RESOLUTION 2020-057

A RESOLUTION OF THE TOWN COUNCIL OF THE TOWN OF SOUTHWEST RANCHES, FLORIDA, APPROVING THE ISSUANCE OF A PURCHASE ORDER TO ALL FLORIDA CONTRACTING SERVICES IN THE AMOUNT OF FOURTEEN THOUSAND EIGHT HUNDRED NINETY-FIVE DOLLARS AND ZERO CENTS (\$14,895.00) FOR THE TOWN HALL GENERATOR RETROFIT; AUTHORIZING THE MAYOR, TOWN ADMINISTRATOR, AND TOWN ATTORNEY TO EXECUTE ANY AND ALL DOCUMENTS NECESSARY TO EXECUTE THE PURCHASE; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Town desires to install a supply and return pump system with sending unit and controller for automatic filling of an existing 1300-gallon Town Hall generator bellytank; and

WHEREAS, the Town received three (3) quotes for this work; and

WHEREAS, after reviewing the quotes, it was determined All Florida Contracting Services provided the lowest responsive and responsible quote; and

WHEREAS, the All Florida Contracting Services proposal totals Fourteen Thousand Eight Hundred Ninety-Five Dollars and Zero Cents (\$14,895.00); and

WHEREAS, the Town budgeted \$35,000 for this construction project in the FY 2019-2020 adopted Town Budget; and

WHEREAS, the Town Council believes that approving a purchase order for these services is in the best interest of the health, safety, and welfare of its residents.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF SOUTHWEST RANCHES, FLORIDA:

Section 1. The recitals above are true and correct and are incorporated herein by reference.

Section 2. The Town Council hereby approves issuing a Purchase Order to All Florida Contracting Services in the amount of Fourteen Thousand Eight Hundred Ninety-Five Dollars and Zero Cents (\$14,895.00) for the Town Hall generator retrofit in substantially the same form as that attached hereto as Exhibit "A".

Section 3. The Town Council hereby authorizes the Mayor, the Town Administrator, and the Town Attorney to issue the Purchase Order in substantially the same form as that attached hereto as Exhibit "A" and to make such modifications,

additions and/or deletions which they deem necessary to effectuate the intent of this Resolution.

Section 4. This Resolution shall become effective immediately upon adoption. **PASSED AND ADOPTED** by the Town Council of the Town of Southwest Ranches,

Florida, this <u>24th</u> day of <u>September 2020</u> on a motion by <u>Council Member Jablonski</u> and seconded by <u>Council Member Amundson</u>.

McKay	Yes	Ayes	0000
Schroeder	Yes	Nays	
Amundson	Yes	Absent	
Hartmann	Yes	Abstaining	
Hartmann Jablonski	<u>Yes</u> Yes	Abstaining	<u>U</u>

Doug McKay, Mayor

∆ttest•⊿

Russell Muñiz, Assistant Town Administrator/Town Clerk

Approved as to Form and Correctness:

Keith Poliakoff, Town Attorney

#37483684

RESPONSE TO REQUEST FOR QUOTATIONS RFQ NO.: 20-102

COMPANY NAME:	All Florida Contracting Services	
OWNER/CONTACT NAME:	Michael Cox	
ADDRESS:	3814 NW 126th Avenue	
	Coral Springs, Fl 33065	
TELEPHONE NUMBER:	954-775-7767	
EMAIL ADDRESS:	mcox@afcs-co.com	
SIGNATURE:	Michael	
Estimated Time to Complete Job		90 Days
OTAL QUOTE		\$ 14,895.00



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

CONSTRUCTION INDUS KUCENSING BOARD

THE POLLUTANT STORAGE SYSTEMS PROVISIONS OF CH 高N IS CERTIFIED UNDER THE



LICENSE NUMBER: PCC1256894

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

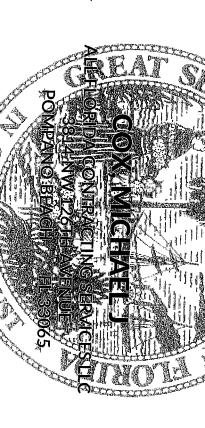
This is your license. It is unlawful for anyone other than the licensee to use this document.



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR PIEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489-FLORIDA STATUTES



LICENSE NUMBER CGC1517560

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

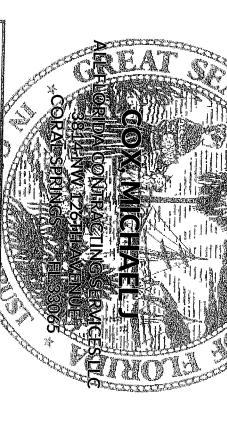
This is your license. It is unlawful for anyone other than the licensee to use this document.



