractor List



LEE COUNTY
S O U T H W E S T F L O R I D A

SUB-CONTRACTOR LIST

| Sub-contractor Name | Area Of Work | Point Of Contact Or Project Supervisor | Phone Number and Email | Qualified MBE Yes/No | Amount or Percentage of Total |
|---------------------|--------------|--|------------------------|----------------------|-------------------------------|
| <i>None</i> | | | | | |
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Please include sub-contractors name, area of work (i.e. mechanical, electrical, etc.) and a **valid** phone number and email. Also include the dollar value or percentage that the sub-contractor will be performing. If sub-contractors qualify as MBE contractors, please attach a current certificate.

Proposer Check List

LEE COUNTY PROCUREMENT MANAGEMENT -
PROPOSER CHECK LIST

IMPORTANT: Please check off each of the following items as the necessary action is completed:

| | |
|----|---|
| 1 | The Solicitation has been signed and with corporate seal (if applicable). |
| 2 | The Solicitation prices offered have been reviewed (if applicable). |
| 3 | The price extensions and totals have been checked (if applicable). |
| 4 | Substantial and final completion days inserted (if applicable). |
| 5 | If submitting via hard copy the original must be a manually signed original. Include additional copies, if specified, in the Solicitation documents. |
| 6 | All addendums issued, if any, have been acknowledged in the space provided. |
| 7 | Licenses (if applicable) have been inserted. |
| 8 | Erasures or other changes made to the Solicitation document have been initialed by the person signing the Solicitation. |
| 9 | Provided a copy of corporate registration from www.sunbiz.org |
| 10 | Required Form 1: Solicitation form completed |
| 11 | Required Form 2: Affidavit Certification Immigration Laws, Signed and Notarized |
| 12 | Required Form 3: Reference Surveys have been sent to reference respondents |
| 13 | Required Form 4: Negligence or Breach of Contract disclosure, completed or marked None |
| 14 | Required Form 5: Affidavit Principal Place of Business |
| 15 | Required Form 6: Sub-contractor List, complete is sub-contractors will be utilized |
| 16 | Form 7: Solicitation Label, completed and affixed to proposal documents, if hard copy is provided The mailing envelope MUST be sealed and marked with: Solicitation Number Opening Date and/or Receiving Date |
| 17 | The mailing envelope has been addressed to: ADDRESS Lee County Procurement Mgmt. 1825 Hendry St 3 rd Floor Ft. Myers, FL 33901 |
| 18 | The Solicitation will be mailed or delivered in time to be received no later than the specified <u>opening date and time</u> . (If solicitation is not received prior to deadline it cannot be considered or accepted.) |
| 19 | Two (2) identical sets of descriptive literature, brochures and /or data (if required) have been submitted under separate cover. |
| 20 | All modifications have been acknowledged in the space provided |
| | |

****This form is not required to be returned with your solicitation, but used as a tool when responding to the solicitation.**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Profit Corporation**

JOHN MADER ENTERPRISES, INC.

Filing Information

| | |
|----------------------|---------------------|
| Document Number | M79408 |
| FEI/EIN Number | 65-0048538 |
| Date Filed | 05/05/1988 |
| State | FL |
| Status | ACTIVE |
| Last Event | CANCEL ADM DISS/REV |
| Event Date Filed | 11/09/2009 |
| Event Effective Date | NONE |

Principal Address18161 N. TAMIAMI TRAIL
NORTH FT. MYERS, FL 33903

Changed: 01/07/1991

Mailing Address18161 N. TAMIAMI TRAIL
NORTH FT. MYERS, FL 33903

Changed: 01/06/2012

Registered Agent Name & AddressMader, Jeremy D
18161 N. TAMIAMI TRAIL
N. FT. MYERS, FL 33903

Name Changed: 01/09/2014

Address Changed: 11/09/2009

Officer/Director Detail**Name & Address**

Title President

MADER, JEREMY D
18161 N. TAMIAMI TRAIL
N. FT. MYERS, FL 33903

Annual Reports

| Report Year | Filed Date |
|--------------------|-------------------|
| 2014 | 01/09/2014 |
| 2015 | 01/09/2015 |
| 2016 | 03/09/2016 |

Document Images

| | |
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| 01/25/2013 -- ANNUAL REPORT | View image in PDF format |
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| 03/24/2002 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2001 -- ANNUAL REPORT | View image in PDF format |
| 02/26/2000 -- ANNUAL REPORT | View image in PDF format |
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State of Florida, Department of State



EQUIPMENT COMPANY

white carbon and yellow carbon - Elliott copy pink carbon - Customer copy gold carbon - Dealer copy

PROOF OF TRAINING AND SAFETY FOR CRANE TRUCK

DISTRIBUTOR NAME & ADDRESS: Hydraulic Machinery Inc. 5034 N. 56th Street TPA, FL 33610

OWNER / USER NAME & ADDRESS: John Mader Enterprises 18161 N. Tamiami Trail NE Ft Myers FL 33903

Warranty begin date: Warranty expire date: Application Sale Rental X Demo PTO HRS: 5 Engine HRS: 5

THE UNDERSIGNED CERTIFIES THAT THE SERVICES OUTLINED WERE PERFORMED, THAT ANY DISCREPANCIES HAVE BEEN CORRECTED AND THAT THE MACHINE IS IN SATISFACTORY CONDITION. PROPER INFORMATION HAS BEEN PROVIDED IN SAFETY, OPERATION AND MAINTENANCE OF THE MACHINE. THE PARTS, SERVICE, OPERATOR AND SAFETY MANUALS WERE DELIVERED WITH THE MACHINE AND RECEIPT OF THE SAME BY THE OWNER/OPERATOR IS SO ACKNOWLEDGE.

1. New Machine Inspection Distributor Authorized Signature Date 2/23/15 2. First Delivery Owner/User Authorized Signature Date 4/28/15 Distributor Authorized Signature Date

Elliott Serial # 5984 TRUCK VIN # 3FRXF7FCXBW133256

DATE

Check each item below (Use Service and Maintenance manual for specific information regarding inspection procedures and criteria). Indicate in the appropriate space below as each item has been performed. If the item is found not acceptable, describe each discrepancy in the comment space below. The distributor must take immediate action to correct all discrepancies.

NEW MACHINE INSPECTION FIRST DELIVERY

- 1. Load Capacity charts & all other safety decals and placards installed and legible. 2. All nuts & bolts checked for tightness. 3. All electrical connections tight. 4. All pins installed & secured properly. 5. All manuals & video received per Owner's Manual Packing List. 6. Paint & Overall appearance. 7. Hydraulic Tank fluid levels correct. 8. All hydraulic hoses, fittings & components tight & free of leaks. 9. All electrical connections tight and in good working order. 10. Grease & lube per Service Manual. 11. Hydraulic filters clean. 12. Hydraulic tank caps tight & vents open. 13. Wire rope condition & attachment points properly secured. 14. PTO operates properly. 15. Outriggers operate properly. 16. Emergency Stop operates properly (shuts off controls). 17. Controls operate properly. 18. Engine Speed operates properly. 19. Winch operates properly. 20. Anti-two block operates properly (shuts off telescope out & winch up). 21. Remote control operates properly. 22. Platform leveling & rotation operate properly. 23. Remote safety & warning devices operate properly. 24. Overload System operates properly. 25. Jib mounting & stowage pin in place. 26. All toolbox latches adjusted properly. 27. Tires properly inflated to truck manufacturer's specifications. 28. Additional accessories (tool circuit, generator, welder, Beacon, lights, winch, etc.) 29. Limit & safety switches (cab protection, rotation, sequence, light outriggers, etc.) operate properly. 30. Two-block, overload, audible warning horns, etc. 31. Digger stows and operates properly. 32. Pressure washer operates properly. 33. All other optional items operate correctly. 34. Machine received as ordered.

Table with 34 columns for inspection status, each containing a checkmark.

Note: Any machine that does not have this inspection report filed with Elliott within 30 days of first delivery date will not be eligible for any warranty consideration. Comments:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/9/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|--|--|--------------------------------------|
| PRODUCER Brown & Brown of Florida, Inc. 2600 Lake Lucien Drive Suite 330 Maitland FL 32751 | CONTACT NAME: Rich Biondi, CIC | |
| | PHONE (A/C, No, Ext): (407) 660-8282 | FAX (A/C, No): (407) 660-2012 |
| | E-MAIL ADDRESS: rbiondi@bborlando.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED John Mader Enterprises, Inc. / Mader Electric Motors 18161 North Tamiami Trail N Ft Myers FL 33903 | INSURER A: Monroe Guaranty Ins. Co. 32506 | |
| | INSURER B: FCCI Insurance Company 10178 | |
| | INSURER C: National Trust Insurance Co. 20141 | |
| | INSURER D: FFVA Mutual Insurance Co. 10385 | |
| | INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** CL1582101587 **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.

| INSTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|-------|---|-----------|----------|----------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | GL0015880 | 9/15/2015 | 9/15/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Property damage-single limit \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | | | CA0025128-3 | 9/15/2015 | 9/15/2016 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000 |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | UMB0017475-3 | 9/15/2015 | 9/15/2016 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 |
| D | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | WC 840-0027333 2015A | 12/1/2015 | 12/1/2016 | <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 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees and public officials is granted status as an Additional Insured as respects General Liability coverage and the operations of the insured.

| | |
|--|--|
| CERTIFICATE HOLDER Lee County BOCC % Lee County Procurement Managment P.O. Box 398 Fort Myers, FL 33902-0398 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE R Biondi, CIC/001393 |
|--|--|

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ACORD 25 (2014/01)

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INS025 (201401)

Form#3 Reference Survey



LEE COUNTY
SOUTHWEST FLORIDA

Solicitation #B-160144
Equipment

Lee County Procurement Management

REFERENCE SURVEY

Solicitation: Services to Repair, Replace or Supply Utility Plant

Section 1

| | | | |
|----------|-----------------------------|--|------------------|
| FROM: | <i>Larry Clifford</i> | BUYER: | Kathy Ciccarelli |
| COMPANY: | <i>Lee County</i> | DATE: | March 15, 2016 |
| PHONE #: | <i>239-839-4831</i> | TOTAL # PAGES: | 1 |
| FAX #: | <i>239-936-9153</i> | PHONE #: | 239-533-5456 |
| EMAIL: | <i>lclifford@leegov.com</i> | FAX #: | 239-485-5460 |
| SUBJECT: | | BUYER EMAIL: <i>kciccarelli@leegov.com</i> | |

Reference for work completed regarding (Proposer project name):
Services to repair, replace, or supply utility Plant Equipment

You as an individual or Your company has been given as a reference on a project identified above.

Description of Lee County Project:

The intent of this specification is to obtain a qualified vendor who can repair, replace or supply Utility Plant Equipment for the Lee County Utilities Division.

Section 2

Proposer name (reference is being provided for): *Mader Electric Motors*

Section 3

| | "YES" OR "NO" |
|---|---------------|
| 1. Was the scope of work performed similar in nature? | <i>Yes</i> |
| 2. Did this company have the proper resources and personnel by which to get the job done? | <i>Yes</i> |
| 3. Were any problems encountered with the company's work performance? | <i>NO</i> |
| 4. Were any change orders or contract amendments issued, other than owner initiated? | <i>NO</i> |
| 5. Was the job completed on time? | <i>Yes</i> |
| 6. Was the job completed within budget? | <i>Yes</i> |
| 7. On a scale of one to ten, ten being best, how would you rate the overall work performance, considering professionalism; final product; personnel; resources. Rate from 1 to 10. (10 being highest) | <i>10</i> |
| 8. If the opportunity were to present itself, would you rehire this company? | <i>Yes</i> |
| 9. Please provide any additional comments pertinent to this company and the work performed for you: <i>This company goes above and beyond performance when necessary</i> | |

Section 4

PLEASE COMPLETE AND RETURN TO THE ATTENTION OF: Kathy Ciccarelli
Email: *kciccarelli@leegov.com* or FAX # 239-485-5460

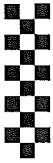
Larry Clifford

Reference Name (Print Name)

Larry Clifford

Reference Signature

Please submit non-Lee County employees as references



Formal Bid No.: B-160144

Form#3 Reference Survey

Lee County Procurement Management

REFERENCE SURVEY



LEE COUNTY
SOUTHWEST FLORIDA

Solicitation #B-160144
Equipment

Solicitation: Services to Repair, Replace or Supply Utility Plant

Section 1

| | | | |
|----------|---------------------------|----------------|------------------------|
| FROM: | Victor Carlgno | BUYER: | Kathy Ciccarelli |
| COMPANY: | Sarasota County Utilities | DATE: | March 15, 2016 |
| PHONE #: | 941-650-2703 | TOTAL # PAGES: | 1 |
| FAX #: | 941-316-1299 | PHONE #: | 239-533-5456 |
| EMAIL: | vcarlgnopscgov.net | FAX #: | 239-485-5460 |
| | | BUYER EMAIL: | kciccarelli@leegov.com |

SUBJECT: Reference for work completed regarding (Proposer project name):
Electric Pump and Motor Repair and Replacement

You as an individual or Your company has been given as a reference on a project identified above.

Description of Lee County Project:

The intent of this specification is to obtain a qualified vendor who can repair, replace or supply Utility Plant Equipment for the Lee County Utilities Division.

Section 2

Proposer name (reference is being provided for): *Moder Electric Motors*

Section 3

"YES" OR "NO"

1. Was the scope of work performed similar in nature? **YES**
2. Did this company have the proper resources and personnel by which to get the job done? **YES**
3. Were any problems encountered with the company's work performance? **No**
4. Were any change orders or contract amendments issued, other than owner initiated? **No**
5. Was the job completed on time? **YES**
6. Was the job completed within budget? **YES**
7. On a scale of one to ten, ten being best, how would you rate the overall work performance, considering professionalism; final product; personnel; resources. Rate from 1 to 10. (10 being highest) **10**
8. If the opportunity were to present itself, would you rehire this company? **YES**

9. Please provide any additional comments pertinent to this company and the work performed for you:
MADER ELECTRIC HAS ALWAYS DONE GOOD WORK US. I WOULD HIGHLY RECOMMEND THEIR SERVICES. OUTSTANDING CUSTOMER SERVICE

Section 4

PLEASE COMPLETE AND RETURN TO THE ATTENTION OF: Kathy Ciccarelli

Email: kciccarelli@leegov.com or FAX # 239-485-5460

VICTOR CARLGNO
Reference Name (Print Name)

Please submit non-Lee County employees as references

Victor Carlgno
Reference Signature

Formal Bid No.: B-160144

Form#3 Reference Survey



Lee County Procurement Management

REFERENCE SURVEY

LEE COUNTY
SOUTHWEST FLORIDA

Solicitation # B-160144 Solicitation: Services to Repair, Replace or Supply Utility Plant Equipment

Section 1

| | | | |
|----------|------------------------------|----------------|------------------------|
| FROM: | Frank Jackson | BUYER: | Kathy Ciccarelli |
| COMPANY: | City of North Port | DATE: | March 15, 2016 |
| PHONE #: | 941-628-8170 | TOTAL # PAGES: | 1 |
| FAX #: | 941-240-8022 | PHONE #: | 239-533-5456 |
| EMAIL: | fjackson@cityofnorthport.com | FAX #: | 239-485-5460 |
| | | BUYER EMAIL: | kciccarelli@leegov.com |

SUBJECT: Reference for work completed regarding (Proposer project name):
Pump Repairs

You as an individual or Your company has been given as a reference on a project identified above.

Description of Lee County Project:
The intent of this specification is to obtain a qualified vendor who can repair, replace or supply Utility Plant Equipment for the Lee County Utilities Division.

Section 2 Proposer name (reference is being provided for): Moder Electric Motors

| Section 3 | "YES" OR "NO" |
|---|---------------|
| 1. Was the scope of work performed similar in nature? | YES |
| 2. Did this company have the proper resources and personnel by which to get the job done? | YES |
| 3. Were any problems encountered with the company's work performance? | YES |
| 4. Were any change orders or contract amendments issued, other than owner initiated? | YES |
| 5. Was the job completed on time? | YES |
| 6. Was the job completed within budget? | YES |
| 7. On a scale of one to ten, ten being best, how would you rate the overall work performance, considering professionalism; final product; personnel; resources. Rate from 1 to 10. (10 being highest) | 10 |
| 8. If the opportunity were to present itself, would you rehire this company? | YES |
| 9. Please provide any additional comments pertinent to this company and the work performed for you: | |

WORK WAS ON TIME AND WITHIN BUDGET AND PROVIDE GREAT SERVICE

PLEASE COMPLETE AND RETURN TO THE ATTENTION OF: Kathy Ciccarelli

Email: kciccarelli@leegov.com or FAX # 239-485-5460

Section 4
FRANK JACKSON

Reference Name (Print Name)

Frank Jackson
Reference Signature

Please submit non-Lee County employees as references

State of Florida

Department of State

I certify from the records of this office that MADER ELECTRIC MOTORS is a Fictitious Name registered with the Department of State on March 9, 2016.

The Registration Number of this Fictitious Name is G16000025232.

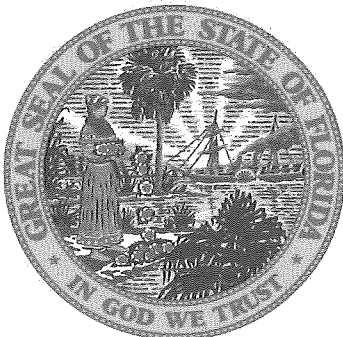
I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Tenth day of March, 2016

Ken Detzner

Secretary of State



Authentication ID: 300283127803-031016-G16000025232

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

State of Florida

Department of State

I certify from the records of this office that JOHN MADER ENTERPRISES, INC. is a corporation organized under the laws of the State of Florida, filed on May 5, 1988.

The document number of this corporation is M79408.

I further certify that said corporation has paid all fees due this office through December 31, 2016, that its most recent annual report/uniform business report was filed on March 9, 2016, and that its status is active.

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

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Ninth day of March, 2016*



Ken Detjmer
Secretary of State

Tracking Number: CC6501687831

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



PTKQ.E481146
Motors and Generators, Rebuilt for Use in Hazardous Locations

[Page Bottom](#)

Motors and Generators, Rebuilt for Use in Hazardous Locations

[See General Information for Motors and Generators, Rebuilt for Use in Hazardous Locations](#)

MADER ELECTRIC MOTORS

E481146

18161 North Tamiami Trail
North Fort Myers, FL 33903 USA

[Last Updated](#) on 2016-01-19

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MADER ELECTRIC MOTORS JOHN MADER ENT., INC.

18161 N. Tamiami Trail
N. Ft. Myers, FL 33903
(239) 731-5455
Fax (239) 731-8165

INVOICE

| | |
|----------|-----------|
| DATE | INVOICE # |
| 3/8/2016 | 11387 |

BILL TO:

Lee Co. Finance
P.O. Box 2238
Ft. Myers, Fl. 33902-2238

| P.O. NUMBER | W.O. NUMBER | TERMS | JOB LOCATION |
|-------------|-------------|-------------|--------------|
| B-160144 | 12345 | Net 30 Days | North WWTP |

| QUANTITY | DESCRIPTION | RATE | AMOUNT |
|----------|---|------------------|-------------|
| 0 | Work performed at: Lee County North WWTP 1111 ABC Rd. Ft. Myers, Fl. 33903 | | 0.00 |
| 0 | Equipment serviced: High Service Pump # 2 U.S. Electric 10 H.P. motor, Model # ABC123, 254T frame, 230 volt, 1775 R.P.M., TEFC, Serial # 1234 | | 0.00 |
| 0 | 120 volt X 100 watt heat strip, cost \$ 10.00, mark up 12% | 11.20 | 0.00 |
| 0 | Ball bearings, cost \$ 5.00 each, mark up 12% | 5.60 | 0.00 |
| 0 | Hours straight time labor to test, disassemble, clean parts, install bearings, reassemble, and test run. By Jeremy Mader, shop technician. | 30.00 | 0.00 |
| 0 | Hours premium time labor to test, disassemble, clean parts, install bearings, reassemble, and test run. By Jeremy Mader, shop technician. | 45.00 | 0.00 |
| 0 | * Motor failed due to voltage surge | | 0.00 |
| 0 | New U.S. Electric 10 H.P. motor, Model# ABC123, 254T frame, 230 volt, 1775 R.P.M., TEFC, Serial. # 4321, cost \$ 500.00, mark up 10% | 550.00 | 0.00 |
| 0 | Hours straight time two man crane on 20 ton crane to install new motor at: Lee Co. North WWTP, 1111 ABC Rd., Ft. Myers, Fl. 33903 | 40.00 | 0.00 |
| 0 | Hours premium time two man crane on 20 ton crane to install new motor at: Lee Co. North WWTP, 1111 ABC Rd., Ft. Myers, Fl. 33903 | 60.00 | 0.00 |
| 0 | Hours for Specialty service, field laser alignment on motor | | 0.00 |
| 0 | Freight charge, cost \$ 10.00, no mark up | | 0.00 |
| 0 | * Work authorized to be done by Larry Clifford | | 0.00 |
| | | SUB TOTAL | 0.00 |
| | | 10.00 TAX | 0.00 |
| | | TOTAL | 0.00 |

Signature _____

PAST DUE INVOICES ARE SUBJECT TO
1.5% PER MONTH FINANCE CHARGE.

\$0.00