

Southeast Florida Governmental Purchasing Cooperative Group

CONTRACT AWARD

Please complete each of the applicable boxes and submit with bid documents, award notices and tabulations to rwhitcomb@greenacresfl.gov for placement on the NIGP SEFL website Cooperative contract page.

PAGE 1 OF 2

	21-05-12-HR & Bid 21-16-02-F	HR Sodium Hypochlorite, No Minimum Qty.
Initial Contract Te	rm: Start Date: 3/26/21	End Date: 3/25/23
Renewal Terms of	f the Contract: Two (2) (No. of Renewals)	Renewal Options for One Year (Period of Time)
Renewal No	,	· · ·
Renewal No	Start Date:	End Date:
Renewal No	Start Date:	End Date:
Renewal No	Start Date:	End Date:
SECTION #1	VENDOR AWARD	
Vendor Name:	ALLIED UNIVERSAL CORP	
Vendor Address:	3901 NW 115 AVENUE MIAM	I FL 33178
Contact:	CRISTHIANNE MUNGUIA EX	T. 0125
Phone:	305-888-2623	Fax: 786-522-0215
Cell/Pager:		Email Address: BIDS@ALLIEDUNIVERSAL.COM
Website:	WWW.ALLIEDUNIVERSAL.COM	FEIN: 59-0776285
VENDOR AWARD		
Vendor Name:	BRENNTAG MID-SOUTH, INC	C
Vendor Address:	250 CENTRAL FLORIDA PAR	RKWAY ORLANDO FL 32824
Contact:	STEPHANIE UBACH	
Phone:	270-855-0694	Fax:
Cell/Pager:		Email Address: SUBACH@BRENNTAG.COM
Website:	WWW.BRENNTAG.COM	_{FEIN:} 61-0504545

PAGE 2 OF 2

VENDOR AWARD

Vendor Name:	COMME	RCIAL ENERGY SPEC	IALISTS, INC.
Vendor Address:	952 JUP	ITER PARK LANE, SUI	TE 1, JUPITER FL 33458
Contact:	REMY B	AKER	
Phone:	561-744-	1557	Fax: 561-746-5898
Cell/Pager:			Email Address: RBAKER@CESWATERQUALITY.COM
Website:	WWW.CE	SWATERQUALITY.COM	FEIN: 59-2550057
VENDOR AWARI	D		
Vendor Name:	HAWKIN	S, INC.	
Vendor Address:	2263 CL	ARK ST APOPKA FL 3	2703
Contact:	CHUCK	POOL	
Phone:	800-330-1369_		Fax: 800-524-9315
Cell/ Pager:		·	Email Address:CHUCK.POOL@HAWKINSINC.COM
Website:	WWW.HAWKINSING	C.COM	FEIN: 41-0771293
Contact: Phone: Cell/ Pager: Website:	JOANNI 561-802 www.floridapoo		Fax: Email Address:JOANNE@FLORIDAPOOLFILLS.COM FEIN: ₈₅₋₂₇₄₃₂₀₇
		AWARD/BACKGROUND INFO	
SECTION #2		3/9/21	Resolution/Agenda Item No.: 21-23
Award Date:			No
Insurance Requ		Yes X	No
Performance B	ond Required	: Yes	NO A
SECTION #3		AD AGENCY CITY OF SUNRISE	
Agency Add	ne:		RK BLVD SUNRISE FL 33351
Agency Add	ress:	OLLY RAPHAELSON	Fmail HRAPHAELSON@SUNRISEFL.GOV

Fax: 954-578-4809

954-572-2202

Telephone:

Purchasing Division Phone: 954-572-2274 Fax: 954-578-4809



March 10, 2021 Sent Via Email: bids@allieduniversal.com

Ms. Christhianne Munguia Allied Universal Corporation 3901 NW 115th Avenue Miami, Florida 33178

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group Bid Title: Purchase of Swimming Pool Chemicals

Bid No. 21-05-12-HR

Dear Ms. Munguia:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Sodium Hypochlorite /gallon, 500 gal Item 9a Bid Price .699/gallon Minimum qty., Liquid Chlorine, Batch

