

BID ACKNOWLEDGEMENT COVER PAGE

SUBMIT BIDS TO: Wellington Attn: Clerk's Office 12300 Forest Hill Blvd Wellington, FL 33414	REFER ALL INQUIRIES TO PRIMARY CONTACT: Purchasing Division 12300 Forest Hill Blvd Wellington, FL 33414 Phone:(561)791-4055/Fax:(561)904-5817	Wellington <h1 style="margin: 0;">INVITATION TO BID</h1> COMMODITY/SERVICE BID TITLE: Supply and Installation of Baseball Field Protective Netting BID NO: ITB 034-13/JWV
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NAME OF FIRM, ENTITY, or ORGANIZATION: Ball Fabrics, Inc.				
NAME OF CONTACT PERSON: Larry Ball	VENDOR MAILING ADDRESS: 510 W Arizona Ave	CITY: Deland	ZIP: 32720	STATE: FL
TITLE: VP	VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT): Same as above	CITY:	ZIP:	STATE:
PHONE NUMBER: 386-740-7212		FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): 41-2190665		
EMAIL ADDRESS: larry@ballfabrics.com		STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE): Volusia County # 200605170009		
FAX NUMBER: 386-740-7206				
ORGANIZATIONAL STRUCTURE (Please Check One):				
Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>				
<i>If Corporation, please provide the following:</i>				
(A) Date of Incorporation: <u>12</u> / <u>13</u> / <u>2005</u> <small>Month / Day / Year</small>			(B) State or Country of Incorporation: <u>Florida</u>	

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all terms and conditions of this bid and certify that I am authorized to sign this bid for the bidder and that the bidder is in compliance with all requirements of the Invitation to Bid, including but not limited to, certification requirements.

 AUTHORIZED SIGNATURE (MANUAL)	1 Larry Ball AUTHORIZED SIGNATURE (PRINT OR TYPED)	1 VP TITLE (PRINT OR TYPED)
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Council

Bob Margolis, Mayor
Howard K. Coates, Jr., Vice Mayor
Matt Willhite, Councilman
Anne Gerwig, Councilwoman
John Greene, Councilman

Manager
Paul Schofield

ITB # 034-13/JWV

Title: Supply and Installation of Baseball Field Protective Netting

Bid Opening Date: October 9, 2013 at 10:00 am

Addendum Date: September 23, 2013

ADDENDUM NO. TWO

PURPOSE: The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for **Supply and Installation of Baseball Field Protective Netting**. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

1. Question: What size cable is going to be used?

Answer: 3/16 inch diameter, galvanized steel aircraft cable is to be used at Village Park for the new cable installation. The existing cable at Olympia Park is not to be removed or replaced.

2. Question: What type of cable is going to be used?

Answer: 3/16 inch diameter, galvanized steel aircraft cable is to be used at Village Park for the new cable installation. The existing cable at Olympia Park is not to be removed or replaced.

3. Question: At Village Park, the cable is attached to eyebolts on some locations and wrapped around the poles on others. What method is preferred?

Answer: Cable is to be attached to eye bolts. During progression of the work, any alternative method of attachment must be approved by Village personnel.

4. Question: At Village Park, can we use #36 netting with 1 3/4"?

Answer: At Village Park, #36 UV treated nylon, 210 diameter X 96 ply, 1 3/4 inch square mesh netting shall be used in place of the 1 7/8 inch netting originally specified. The 1 7/8 inch netting originally specified is not to be used.

5. Question: Village Park, are the bottom cables going to be put back in place or are they not going to be used?

Answer: The bottom cables are to be replaced by new cables, which are to be installed in exactly the same position as those that were removed. During progression of the work, any alternative method of installation must be approved by Village personnel.

6. Question: Village Park, can we use 9 ga steel hog rings for attaching?

Answer: At both Village Park and Olympia Park, #9 galvanized steel hog rings can be used for attachment, if appropriate to secure the materials being attached. Weaving of poly rope through netting and chain link fencing is also an acceptable method of attachment.

7. Question: Netting to be on square or bias?

Answer: All netting at Village Park and Olympia Park shall be square mesh.