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

ELECTRICAL CONTRACTORS LICENSING BOARD

THE ELECTRICAL CONTRACTOR PROVISIONS OF CHAR TEREIN IS CERTIFIED UNDER THE



LICENSE NUMBER-EC0002256

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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

Client#: 110023

ALLFLO

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/20/2020

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

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

PRODUCER PRODUCER	CONTACT Evan Award	
CBIZ Insurance Services, Inc. 3945 W. Atlantic Ave	PHONE (A/C, No, Ext): 561-721-1647 FAX (A/C No):	
Delray Beach, FL 33445	E-MAIL ADDRESS: eaward@cbiz.com	
561 278-0448	INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	INSURER A : Evanston Insurance Co.	35378
All Florida Contracting Services, LLC	INSURER B : Natl' Union Fire Ins Co of Pittsbrgh,PA	19445
3814 NW 126th Ave.	INSURER C: Insurance Company of the West	27847
Coral Springs, FL 33065	INSURER D : Old Dominion Insurance Co.	40231
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	INSURER E: Starstone Specialty Insurance Company	44776
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	DEVICION NUMBER.	

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

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	. LIMITS SHOWN MAY HAVE BEE			IMS.	
A	X COMMERCIAL GENERAL LIABILITY	INSR	SUBR WVD			POLICY EXP (MM/DD/YYYY)	LIMIT	S
^				MKLV2PBC000198	03/19/2020	03/19/2021	EACH OCCURRENCE	\$1,000,000
1	X BI/PD Ded:1,000						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
1	A BIFF Ded. 1,000						MED EXP (Any one person)	\$5,000
ļ	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
ļ	PRO-						GENERAL AGGREGATE	\$2,000,000
	POLICY JECT LOC OTHER:]	PRODUCTS - COMP/OP AGG	\$2,000,000
D	AUTOMOBILE LIABILITY			B1P5808M	00/40/0000	201421955	COMBINED SINGLE LIMIT	\$
	ANY AUTO			D I POOUDIVI	03/19/2020	03/19/2021	(Ea accident)	\$1,000,000
	OWNED V SCHEDULED	j					BODILY INJURY (Per person)	\$
	Y HIRED V NON-OWNED						BODILY INJURY (Per accident)	S
	AUTOS ONLY X AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
В	X UMBRELLA LIAB X OCCUR							\$
_	EVCECC LIAD		ļ	BE015840286	03/19/2020	03/19/2021	EACH OCCURRENCE	\$4,000,000
	CLAIMS-MADE					<u> </u>	AGGREGATE	\$4,000,000
С	WORKERS COMPENSATION		- +	WEL ED ADDOOR				\$
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		- 1	WFL504028201	03/19/2020	03/19/2021	PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	\$500,000
- 1	If yes, describe under DESCRIPTION OF OPERATIONS below	ı				<u> </u>	E.L. DISEASE - EA EMPLOYEE	\$500,000
	Pollution Liab			D74522200 A T14			E.L. DISEASE - POLICY LIMIT	
_	· ····································			R74522200AEM	1/16/2020	03/19/2021	\$1,000,000 per occur	
		1					\$2,000,000 aggregate	9
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	EC (A	2072	104 A 1 111		<u> </u>		

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

CERTIFICATE HOLDER	CANCELLATION
Town of Southwest Ranches 13400 Griffon Road Fort Lauderdale, FL 33330	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
	J. Kest Bounas In