Sodium Hypochlorite /gallon, 500 gal

Item 10a

Bid Price .699/gallon

Minimum qty., Liquid Chlorine, Continuous

Rush Fee for Expedited Delivery within 48 hours of notice: \$50.00/delivery

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM, NIGP-CPP

Colly Raphaelsen

Contracts Administrator

Purchasing Division Phone: 954-572-2274 Fax: 954-578-4809



March 10, 2021 Sent Via Email: <u>subach@brenntag.com</u>

Ms. Stephanie Ubach Brenntag Mid-South, Inc. 250 Central Florida Parkway Orlando, Florida 32824

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group Bid Title: Purchase of Swimming Pool Chemicals Bid No. 21-05-12-HR

Dear Ms. Ubach:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Diatomaceous Earth 50 LB bag	Item 2	Bid Price	\$25.50/bag
Sodium Bicarbonate 50 LB bag	Item 3	Bid Price	\$15.00/bag
Cyanuric Acid 100 LB drum	Item 4	Bid Price	\$68.00/drum
Calcium Hypochlorite 100 LB drum	Item 13	Bid Price	\$128.93/drum
Course Rock Salt, Morton White 50 LB	Item 17	Bid Price	\$9.25/pail
nail			

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM, NIGP-CPP Contracts Administrator

Explicit Raphaelson

Purchasing Division Phone: 954-572-2274 Fax: 954-578-4809



Sent Via Email: rbaker@ceswaterquality.com

March 10, 2021

Mr. Alvaro Mendoza, President Commercial Energy Specialists, Inc. 952 Jupiter Park Lane, Suite 1

Jupiter, Florida 33458

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group

Bid Title: Purchase of Swimming Pool Chemicals

Bid No. 21-05-12-HR

Dear Mr. Mendoza:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Chlorine Briquettes, Pulsar Brand, 50# Pail

Item 15

Bid Price \$115.31/pail

Balance of Line 24% Discount

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM

Enolly Raphaelsen

Contracts Administrator

Purchasing Division Phone: 954-572-2274 Fax: 954-578-4809



March 10, 2021

Sent Via Email: joanne@floridapoolfills.com

Mr. Shawn Luttenauer Florida Pool Fills, Inc. 1025 Gateway Blvd, Suite 303-336 Boynton Beach, Florida 33426

Subject: Award

Southeast Florida Governmental Purchasing Cooperative Group
Bid Title: Sodium Hypochlorite, no minimum quantity
Swimming Pool Chemical
Bid No. 21-16-02-HR

Dear Mr. Luttenauer:

I would like to inform you that the City of Sunrise awarded the above referenced bid for Sodium Hypochlorite, no minimum quantity - Swimming Pool Chemical on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Sodium Hypochlorite /gallon, No Item a Bid Price 1.239/gallon Minimum qty., Liquid Chlorine, Batch Sodium Hypochlorite /gallon, No Item b Bid Price 1.239/gallon

Minimum qty., Liquid Chlorine, Continuous

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards.

John T. Curran, CPPB Procurement Manager

Purchasing Division Phone: 954-572-2274 Fax: 954-578-4809



March 10, 2021

Sent Via Email: chuck.pool@hawkinsinc.com

Mr. Chuck Pool Hawkins, Inc. 2263 Clark Street Apopka, Florida 32703

Subject: Award– Southeast Florida Governmental Purchasing Cooperative Group Bid Title: Purchase of Swimming Pool Chemicals, Bid No. 21-05-12-HR

Dear Mr. Pool:

I would like to inform you that the City of Sunrise Commission awarded the above referenced bid for Swimming Pool Chemicals on March 9, 2021. Please be advised that your firm was awarded the above referenced bid (multi-award) for the following items:

Soda Ash, 50 LB bag	Item 1	Bid Price	\$22.00/bag
Cyanuric Acid 25 LB pail	Item 5	Bid Price	\$65.00/pail
Muriatic Acid 55 Gallon drum	Item 6	Bid Price	\$129.00/drum
Muriatic Acid 1 Gallon container	Item 7	Bid Price	\$4.00/container
Calcium Chloride 50 LB bag	Item 8	Bid Price	\$16.00/bag
Chlorine Dry Tablet (3" Tablet) 50 LF	3 pail Item 11	Bid Price	\$119.00/pail
Calcium Hypochlorite 25 LB pail	Item 14	Bid Price	\$75.00/pail

NOTE: Item No. 5 Hawkins offered a 25 LB pail, not a 50 LB drum

The contract period shall be for two years, March 26, 2021 through March 25, 2023.