8. Question: Both parks: What are the weight restrictions that are allowed to be on sites? We would bring a 40' man lift to the fields that could weigh somewhere in the area of 30k.

Answer: A weight restriction on equipment allowed at the site will not be given. The contractor shall assume full responsibility for any damage resulting from equipment use.

9. Question: Olympia Park: Can we use #36 1 1/2" netting?

Answer: At Olympia Park, #36 UV treated nylon, 210 diameter X 96 ply, 1 1/2 inch square mesh netting and 1 7/8 inch square mesh netting are both acceptable for use.

10. Question: Olympia Park, will VOW employees notify us as to where they want the "ball drop" locations?

Answer: Village personnel will designate ball drop areas.

11. Question: Will VOW staff, mark all sprinkler head and utilities before arriving on site to so we can stay away from them?

Answer: Village personnel will mark sprinkler heads, but any other type of locate necessary will be the responsibility of the contractor.

12. Question: Does this job have to be done by a Florida general contractor?

Answer: The Scope of Work for this project does not have to be performed by a licensed general contractor.

13. Question: For all hardware used, do you want stainless steel or galvanized?

Answer: Either galvanized or stainless steel is acceptable.

14. Question: During installation, is the old netting to be removed and replaced in phases to allow for safe and continued use of the fields, or is the old netting to be removed all at one time followed by installation of all of the new netting?

Answer: The old netting is to be removed and replaced in phases to allow for safe and continued use of the fields.

15. Question: At what spacing intervals is netting to be attached to cables, fencing, and other structures?

Answer: At a minimum, netting is to be attached to cable at 18 inch intervals. Netting should be attached to cable at shorter intervals, if appropriate, in order to ensure the soundness and safety of the installation.

For netting that is attached to structures other than cable, the contractor is to determine the appropriate attachment intervals, keeping in mind that the soundness and safety of the installation is to be ensured. Village personnel will periodically inspect the installation as work progresses. If attachment of netting or any other part of the work is found to be deficient at that time, the deficient work shall be corrected as directed by Village personnel.

16. Question: Can equipment and materials be placed on playing field surfaces during netting installation?

Answer: Equipment and materials cannot be placed on playing field surfaces during netting installation, unless approved by Village personnel.

17. Question: Where can materials and equipment be stored during the work?

Answer: At each of the parks, Wellington will designate an area to be set aside to store materials and equipment.

18. Question: What size edging should be on the netting? Should the edge be solid core or hollow core?

Answer: The netting edging should be 3/8 inch poly roped. Either hollow core or solid core edging is acceptable.

19. Question: Is netting to be attached to poles by lacing twine, eye bolts, or other methods?

Answer: Netting is to be attached to poles by eye bolts.

20. B. Location of Work (Page 14 of the Bid Documents) has been revised as follows:

Olympia Park at 9830 Stribling Way. Located on the east side of S.R. 441 between Lake Worth Road and Forest Hill Boulevard. Work is to be performed ~~in the area of the four baseball fields and concession stand/restroom facility identified by the 9830 address.~~ at both Phase I and Phase II baseball field facilities located in the park. Phase I has four baseball fields and Phase II has three baseball fields. No other baseball fields are located in the park.

Village Park at 11700 Pierson Road. Take Forest Hill Boulevard to Stribling Way. Turn on to Stribling Way and follow until the road bends and connects to Fairlane Farms Road. Turn onto Fairlane Farms and follow until it ends at Pierson Road. Make a right onto Pierson Road. Village Park will be on you left just past Commercial Park. Work shall be performed at the only four baseball fields located in the park.

ACKNOWLEDGEMENT: Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.



Signature of Bidder Acknowledging Receipt of
Addendum No. (2) Two to be attached in front of Bid

BID PROPOSAL CHECKLIST

Note: Please submit your bid in this order

YES NO 1. Bid submittal – one (1) original and one (1) PDF (CD) copy

YES NO 2. Bid Acknowledgment Cover Sheet

YES NO 3. Acknowledgment of addendums (if any)

YES NO 4. Bid Submittal

YES NO 5. Schedule of Value

YES NO 6. Questionnaire

YES NO 7. Drug Free Workplace

YES NO 8. Sworn Statement under Section 287.133(3) (a)

YES NO 9. Wellington Local Preference Form

YES NO 10. Conflict of Interest

YES NO 11. Insurance Certificates

YES NO 12. Copy of Appropriate Licenses

BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

Ball Fabrics, Inc.