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

	1 Name (as shown on your income tax return). Name is required on this line	and a set to see that it is a		
	Michael Cox	s; do not leave this line blank.	•	
	2 Business name/disregarded entity name, if different from above			
	All Florida Contracting Services, LLC.			
က				
bage	Check appropriate box for federal tax classification of the person whose following seven boxes.		neck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see
ins or	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ S Corporation	ion Partnership	Trust/estate	instructions on page 3):
tio ty	Limited liability company. Enter the tax classification (C=C corporation	0.0		Exempt payee code (if any)
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classifier LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner for the owner should check the appropriate box for the	ation of the single-member ov d from the owner unless the c	wner. Do not check owner of the LLC is	Exemption from FATCA reporting code (if any)
8	Uther (see instructions) ▶			(Applies to accounts maintained cutside the U.S.)
Š	5 Address (number, street, and apt. or suite no.) See instructions.	- T	Reguester's name a	nd address (optional)
See	3814 NW 126TH AVE		. Toquottor & Harris B.	nd address (optional)
"	6 City, state, and ZIP code			
j	CORAL SPRINGS, FL 33065			
Ī	7 List account number(s) here (optional)			
	·			
Part	The state of the s			
Enter y	our TIN in the appropriate box. The TIN provided must match the -	ame given on line 1 to avo	oid Social secu	urity number
resider	o withholding. For individuals, this is generally your social security not alien, sole proprietor, or disposarded earthy.	umber (SSN). However, fo	ora II	1 1 1 1 1 1 1
	at allen, sole proprietor, or disregarded entity, see the instructions for the it is the proprietor, or disregarded entity, see the instructions for the propriet is the proprietor of the propr			-
TIN, lat	er.	a number, see <i>How to get</i>		J
Note: I	f the account is in more than one name, see the instructions for line	1 Also oos What Name -	or Employed	4-10-11
Numbe	er To Give the Requester for guidelines on whose number to enter.	i. Also see vvnat ivame a		dentification number
			2 6 _	3 7 8 9 0 6 0
Part	Certification		<u>-</u> <u></u>	
Under	penalties of perjury, I certify that:			
1. The	number shown on this form is my correct towns or identification			
Servi no io	number shown on this form is my correct taxpayer identification nun not subject to backup withholding because: (a) I am exempt from bace (IRS) that I am subject to backup withholding as a result of a fallinger subject to backup withholding;	nber (or I am waiting for a ackup withholding, or (b) I are to report all interest or	number to be issu I have not been not dividends, or (c) th	ed to me); and tified by the internal Revenue he IRS has notified me that I am
3. lam	a U.S. citizen or other U.S. person (defined below); and	•		
4. The F	FATCA code(s) entered on this form (If any) indicating that I am exec	opt from FATCA reporting	is correct	
				of the level or with the first
acquisiti other the	e falled to report all interest and dividends on your tax return. For real e on or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	5.010 Hallosoliolio, Holli Z U	abbiy, For i	mortgage interest paid.
Sign Here	Signature of Wester 4		ate > P-12	
Gen	eral Instructions	• Form 1099-DIV (divid		ose from stocks or mutual
Section oted.	references are to the Internal Revenue Code unless otherwise	rarias)		me, prizes, awards, or gross
	developments. For the latest information about developments	proceeds)		mo, prizes, awarus, or gross
Dialeu l	o Form W-9 and its instructions, such as legislation enacted y were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock of transactions by brokers 	'S)	
	ose of Form	 Form 1099-S (proceed) 	eds from real estate	e transactions)
PEN BRO	Jac Or I Or III	Form 1000-K (march	ant gard and third	party network transactions)

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

• Form 1099-INT (interest earned or paid)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

(i'c



All Florida Contracting Services

PAST PERFORMACE WORK

	PAST PERFORMACE WORK
B – Homestead, mestead, Fl. ator Upgrades 4-347-1167 Shortbrothers Construction 244, Davie, Fl 33328 f (2) 1 MW indoor generators and exhaust work room. In addition, the installation of new switch lipment.	Broward County Project: Generator Installation Pump Station 462 Contact: Jorge Arosco, 954-831-3239 Description: Installation of 450KW generator and 800-amp transfer switch at the Broward County Pump Station 462.
Broward County 1A WTP Project: WTP 1A Electrical Switchgear Replacement 3701 State Road 7, Lauderhill Lake, Fl Contact: William (Pat) Mitchell 954-831-0958 2555 W. Copans Road, Pompano Beach, Fl 33069 Description: Replacement and upgrade of an existing medium voltage main electrical switchgear, high service, transfer pump motor starter, generator paralleling switchgear, lightning protection grounding, trenching, conduit, feeders, cabling, controls, flooring, and HVAC	City of Sunrise Project: Public Safety Building Emergency Generator Exhaust Modifications 10440 W. Oakland Park Blvd. Sunrise, Fl Contact: Bob Romeo 954-888-6060 777 Sawgrass Corporate Parkway, Sunrise, Fl Description: Modification and extension of exhaust pipe approximately 64 feet up and over the building at the Public Services Complex for two generators.
South Florida Water Management Pump Station S-123 Palmetto Bay, Fl Pump Station S-123 Palmetto Bay, Fl Pump Station S-123 & S-125 Generator Replacement Contact: S-123 & S-125 Generator Replacement Contact: Jesse VanKyn — 561-682-2605 3301 Gen Club Road, West Palm Beach, Fl 33406 Description: Replacement of (2) generators, transfer switch and associate electrical work.	City of Plantation 700 NW 91 Avenue, Plantation, Fl Project: Water Treatment Plant Generator Upgrades Contact: Water Miller, WTP Plant Supervisor 954-326-7634 6500 NW 11 Place, Plantation, FL Description: Upgrade (3) Caterpillar to meet current Rice Neshap tier standards, remote radiators, duct bank work, electrical work etc.
City of Plantation 700 NW 91 Avenue, Plantation, Fl Project: Water Treatment Plant Generator Upgrades Contact: Brett Miller, WTP Plant Supervisor 954-326-7634 6500 NW 11 Place, Plantation, FL Description: Upgrade (3) Caterpillar to meet current Rice Neshap tier standards, remote radiators, duct bank work, electrical work etc.	Assurant Building A - Homestead Project: Emergency Generator Upgrades Contact: Pierre Girard, 954-347-1167 Shortbrothers Construction Description: Supply and installation of (3) 500 KW generator sets, 30' X 50' concrete pad, paralleling switchgear, transformers, fuel system, cabling, Power Mgmt, programming, duct bank work, (3) 3000 Gallon fuel tanks. AFCS Project Manager: Chuck Toby