# **EXHIBIT J**

### **BID DOCUMENTS**

**TOWN OF LAKE PARK** 

535 Park Avenue Lake Park, FL 33403



# **PROJECT:**

West Ilex Park
Improvements – PHASE 2

Corner of W. Ilex Drive and 8<sup>th</sup> Street

Lake Park, FL 33403

Invitation to Bid: #102-2024

EXHIBIT J
Required Bid Forms

# **BID SUBMITTAL SIGNATURE PAGE**

West Ilex Park Improvements – Phase 2 Bid No. 102-2024

Instructions: This form constitutes item 'b' of Part I. Include this form, along with all other forms identified below in your response to this ITB.

Required documents attached?	(checklist)
PART 1	
- Bid Submittal Page (signed)	
- Acknowledgement of Addenda	
- Schedule of Bid Items	
- Conflict of Interest Disclosure Form	
- Notification of Public Entity Crimes Law	
- Drug-Free Workplace	
- Truth-in-Negotiation Certificate	
- List of References	
- List of Subcontractors, if applicable	
- Non-Collusion Affidavit – <i>Federal Form</i>	<del></del>
- Anti-Kickback Affidavit – <i>Federal Form</i>	
- Certification of Eligibility of General Contractor - Federal Fo.	
- Certification of Non-Segregated Facilities – <i>Federal Form</i>	
- Workforce Projection Heavy Wage Decision– Federal Form	<del></del>
PART 2	<del></del>
- Certificate of Insurance (per specification)	
- Copies of all licenses, certifications, business tax receipts	
- Bid bond (per Section 1), if applicable	
- Clarifications / Exceptions	
NAME OF FIRM:	
ADDRECC	
ADDRESS:	
PHONE #: FAX #:	
E-MAIL:	
Statement by Bidder: "I HAVE REVIEWED ALL PLANS, MANUALS, SP	ECIFICATIONS, AND ALL OTHER INFORMATION
CONTAINED WITHIN THIS SOLICITATION, AND UNDERSTAND ALL R	EQUIREMENTS"
AUTHORIZED SIGNATURE:	
NAME & TITLE (TYPED or PRINTED):	

# ACKNOWLEDGEMENT OF ADDENDA

# INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

<b>PART I:</b> List below the	dates of issue for each addendum received in connection with this Solicitation:	
	Addendum #1, Dated	
	Addendum #2, Dated	
	Addendum #3, Dated	
	Addendum #4, Dated	
	Addendum #5, Dated	
	Addendum #6, Dated	
	Addendum #7, Dated	
	Addendum #8, Dated	
	Addendum #9, Dated	
	Addendum #10, Dated	
PART II:		
	NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS SOLICITATION	
Firm Name:_		
Signature:		
	itle (Print or Type):	
Date:		

### SCHEDULE OF BID ITEMS

## WEST ILEX PARK IMPROVEMENTS – PHASE 2

## ITB # 102-2023

## **BID AMOUNT EXTENDED COSTS**

l	INDEMIFICATION	1	L.S.	<u>\$ 100.00</u>
2	GENERAL CONDITIONS: Project Management, including Oversight of Play Equipment In Mobilization, Documents for Permitting, MOT, Temporary Pro			\$
	Product Submittals, Licenses & Insurances, Warranties, Close-			
3	PERFORMANCE AND PAYMENT BONDS (if required) (only applicable if proposed BASE BID price exceeds \$100,000.0	100)	L.S.	\$
4	MISCELLANEOUS WORK ITEMS – Including Clear & Grub / Irrigation Repair / Concrete Work	1	L.S.	\$
5	NEW FENCING AND GATES — Remove existing fencing and gates and replace with new	1	L.S.	\$
6	SITE AMENITIES Furnish and Install new benches, and picnic table	1	L.S.	\$
7	ELECTRIC WORK  New electric work as per plans, including furnish / install of new lighting Bollard lights and post lights.	1	L.S.	\$
8	PROJECT CONTINGENCY (Allowance amount to be used at the discretion of the owner Any unused allowance shall be returned to the owner)	1	Allowance	\$ 15,000.00
9	BUILDING PERMIT (Town of Lake Park) (Allowance amount to be used at the discretion of the owner Any unused allowance shall be returned to the owner)	1	Allowance	\$ 2,500.00
	BASE BID ITEMS 1 THRU 9	\$	Numeric Amount	
			Numeric Amouni	
	Written Amount \$			
	Written Amount  The number of days within which, or the date by which, the Work is to be c days to substantial completion, plus 15 days to final completion from the date			
	Submitted by:	Title: _		
	Name of Firm:			
	Firm Address:			
	Date: E-mail Address:			
	Firm Telephone No.:			