If you have not already done so, please submit a current Certificate of Insurance listing the City of Sunrise as additional insured for the amounts indicated in the bid document. Please send same to my attention at Purchasing Division, City of Sunrise, 10770 W. Oakland Park Blvd., Sunrise, FL 33351. If you wish to fax it you can do so to 954-578-4809.

If I can be of further assistance, please do not hesitate to contact me at 954-572-2202.

Best Regards,

Holly Raphaelson, C.P.M., CPPO, CPSM, NIGP-CPP

Enolly Raphaelson

Contracts Administrator

Item Coversheet Page 1 of 2



AGENDA ITEM REQUEST

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Originating Department: Purchasing

Item Title: Chemicals

<u>Item Number:</u> <u>Meeting Date:</u> 3/9/2021

City Reference Number (C#):

Item Description:

A Resolution of the City of Sunrise, Florida, to award Bid No. 21-05-12-HR for Swimming Pool Chemicals; and providing an effective date. City Manager Mark Lubelski. Kevin Pickard, Leisure Services Director.

Funding:

Various Departmental Accounts

Amount:

Not to exceed budgeted funds for FY20/21. Subsequent years subject to budget approval

ATTACHMENTS:

Description

No Attachments Available

<u>Background:</u>

The City of Sunrise is lead agency for the Southeast Florida Governmental Purchasing Group for swimming pool chemicals. Bid No. 21-05-12-HR was advertised on January 12, 2021 and five responses were received. The responses were reviewed by staff, who recommend an award for:

- 1. Hawkins Water Treatment Group, Inc.-Items 1, 5-8, 11, 14;
- 2. Brenntag Mid-South, Inc.-Items 2-4, 13, 17;
- 3. Allied Universal Corp.-Items 9a, 10a;
- 4. Commercial Energy Specialists, Inc.-Item 15.

The Leisure Services department uses approximately \$35,000 of the Pool Chemicals listed above annually and Utilities uses approximately \$6,000 of Item No. 13 annually.

No bids were received for Items 9b, 10b, 12, 16, 18 & 19. The City did not receive any responses from a City of Sunrise vendor that

City Manager:
Authorized for agenda placement

Department Head Recommendation:
Approval

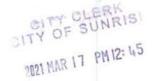
Person With Additional Information:
Name: Holly Raphaelson, Contracts Administrator

Phone: 954-572-2202

City Manager:
Authorized for agenda placement

Item Coversheet

Page 2 of 2



SUNRISE, FLORIDA

RESOLUTION NO. 21-23

A RESOLUTION OF THE CITY OF SUNRISE, FLORIDA, TO AWARD BID NO. 21-05-12-HR FOR SWIMMING POOL CHEMICALS TO VARIOUS VENDORS (MULTI-AWARD); AND PROVIDING AN EFFECTIVE DATE.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF SUNRISE, FLORIDA:

Section 1. The award of Bid No. 21-05-12-HR for Swimming Pool Chemicals to the following vendors is hereby approved in an amount not to exceed the FY 2020-2021 approved budgeted funds, with subsequent years' expenditures subject to budget approval:

- 1. Hawkins Water Treatment Group, Inc.-Items 1, 5-8, 11, 14;
- 2. Brenntag Mid-South, Inc.-Items 2-4, 13, 17;
- Allied Universal Corp.-Items 9a, 10a;
- Commercial Energy Specialists, Inc.-Item 15.

<u>Section 2</u>. The Procurement Manager or designee is hereby authorized to issue a Purchase Order or take other action necessary in connection with this award.

<u>Section 3</u>. The Procurement Manager or designee is hereby authorized to extend or renew the award, in accordance with the terms of the bid.

<u>Section 4. Effective Date</u>. This Resolution shall be effective immediately upon its passage.

PASSED AND ADOPTED this 9TH DAY OF MARCH, 2021.