(Vendor)

agrees to provide material for the Supply and Installation of Baseball Field Protective Netting in accordance with the requirements and specifications of the Bid Documents for the Village of Wellington as specified herein according to the prices presented in the SCHEDULE OF VALUES.

Gentlemen:

The undersigned Bidder has carefully examined the Specification requirements, Bid/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and Bid Documents, in the manner prescribed therein and to the standards of quality and performance established by the Wellington for the Bid price stated in the spaces herein provided.

The undersigned agrees to the right of the Wellington to hold all Bids and Bid guarantees for a period not to exceed ninety (90) days after the date of Bid opening stated in the Invitation to Bid.

The undersigned accepts the invoicing and payment policies specified in the Bid.



Contractor's Signature

Dated this 4th day of October, 2013

(Month)

(Year)

SCHEDULE OF VALUES

The Bidder proposes to complete all work set forth in these documents for the unit price amounts set forth below. Bids will be evaluated based upon the Total Contract Price.

The Bidders declare they have carefully examined the specifications and are thoroughly familiar with the provisions and with the quality, type and grade of service requested herein. The proposers declare to deliver the product/service in accordance with the bid specifications.

ITEM #	DESCRIPTION	UNIT BID PRICE
1	Olympia Park Netting Supply & Installation	\$ 26,213. ⁰⁰
2	Village Park Netting & Cable Assembly Supply & Installation	\$ 11,744. ⁰⁰
	TOTAL CONTRACT PRICE (Items 1-2)	\$ 37,957. ⁰⁰

Successful bidder(s) will supply all labor, materials, machinery, equipment and technical supervision necessary to provide, deliver & install materials to Wellington. All pricing shall include labor, materials, equipment, fuel, shipping, delivery, installation and all other necessary items.

QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 8 Years

2. What is the last project of this nature that you have completed?

City of Longwood - Longwood Babe Ruth Baseball League

3. Have you ever failed to complete work awarded to you? If so, where and why? NO

4. Name three individuals or corporations for which you have performed work and to which you refer:

<u>City of Maitland</u>	<u>1827 Fennel St Maitland FL 32751</u>	<u>407-875-3693</u>	<u>jbarton@itsmy maitland.com</u>
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</small>
<u>City of Longwood - Tim McMullan</u>	<u>PO Box 521202 Longwood FL</u>	<u>407-314-4437</u>	<u>mcmullant@gmail.com</u>
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</small>
<u>Seminole State College</u>	<u>100 Weldon Blvd Sanford FL 32773</u>	<u>407-708-2148</u>	<u>nicholsm@seminolestate.edu</u>
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</small>

5. List the following information concerning all contracts in progress as of the date of submission of this bid. (In case of co-venture, list the information for all co-venturers.)

All Completed

Name of Project	Owner	Total Contract Value	Contracted Date of Completion	% of Completion to Date

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance? Yes

7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). N/A

Subcontractor	Work to be Performed

8. What equipment do you own that is available for the work? None

Equipment Type	Equipment Type

9. What equipment will you purchase for the proposed work? None

10. What equipment will you rent for the proposed work? 45' Art. Manlift (2)
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.
Larry Ball - 25+ years in netting industry.
12. The address of principal place of business is Ball Fabrics, Inc
510 W. Arizona Ave
Deland, FL 32720
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: Jon Ball
Dale Ball Larry Ball
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. None
15. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition. N/A
16. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s). N/A
17. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute. N/A
18. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants. N/A
19. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details. N/A
20. List and disclose any and all business relations with any members of Wellington Council. N/A

DRUG FREE WORKPLACE

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by the Owner for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business must attest to the following:

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. We inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

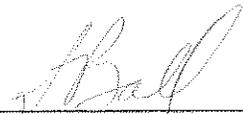
3. We give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).

4. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. We impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Contractor's Signature

SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of Wellington
[print name of the public entity]
by Ball Fabrics, Inc for Larry Ball
[print name of entity submitting sworn statement] [print individual's name and title]
whose business address is 510 W Arizona Ave Deland FL and (if applicable) its Federal Employer Identification
Number (FEIN) is 41-2190665 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn
statement: 32920.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
a. A predecessor or successor of a person convicted of a public entity crime; or
b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

4. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

STATE OF Florida [signature] [date]
COUNTY OF Volusia Oct. 4, 2013

Subscribed and Sworn to (or affirmed) before me on Oct. 4, 2013 by Larry Ball
[date] [name]

He/she is personally known to me or has presented _____ as identification.
[type of identification]

Teresa A Ezell
[Notary's Signature and Seal]

Teresa A Ezell #EE087798
Print Notary Name and Commission No.



APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH WELLINGTON OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY (SECTION 2.12.F OF WELLINGTON'S PURCHASING AND PROCEDURE MANUAL)

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9, Section 7 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, Section 7 of Wellington's Purchasing and Procurement Manual:

Chapter 9, Section 7 LOCAL PREFERENCE

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt there from. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

Western Communities Local Business

Palm Beach County Local Business

Subcontractor Utilization

1. The name of the business is: _____

2. The address of the business is: _____

3. How long has the business been located at its current address: _____

4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:

5. The previous name of the business is: _____

6. The previous address of the business is: _____

7. How long was this business at the previous location: _____

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County (2) the following municipality: _____ (3) located in unincorporated Palm Beach County:

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

13. Please provide a letter from the either the Palm Beach County if located in unincorporated Palm Beach County or the municipality if located within the municipality evidencing that the headquarters for the business is properly zoned for the business.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - _____ Applicants Business Address _____

CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR's duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

CHECK ALL THAT APPLY.

To the best of our knowledge, the undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.

To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.

To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term "purchasing agent", "elected official" or "appointed official", as used in this paragraph, shall include the respective individual's spouse or child, as defined in Ch. 112, Part III, Florida Statutes.

To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term "employee", "elected official" and "appointed official", as used in this paragraph, shall include such respective individual's relatives and household members as described and defined in the Palm Beach County Code of Ethics.

To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON's Planning, Zoning and Building Department.

The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

Ball Faberis Inc
COMPANY NAME

[Signature]
AUTHORIZED SIGNATURE

Larry Ball
NAME (PRINT OR TYPE)

VP
TITLE



EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

OP ID: BR

DATE (MM/DD/YYYY)

02/13/2013

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

PRODUCER NAME CONTACT PERSON AND ADDRESS McGriff Williams Insurance 3501-A W. University Avenue Gainesville, FL 32607 Andy Wilcox		PHONE (A/C, No, Ext): 352-371-7977	COMPANY NAME AND ADDRESS Depositors Insurance 1100 Locust St. Dept 1100 Des Moines, IA 50391-1100		NAIC NO: 42587
FAX (A/C, No): 352-505-2083	E-MAIL ADDRESS:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH		
CODE: DEPOSITORS	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID#: BALLF-1			LOAN NUMBER		POLICY NUMBER ACPCPPD5924729233
NAMED INSURED AND ADDRESS Ball Fabrics Inc 510 W. Arizona Ave Deland, FL 32720			EFFECTIVE DATE 01/16/13	EXPIRATION DATE 01/16/14	<input type="checkbox"/> CONTINUED UNTIL <input type="checkbox"/> TERMINATED IF CHECKED
ADDITIONAL NAMED INSURED(S)			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (Use REMARKS on page 2, if more space is required) BUILDING OR BUSINESS PERSONAL PROPERTY

LOCATION/DESCRIPTION
 510 W Arizona Ave
 Deland, FL 32720

DISTRIBUTORS-NO FOOD OR DRINK

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 EVIDENCE OF PROPERTY INSURANCE 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.