#### CONFLICT OF INTEREST DISCLOSURE FORM

The award of this contract is subject to the provisions of Chapter 112, Florida Statutes. All Proposers must disclose within their Proposal: the name of any officer, director, or agent who is also an employee of the Town of Lake Park.

Furthermore, all Proposers must disclose the name of any Town employee who owns, directly, or indirectly, an interest of more than five percent (5%) in the Proposer's firm or any of its branches.

The purpose of this disclosure form is to give the Town the information needed to identify potential conflicts of interest for evaluation team members and other key personnel involved in the award of this contract.

The term "conflict of interest" refers to situations in which financial or other personal consideration may adversely affect, or have the appearance of adversely affecting, an employee's professional judgment in exercising any Town duty or responsibility in administration, management, instruction, research, or other professional activities.

Please check one of the following statements and attach additional documentation if necessary:

\_\_\_\_\_\_\_ To the best of my knowledge, the undersigned firm has no potential conflict of interest due to any other Cities, Counties, contracts, or property interest for the Proposal.

\_\_\_\_\_\_ The undersigned firm, by attachment to this form, submits information that may be a potential conflict of interest due to other Cities, Counties, contracts, or property interest for this Proposal.

Acknowledged by:

\_\_\_\_\_\_ Firm Name

\_\_\_\_\_ Signature

Name and title (Print or Type)

Date

### **NOTIFICATION OF PUBLIC ENTITY CRIMES LAW**

Pursuant to Section 287.133, Florida Statutes, you are hereby notified that a person or affiliate who has been placed on the convicted contractors list following a conviction for a public entity crime may not submit a Proposal on a contract to provide any goods or services to a public entity; may not submit a Proposal on a contract with a public entity for the construction or repair of a public building or public work; may not submit Proposals on leases or real property to a public entity; may not be awarded or perform work as a contractor, supplier, sub-vendor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 [F.S.] for Category Two [\$35,000.00] for a period of thirty-six (36) months from the date of being placed on the convicted contractors list.

Firm Name	 
Signature	
Name and Title (Print or Type)	 

# **DRUG-FREE WORKPLACE**

	i	s a drug-free workp	lace and has a
	(Company Name)		
Subst	tance abuse policy in accordance with and pursuant to	Section 440.102, Flo	orida Statutes.
Ackn	owledged by:		
	Firm Name		-
	Signature		-
	Name and title (Print or Type)		
	 Date		

### TRUTH - IN - NEGOTIATION CERTIFICATE

The undersigned warrants (i) that it has not employed or retained any company or person, other than bona fide employees working solely for the undersigned, to solicit or secure the Agreements and (ii) that it has not paid or agreed to pay any person, company, corporation, individual or firm other than its bona fide employees working solely for the undersigned or agreed to pay any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of the Agreement.

The undersigned certifies that the wage rates and other factual unit costs used to determine the compensation provided for in the Agreement are accurate, complete, and current as of the date of the Agreement.

This document must be executed by a Corporate Officer.

Ву: _	 	 	 
Title: _			
Data			
Date:			

# **LIST OF REFERENCES**

Following are references from agencies/companies/individuals in which your company has provided similar services within the last 5 years:

REFERENCE #1		
Company/Agency Name: Address:		
Point of Contact: Phone Number: Fax Number: E-mail:		
REFERENCE #2		
Company/Agency Name: Address:		
Point of Contact: Phone Number: Fax Number: E-mail:		
REFERENCE #3		
Company/Agency Name: Address:		
Point of Contact: Phone Number: Fax Number:	- -	

# LIST OF SUBCONTRACTORS AND PRIME VENDORS

The following are the subcontractors and prime vendors anticipated to be used if your company is awarded the Contract. Please note that all changes to this list must first be approved in writing by the TOWN OF LAKE PARK, Project Manager.

NAME OF COMPANY	ADDRESS OF COMPANY	PHONE/CONTACT
1)		
2)		
3)		
4)		
5)		

# **NON-COLLUSION AFFIDAVIT**

STAT	E OF		
COUI	NTY OF		
		uthority, personally appeared of his/her personal knowledge that:	, who after being by me first
a.	He/She is Proposal to perform wo		, the Proposer that has submitted a
	RFQ No.:	Title:	
b.	•	ed respecting the preparation an lpertinent circumstances respecting	d contents of the attached Request for such Solicitation.
	Such Proposal is genuin	e and is not a collusive or sham Prop	oosal.
	directly or indirectly, wi connection with the Sol refrain from proposing or indirectly, sought b Proposer, firm, or perso fix any overhead, profit or to secure through a	th any other Proposer, firm or person icitation and contract for which the a in connection with such Solicitation a by agreement or collusion or common to fix the price or prices in the atta or cost element of the Proposal price	y colluded, conspired, connived, or agreed, on to submit a collusive or sham Proposal in attached Proposal has been submitted or to and contract, or has in any manner, directly munication or conference with any other ached Proposal or any other Proposer, or to or the Proposal price of any other Proposer, ce, or unlawful agreement any advantage ontract.
d.	collusion, conspiracy, co		air and proper and are not tainted by any the part of the Proposer or any of its agents, ncluding this affiant.
		<del></del>	Signature
Subs	cribed and sworn to (d	or affirmed) before me this	_ day of, 20, by
		, who is personally known to m	
		, as identificatio	11.
SEAL		Notary Signat	ture
			:
			c (State):
		My Commissi	ion No.:
		Expires on:	

# **ANTI-KICKBACK AFFIDAVIT**

## STATE OF FLORIDA COUNTY OF PALM BEACH

BEFORE ME, the undersi . wh	gned authority, personally appeare no, after being by me first duly swo	ed orn. deposes and sav		
	of			roposal
Contract #	Project name:			
to be performed at the p	d, hereby depose and say that no poroperty identified above will be payward or gift, directly or indirectly l	aid to any employee	of the Town of Lake Pa	rk as a
		Signature		
Subscribed and sworn to	(or affirmed) before me this	day of	20	
by	, who is persor	nally known to me o	r who has	
produced	as id	dentification.		
NOTARY SEAL:	Notary Signatu	ıre:		
	Notary	Name:Notai	 ry Public-State of Florid	a

# **INCLUDE PROOF OF EXISTING INSURANCE.**

INCLUDE PROOF OF PROPER LICENSING, CERTIFICATIONS, BUSINESS TAX RECEIPTS (AS APPLICABLE TO PERFORM THE REQUIRED SERVICES).

# **INSERT BID SECURITY HERE**

# (INCLUDE PROOF OF BONDING CAPABILITIES FOR PAYMENT AND PERFORMANCE, IF REQUIRED FOR THIS PROJECT)

**NOTE:** Attorney-in-fact who signs Bid Bonds or Contract Bonds must file with such bond a certified copy of their Power of Attorney to sign such bonds.

# **CLARIFICATIONS/EXCEPTIONS**

Please list any clarifications of your bid in this section, as well as any exceptions you may have.