Mayor Michael J. Ryan

KAKPKB0224

C21034 RESOLUTION NO. 21-23

Authentication:

Felicia M. Bravo City Clerk

MOTION: SECOND: SCUOTTO KERCH

DOUGLAS: YEA

GUZMAN: KERCH:

YEA YEA

SCUOTTO: YEA

RYAN:

YEA

Approved by the City Attorney as to Form and Legal Sufficiency

Timberly a Tisslan

Kimberly A. Kisslan

		Bid No.: 21-05-12-HR						TABULATION SHEET	SHEET				
		Bid Title: Swimming Pool Chemical	icals										
			Allied Ur	Allied Universal Corp	Brennta	Brenntag Mid South	Commer	Commercial Energy Specialists	Haw	Hawkins Inc	Odyssey Manufacturing Co	lanufac	turing Co
ltem	Est.		Unit	Extended	Unit	Extended	Unit	Extended	Unit	Extended	Unit	Ext	Extended
No.	Qty.	Description	Price	Total	Price	-	Price		Price	Total	Price		Total
-	234	Soda Ash, 50 LB Bag		· •			\$ 43.50	\$ 10,179.00		s		s	
2	146	Diatomaceous Earth 50 LB Bag		ا ج	\$ 25.50	\$ 3,723.00			\$ 29.00	s ·		↔	
3	1287	Sodium Bicarbonate 50 LB Bag		ı ج	\$ 15.00	\$ 19,305.00	\$ 36.00	\$ 46,332.00	\$ 19.50	. 4		s	
4	22	Cyanuric Acid 100 LB Drum		- \$	\$ 68.00	\$ 3,740.00		- \$	\$ 125.00	9		\$	
5	8	Cyanuric Acid 50 LB Drum		· \$				· &				\$	
9	24			· •	\$ 149.35	\$ 3,584.40		- \$	\$ 129.00			↔	
7	6959			. \$				- 1	\$ 4.00	s		\$	
8	1172	Calcium Chloride 50 LB Bag		· \$	\$ 16.75	\$ 19,631.00	\$ 33.00	\$ 38,676.00	\$ 16.00	\$ 18,752.00		↔	
C	00760	Sodium Hypochlorite-Batch 500	\$ 000 a	46 256 60	\$ 0.707E	40 407 50		6		6	6	6	10 400 00
מ	23400	\top						•		9		9	19,422.00
9b	73500	minumum		·		· •		· · · · · · · · · · · · · · · · · · ·		· ·		\$	
102	275000	Sodium Hypochlorite-Continuous	\$ 0,600	\$ 192 225 DD	\$ 0.7875	\$ 216 562 50		¥		¥	\$	6	228 250 00
2	77	\neg	0	92,220.00				•		-			00.003,03
10b	48000			. \$				- \$		· \$		s	,
		Chlorine Dry Tablet (3" Tablet) 50		,								,	
11	69	LB Pail		· •	\$ 132.60	\$ 9,149.40			\$ 119.00	\$ 8,211.00		₩ 4	
71	47	Sodium Inchioride 30 LB Bag		9		•						9	
13	40	drums		· ·	\$ 128.93	\$ 5,157.20	\$277.50	\$ 11,100.00	\$ 165.00	\$ 6,600.00		\$,
14	62	Calcium Hypochlorite 25 LB Pail				· \$	\$ 93.00	\$ 5,766.00	\$ 75.00	\$ 4,650.00		↔	
Ļ	01	Chlorine Briquettes, Pulsar Brand					E S	6 0 0 0				•	
13	09/7	SULB pail				·	15.31	\$ 318,255.60		·		A (
16	120	Potassium Peroxymonosultate 50 lb pail	oail B noil	· ·	0.05	46.280.00			4	_			
- 0	202	Til-Class Noch Sait, Molton White 30 I	LD pair		0	00.002,01				→ 6		> €	,
19	50	All Clear, Mustard Knock-out 2LB container	ontainer	· ·		, ,		, ,		, ,		es es	
		TOTAL:		\$ 208,581.60		\$ 321,410.00		\$ 430,308.60		\$ 132,338.50		l	247,672.00
		Balance of Line Discount		%0				24%				l	%0
		Rush Delivery Fee within 48 hours		\$20.00		\$0.00		\$0.00		\$0.00			\$0.00
	v Item No	^ Item No. 5 Hawkins offered a 25lb pail, not a	t a 50lb drum	E									
									1				
		Bid Title: Sodium Hypochlorite no		minim quantity				I ABULATION SHEET	SHEEL				
			American	American Pool & Patio.	Florida P	Florida Pool Fills, Inc.	Hawk	Hawkins Inc.	Pro-Star Po	Pro-Star Pool Supplies, Inc			
Item	Est.		Unit	Extended	Unit	Extended	Unit	Extended	Unit	Extended			
No.	Qty.	Description	Price	Total	Price	Total	Price	Total	Price	Total			
C	00582	Sodium Hypochlorite-Batch No	\$ 1 3444	\$ 98.813.40	4 1239	\$ 91.066.50	1 85	\$ 135 975 00	1,60	\$ 117 600 00			
3	2000							200					
b	48000		\$ 1.3444	\$ 64,531.20	\$ 1.239	\$ 59,472.00	\$ 1.85	\$ 88,800.00	\$ 1.60	\$ 76,800.00			
	L	TOTAL:		\$ 163,344.60		\$ 150,538.50		\$ 224,775.00		\$ 194,400.00			
		Balance of Line Discount		%0		%0		%0		%0			
		Rush Delivery Fee within 48 hours	,,	\$0.00		\$0.00		\$0.00		\$0.00			