COVERAGE INFORMATION	PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL	
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$ 300000 DED: 1000					
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE		<input checked="" type="checkbox"/>			If YES, LIMIT: Actual Loss Sustained; # of months:
BLANKET COVERAGE		<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$
TERRORISM COVERAGE		<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC
IS THERE A TERRORISM-SPECIFIC EXCLUSION?		<input checked="" type="checkbox"/>			
IS DOMESTIC TERRORISM EXCLUDED?		<input checked="" type="checkbox"/>			
LIMITED FUNGUS COVERAGE		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)		<input checked="" type="checkbox"/>			
REPLACEMENT COST		<input checked="" type="checkbox"/>			
AGREED VALUE		<input checked="" type="checkbox"/>			
COINSURANCE		<input checked="" type="checkbox"/>			If YES, 90%
EQUIPMENT BREAKDOWN (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: 119,500 DED: 1,000
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg		<input checked="" type="checkbox"/>			
- Demolition Costs		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
- Incr. Cost of Construction		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
EARTH MOVEMENT (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
FLOOD (If Applicable)		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
WIND / HAIL (If Subject to Different Provisions)		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS		<input checked="" type="checkbox"/>			If YES, LIMIT: DED:

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.

ADDITIONAL INTEREST

LENDER SERVICING AGENT NAME AND ADDRESS	



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/02/2013

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
PAYCHEX INSURANCE AGENCY, INC.
 150 SAWGRASS DRIVE
 ROCHESTER, NY 14620

CONTACT NAME: Paychex Insurance Agency Inc
PHONE (A/C, NO. EXT): 877-266-6850 **FAX (A/C, No):** 585-389-7426
E-MAIL ADDRESS: Certs@paychex.com

INSURED
 Paychex Business Solutions, Inc.
 Ball Fabrics Inc
 911 PANORAMA TRAIL SOUTH
 ROCHESTER, NY 14625-0397

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ILLINOIS NATIONAL INSURANCE COMPANY	23817
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	X	013255888	06/01/2013	06/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Worker's Compensation coverage is provided to only those employees leased to, but not subcontractors of the named insured.
 Waiver of Subrogation granted in favor of the certificate holder.

CERTIFICATE HOLDER

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, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

2013/ 2014

Volusia County Business Tax Receipt

Issued pursuant to F.S. 205 and Volusia County Code of Ordinances Chapter 114-1 by:
Volusia County Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 - 386-736-5938



Receipt # 200605170009 Expires: September 30, 2014

Business Location: 510 W ARIZONA AV

Business Name: BALL FABRICS INC

Owner Name: JONATHAN L BALL

Mailing Address: 510 W ARIZONA AV
DELAND, FL 32720

<u>BUSINESS TYPE</u>	<u>CODE</u>	<u>COUNT</u>	<u>TAX</u>
Manufacturing	391	19	\$60.00
Hazardous Waste Fee	820		\$36.00

- This receipt indicates payment of a tax, which is levied for the privilege of doing the type(s) of business listed above within Volusia County. This receipt is non-regulatory in nature and is not meant to be a certification of the holder's ability to perform the service for which he is registered. This receipt also does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.
- The business must meet all County and/or Municipality planning and zoning requirements or this Business Tax Receipt may be revoked and all taxes paid would be forfeited.
- The information contained on this Business Tax Receipt must be kept up to date. Contact the Volusia County Revenue Division for instructions on making changes to your account.

**THIS PORTION OF THE BUSINESS TAX RECEIPT MUST BE
POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

Volusia County Business Tax Receipt

Revenue Division - 123 W Indiana Ave, Room 103, DeLand, FL 32720 - 386-736-5938

DATE PAID: 07/30/2013

PAYMENT Lockbox-12-00095674

RECEIPT #:

Business Name: BALL FABRICS INC

Owner Name: JONATHAN L BALL

Mailing Address: 510 W ARIZONA AV

DELAND, FL 32720

TOTAL TAX: 96.00

PENALTY: 0.00

TOTAL PAID: 96.00

Receipt # 200605170009 Expires: September 30, 2014

Business Location: 510 W ARIZONA AV

PLEASE DETACH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS