

PROJECT NO.: IFB140155

OPEN DATE: February 27, 2014

AND TIME: 2:30 P.M.

PRE-BID DATE: February 14, 2014

AND TIME: 10:00 A.M.

LOCATION: LEE COUNTY PROCUREMENT

1825 HENDRY ST., 3<sup>RD</sup> FLOOR FORT MYERS, FL 33901

# REQUEST FOR INFORMAL BID

## TITLE: PORTABLE TOILET RENTAL AND SERVICING

REQUESTER: LEE COUNTY BOARD OF COUNTY COMMISSIONERS DIVISION OF PROCUREMENT MANAGEMENT

#### **ADDRESS**

1825 Hendry St 3<sup>rd</sup> Floor FORT MYERS, FL 33901

#### PROCUREMENT CONTACT:

NAME: Patrick T. Lewis Sr. TITLE: Procurement Analyst PHONE NO.: (239) 533-5453 EMAIL: Plewis@leegov.com

INFORMAL BID NO.: IFB140155

# LEE COUNTY, FLORIDA PROPOSAL QUOTE FORM FOR PORTABLE TOILET RENTAL AND SERVICING

	DATE SUBMITTED:	BRUARY 17 20		
	VENDOR NAME:	NCOAST PORTAB	SE SANITATION, [N	7
	TO: The Board of County Lee County Fort Myers, Florida	Commissioners		
	Having carefully examined the which are contained herein, the specifications:	ne "General Conditions", and the he Undersigned proposes to furn	e "Detailed Specifications", all of hish the following which meet these	
	CHECK LEE COUNTY PI PROJECT ADDENDA ISS	IT IS THE SOLE RESPONSI ROCUREMENT MANAGEM UED FOR THIS PROJECT. B PAGE, BUT WILL NOT NO	THE COUNTY WILL POST	
	The undersigned acknowledg receipt of Addenda numbers			
	REQUIRED UNITS			
	STANDARD UNIT:	\$ 69.00	PER DAY *	
		\$ 69.00	PER WEEK	
		\$ 69.00	PER MONTH	
	HANDICAP UNIT:	\$ 102.00	PER DAY	
	*	\$ 102.00	PER WEEK	
		\$ 102.00	PER MONTH	
0	HANDWASHING STATION	t: s 102.00	A LOTAL FACE	
			PER DAY	
		\$ 102.00	PER WEEK	
		s_ 102.00	PER MONTH	
PLEASE	NOTE OUR PER	2 DAY & PER WI	EEK RATES	
ASSU	ME THE UNIT I	WILL ONLY RE	REGULPED FOR	

ONE DAY OR ONE INEEK

**INFORMAL BID NO.: IFB140155** 

OPTION A - UPGRADED UN	<u>vits</u>		
NON-HANDICAP UNIT:	s 80.00	_PER DAY	
	\$ 80.00	_PER WEEK	
	\$ 80.00	_PER MONTH	
HANDICAP UNIT:	s 102.00	_PER DAY	
	\$ 102.00	_PER WEEK	
• u	\$ 102.00	_PER MONTH	
NOTE: PLEASE SPECIFY TO (IF ANY) YOUR FIR	HE MINIMUM ORDER QUAN M REQUIRES FOR DELIVER	TITY C: ONE	
	ONE CALENDAR		
Is your firm interested in being considered for the Local Vendor Preference?  YESNO			
	entitled "Local Vendor Preference Quantum Local Vendor Prefere		
WILL YOU DELIVER WITH CARRIER? YES	YOUR OWN VEHICLE AS OF	PPOSED TO COMMON	
	all the terms and conditions of the modification to the quote may be		
Are there any modifications to YES			
Failure to clearly identify any a grounds for the quoter being do by the County.	modifications in the space below eclared nonresponsive or to have	or on a separate page may be the award of the quote rescinded	
MODIFICATIONS:			

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.