DemandStar Page 1 of 2

Bid Details

Swimming Pool Chemicals

Upcoming (Bid Not Posted)

Your bid has not been published yet. <u>Please click the Finish Bid button to broadcast this bid.</u>

•••	•••	7	•••	•••
Planholders	Broadcast to	Supplemental	Watchers	Post Bid Viewers
		Suppliers		

Bid Details

Agency Name City of Sunrise

Bid Writer Holly Raphaelson, MBA,CPSM,CPPO

Bid ID BID-BID 21-05-12-HR-0-2021/hr

BID - Bid

Broadcast Date 01/12/2021 3:00 PM Eastern

Fiscal Year 2021

Due 02/03/2021 2:00 PM Eastern

Bid Status Text None

Scope of Work

The City of Sunrise as the lead agency for the Southeast Florida Governmental Purchasing Cooperative Group in soliciting bids for various swimming pool chemicals (commercial grade) as needed.

Documents

▶ Download all documents

Filename	Туре	Date Modified	Status
Bid 21-05-12-HR Swimm	Bid Document /	01/12/2021	Complete

DemandStar Page 2 of 2

eBidding Info

View Supplier Info on Tabulation Sheet View respondent names and documents

Required Documents 1. Bid Submission Documents with Schedules A-G as required.

2. Addendum (if applicable)

Distribution Info

Bid Bond Not applicable

Plan (blueprint) None
eBidding Yes

Distributed By DemandStar

Distribution Method Download and Mail

Distribution Options Bid has no blueprints associated with it

Publications

Sun-sentinel

View Legal Ad

Pre-Bid Conference

Not applicable

Statistics

Planholders There are 0 Planholders for this bid.

Filtered No

Broadcast List 0 Suppliers have been notified **Post-Bid Viewers** There are 0 Post-Bid viewers

Supplemental Suppliers 7 Supplemental Suppliers Export

Commodity Code

[022-650-66] Swimming Pools, Equipment, and Supplies: Heaters, Lights, and Vacuum Machines; for Chemicals See Class 885

[030-885-00] WATER AND WASTEWATER TREATING CHEMICALS

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Page 1 of 2 Single Image

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Contact

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South Florida Sun-Sentinel - 2021/01/12 - PN Zone - Legal (C) - Page 6 Return Find My ads on this page

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Villaggio Reserve

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(2)



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Page 2 of 2 Single Image



DemandStar Page 1 of 3

Bid Details

Sodium Hypochlorite, no minimum quantity, Swimming Pool Chemical

Upcoming (Bid Not Posted)

Your bid has not been published yet. Please click the Finish Bid button to broadcast this bid.

•••	•••	6	•••	•••
Planholders	Broadcast to	Supplemental	Watchers	Post Bid Viewers
		Suppliers		

Bid Details

Agency Name City of Sunrise

Bid Writer Holly Raphaelson, MBA,CPSM,CPPO

Bid ID BID-21-16-02-HR-0-2021/hr

Bid Type BID - Bid

Broadcast Date 02/19/2021 1:30 PM Eastern

Fiscal Year 2021

Due 03/03/2021 2:00 PM Eastern

Bid Status Text None

Scope of Work

The City of Sunrise as the lead agency for the Southeast Florida Governmental Purchasing Cooperative Group in soliciting bids for Sodium Hypochlorite, no minimum quantity, swimming pool chemical (commercial grade) as needed.

Chemical must

Show More ➤

Documents

▶ Download all documents

Filename	Туре	Date Modified	Status
Bid 21-16-02-HR	Bid Document / Specifications	02/19/2021	Complete

DemandStar Page 2 of 3

eBidding Info

View Supplier Info on Tabulation Sheet

View respondent names only

Required Documents

1. Bid Submission Documents with Schedules A-G as required.

2. Addendum (if applicable)

3. W-9 Form

4. Sample Certificate of Insurance

5. Copies of applicable licenses

Distribution Info

Bid Bond Not applicable

Plan (blueprint) None
eBidding Yes

Distributed By DemandStar

Distribution Method Download and Mail

Distribution OptionsBid has no blueprints associated with it

Publications

Sun-sentinel

View Legal Ad

Pre-Bid Conference

Not applicable

Statistics

Planholders There are 0 Planholders for this bid.

Filtered No

 Broadcast List
 0 Suppliers have been notified

 Post-Bid Viewers
 There are 0 Post-Bid viewers

Supplemental Suppliers 6 Supplemental Suppliers Export

Commodity Code

[022-650-66] Swimming Pools, Equipment, and Supplies: Heaters, Lights, and Vacuum Machines; for Chemicals See Class 885

[030-885-00] WATER AND WASTEWATER TREATING CHEMICALS

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3847777-1

Advertiser:

NOTICE IS HEREBY GIVEN that the undersigned, dealing to engage in AUTO TAC PRIVATE COUNTER SERVICE intends to register the said name with the R crida Department of State, Division of Corporations, Talahassee FL and/or Clerk of the Committee of Stoward Cere

NOTICE IN HEREY GIVEN undersigned, destring to et business under the fictition of THINK COPY MARKETING to register the said name florida Department of Corporatives.

2/2, 2/9, 2/16, 2/23/2021 6864689

PUBLIC NOTICE IDA RIVERA HIDALDO, MOPA, located I7 Hollywood Blvd, will be perma-y closing doors beginning March 1, Please call 954-927-7575 for medi-

cal records information. 2/19, 2/26, 3/5, 3/12/2021 6886893

CALL 1-800-250-2000



A portion of this meeting will be a closed to the public from 230 P.M. to 5:29 P.M. for vendor presentations, as authorized pursuant to Section 286,0113(2)(b) 1,

Winter Deals

½ Off Of First Month's Rent

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Harvey Dubov 561-542-7355



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MAGNIFICENTLY PRESENTED HOME
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THE SOMERDIN TEAM 954-427-3733

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Villaggio Reserve

\$399,900 ler Williams Realty Harvey Dubov 561-542-7355

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OCK FOR RENT - DELRAY BEACH Up to 60°, No Bridges, 2 Minutes to trencoastall \$900, Cell 561-676-1913









 \mathfrak{m} AUdi



BENTLEY



BENTLEY FLYING SPUR 4 DOOR LUXE SEDAN - 2014 - Many Options & Upgrades! Sturning Color! \$74,900 Trades Accepted, Financing Available YE SWE'RE OPEN! Call 561-676-1912

BENTLEY

CHEVROLET AVEO LS - 2009 - 4-Door, Cold Air, 4-Cyl Fuel Saver, 5-Speed, 86K Low Miles, A Cheep Cerl \$1,895 Centre



REAL ESTATE FEATURE

Bring more natural light into a home

aximizing natural light in sometimes low-cost renovation. Homes that are dark and drab can drain energy levels and reduce productivity. In addition, dark rooms may not be inviting places to gather as a family or when entertaining.

HOW TO Certain factors contribute to a dark home. Houses that face north or east may not get the

same level of sunlight as those that pri-marily face south and west. Geographic location also plays a role in the amount of natural sunlight. Mountains, buildings and even latitude can affect the amount of natural light that enters a home.

The style of a home and its attributes also may create dark conditions. Deep house eaves as well as small windows or too few windows also can contribute to a deficit of light indoors. A ma-jor remodel certainly can remedy the situation. However, there also are other less-extensive strategies to improve natural light. ► Assess the situation before renovating. Walk around the house and deter mine which rooms get the most light and which conditions may be contributing to the problem in other areas. Dark floors and walls may be absorbing natural light and compounding the situation. You may find that only one or two rooms need attention, saving you the cost and effort associated with a major home overhaul.

drapes or thick blinds can be replaced with translucent alternatives. Translucent shades will allow light into the room without compromising privacy, say the

▶ Use mirrors strategically. A mirror placed opposite a window will reflect light all around the room. This can make a small room seem larger and a dark space instantly brighter.