#### **ANTI-COLLUSION STATEMENT**

THE BELOW SIGNED BIDDER HAS NOT DIVULGED TO, DISCUSSED OR COMPARED HIS BID WITH OTHER BIDDERS AND HAS NOT COLLUDED WITH ANY OTHER BIDDER OR PARTIES TO A BID 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).

FIRM NAME: SUNCOAST PORTABLE SANITATION, INC.
BY (Printed): PETER REID
BY (Signature):
TITLE: SALES MANAGER
FEDERAL ID # OR S.S. # 20 418 6602
ADDRESS: 1661 BENCHMARK AVE.
FORT MYERS FL 33905
PHONE NO.: 239 337 7709
FAX NO.: 239 337 0287
CELLULAR PHONE/PAGER NO.: 239 243 6292
DUNS#: NA
BUS 2009 0070 7 8100400 PZ
E-MAIL ADDRESS: Dran. bock@ adco-usa.com
DISADVANTAGED BUSINESS ENTERPRISE (DBF):



#### CERTIFICATE OF LIABILITY INSURANCE

2/10/2014

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).

Yates Insurance Agency 2800 Century Parkway NE Suite 300		(404) 633-4321 CONTACT NAME:			
		PHONE FAX (A/C, No. Ext): (A/C, No):			
		E-MAIL ADDRESS: Certs@yatesins.com			
Atlanta, GA 30345	INSURER(S) AFFORDING COVERAGE	NAIC#			
	INSURER A: Travelers Property Casualty Co of America	25674			
Suncoast Portable Sanitation, Inc. 1661 Benchmark Avenue Fort Myers, FL 33905-	Suncoast Portable Sanitation, Inc.	INSURER B: Travelers Casualty & Surety Company of Am	31194		
	INSURER C:	<u> </u>			
	INSURER D :				
2		INSURER E :			
		INSURER F :			
COVERA	GES CERTIFICATE NUMB	ER: 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 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW MAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIE FERIOD 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. ADDLISUER INSR WVD TYPE OF INSURANCE **POLICY NUMBER** LIMITS GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** \$ COMMERCIAL GENERAL LIABILITY A X 26308D135952TIL13 12/31/2013 DAMAGE TO RENTED 12/31/2014 100,000 PREMISES (Ea occurrence) \$ CLAIMS-MADE X OCCUR 5,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY 1,000,000 2,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 2.000.000 S POLICY X PRO-AUTOMOBILE LIABILITY OMBINED SINGLE LIMIT 1,000,000 (Ea accident) A X ANY AUTO P8108D135952TIL13 12/31/2013 12/31/2014 **BODILY INJURY (Per person)** \$ SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) HIRED AUTOS \$ UMBRELLA LIAB X X OCCUR 4,000,000 **EACH OCCURRENCE** \$ EXCESS LIAB A CUP8D135952 CLAIMS-MADE 12/31/2014 12/31/2013 4,000,000 AGGREGATE \$ DED X RETENTION \$ 10,000 WORKERS COMPENSATION X WC STATU-AND EMPLOYERS' LIABILITY B ANY PROPRIETOR/PARTNER/EXECUTIVE PSUB8D13595213 12/31/2013 12/31/2014 E.L. EACH ACCIDENT 1,000,000 OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A \$ Y if yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) See attached page.

CERT	IFICA	TE	HOLI	DER
	THE PERSON NAMED IN	-	No. of Concession, Name of Street, or other Designation, or other	_

Lee County Board of County Commissioners P.O. Box 398

Fort Myers. FL 33902-

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** 

CANCELLATION

my a Davie

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	ADCOHOL-01 ROAN PAGE 1 OF
DESCRIPTION OF OPERATIONS -	
Suncoast Portable Sanitation, Inc. 1661 Benchmark Avenue Fort Myers, FL 33905-	Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902-
following when required by written contract for the cert regards to General Liability for ongoing and completed Non-Contributory in regards to General Liability; Blanke Liability, Workers Compensation. Per Project Aggregat	ons, the insurance coverages afforded by the policies above include the ificate holder and/or entities listed below: Blanket Additional Insured in operations and Automobile Liability; Blanket Primary and et Waiver of Subrogation in regards to General Liability, Automobile applies to the General Liability when required by written contract.
Entity: Lee County.	
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#### INFORMAL BID NO.: IFB140155

Have you provided goods or services to Lee County on a regular basis for consecutive three years?	or the preceding,
Yes No	
If yes, please provide your contractual history with Lee County for the pronsecutive years. Attach additional pages if necessary.	
LEE CTY ORDER # 1433150	07

### 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)

1.	What is the physical location of your principal place of business that is located within the boundaries of Lee/Collier County, Florida?
	1661 BENCHMARK AVE. NEAR MLK
	FORT MYERS AL 33905
2.	What is the size of this facility (i.e. sales area size, warehouse, storage yard, etc.)
	OFFICE & REPAIR FACILITY 4000 SQ ST
	YARD 3 ACRES
V	ART B: VENDOR'S PRINCIPAL PLACE OF BUSINESS IS NOT LOCATED VITHIN LEE/COLLIER COUNTY OR DOES NOT HAVE A PHYSICAL OCATION WITHIN LEE/COLLIER COUNTY (Please complete this section.)  1. How many employees are available to service this contract?
	<ol> <li>Describe the types, amount and location of equipment you have available to service this contract.</li> </ol>
LOCA	L VENDOR PREFERENCE QUESTIONNAIRE CONTINUED
	<ol> <li>Describe the types, amount and location of material stock that you have available to service this contract.</li> </ol>
	TWO THOUSAND PORTABLE TOILETS

#### AFFIDAVIT CERTIFICATION **IMMIGRATION LAWS**

二十 つ	
SOLICITATION NO.: 140155	PROJECT NAME: PORTABLE TOILET
LEE COUNTY WILL NOT INTENT CONTRACTOR WHO KNOWINGL CONSTITUTING A VIOLATION OF U.S.C. SECTION 1324 a(e) {SENATIONALITY ACT ("INA").	IONALLY AWARD COUNTY CONTRACTS TO ANY LY EMPLOYS UNAUTHORIZED ALIEN WORKERS, THE EMPLOYMENT PROVISIONS CONTAINED IN 8 ECTION 274A(e) OF THE IMMIGRATION AND
UNAUTHORIZED ALIENS A VIOL VIOLATION BY THE RECIP CONTAINED IN SECTION 274. UNILATERAL CANCELLATION	THE EMPLOYMENT BY ANY CONTRACTOR OF LATION OF SECTION 274A(e) OF THE INA. SUCH PIENT OF THE EMPLOYMENT PROVISIONS A(e) OF THE INA SHALL BE GROUNDS FOR OF THE CONTRACT BY LEE COUNTY.
IMMIGRATION LAWS (SPECIFIC SUBSEQUENT AMENDMENTS).	ARE FULLY COMPLIANT WITH ALL APPLICABLE CALLY TO THE 1986 IMMIGRATION ACT AND
Company Name:	NEOAST RETABLE SHATTHICK, INC.
7. 12. 656	Date 9 13 3 011
Signature	Date 2 12 2 DILL CHARLE SHINTIFFICIAL, INC.
STATE OF Florida COUNTY OF Lee	e e
The foregoing instrument was signed	and acknowledged before me this 12th day of February
Brich Brr	who has produced
20 14, by Brian Boc (Print or Type Name)	who had produced
as ide	entification.
(Type of Identification and Number)	
Notary Public Signature	EVDIDES Fehruary 26 2017
Printed Name of Notary Public	
EE 878519   2 2(c-1) Notary Commission Number/Expirati	<u>&gt;017</u> on
The signee of this Affidavit guarante truth and accuracy of this affidav	ce, as evidenced by the sworn affidavit required herein, the it to interrogatories hereinafter made. LEE COUNTY

RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.