► Lighten up window treatments. Heavy experts at HGTV.

► Install new windows and doors. If the budget allows, installing larger windows in a home will allow more natural light in. French doors or sliding doors also may make a home's interior more bright.



Natural light is an important commodity in a home. Sunlight can improve mood and go a long way toward keeping home occupants

healthy and happy. Think about adding windows to a side of the house that has none, or increase the size of the windows on the side of the

house that gets the most light. ➤ Maximize sunlight from above. Skylights will bring light into a home as the sun passes overhead. Tubular skylights can bring natural sunlight into spaces where you may not expect skylights to be practical. According to Houzz, a de sign and architectural resource, tubular daylighting devices, or TDDs, can make a big difference. TDDs are reflective pipes installed between the roof and ceiling, with a clear plastic dome.

► Use reflective decor. Reflective surfaces, including glass and metal, can brighten up a room and diffuse light around a room. Glossy backsplashes, pendant lighting and shiny metal that reflect light can increase the natural light, balancing out dark spaces.

► Prune trees regularly. Cut back branches and keep trees tidy to maximize sunlight. Avoid planting tall shrubbery in front of windows.

► Routinely clean windows and glass doors. Dirt and other grime can prevent light from getting through. Regularly give windows a thorough washing.

Publication

Date:

page indicated. You may not create derivative works, his E-Sheet confirms that the ad appeared in Sun-Sentinel on the date and

SECTION 5 - BID SUBMISSION CHECK LIST

COMPAN	COMPANY NAME: (Please Print): Allied Universal Corporation			
	905) 888-2623 Fax: (786) 522 0215			
	BEFORE SUBMITTING YOUR BID, MAKE SURE YOU			
1.	Carefully read the SPECIFICATIONS.			
	Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A")			
3.	Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.			
4.	Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").			
5.	Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), required.			
6.	Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedul "E"), if required.			
<u></u>	CHECK THE INSURANCE and LICENSE requirements to be sure yo comply, and submit PROOF of INSURANCES or LICENSES, if required with your Bid (Schedule "F").			
N/A 8.	Complete STATEMENT OF NO BID (Schedule "G"), if applicable.			
9.	Submit Electronically via Demandstar.com			
10.	Make sure your BID is submitted prior to the deadline. Late Bids will not b accepted.			
	O PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BII			

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID. THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

Revised 10.30.2020 Page 20

SECTION 6 - BID SUBMISSION PACKAGE SCHEDULE "A" CITY OF SUNRISE BID SHEET & CERTIFICATION

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING

NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
1.	224	Soda Ash, 50 LB bag		NO BID \$ /bag	\$
2.	146	Diatomaceous Earth 50 LB bag		NO BID \$ /bag	\$
3.	1,257	Sodium Bicarbonate 50 LB bag		NO BID	\$
4.	54	Cyanuric Acid 100 LB drum		NO BID \$ /drum	\$
5.	8	Cyanuric Acid 50 LB drum		NO BID \$ /drum	\$
6.	24	Muriatic Acid 55 Gallon drum		NO BID \$ /drum	\$
7.	6,369	Muriatic Acid 1 Gallon container		NO BID \$/gallon	\$
8.	1,122	Calcium Chloride 50 LB bag		NO BID \$/bag	\$
9a.	23,400	Sodium Hypochlorite-Batch (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	Allied Universal Aqua Guard	\$0.699 _{gallon}	\$ <u>16,356.60</u>
9b.	48,500	Sodium Hypochlorite-Batch (Liquid Chlorine) (No minimum quantity)		NO BID	\$
10a.	275,000	Sodium Hypochlorite- <u>Continuous</u> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	Allied Universal Aqua Guard	\$0.699 _{gallon}	\$ <u>192,225.00</u>

Allied Universal Corporation

Cristhianne Munguia

Vendor Name

Name of Authorized Person

ltem No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	PRICE
10b.	48,000	Sodium Hypochlorite- Continuous (Liquid Chlorine) (No minimum quantity)		NO BID \$/gallon	\$
11.	69	Chlorine Dry Tablet (3" Tablet) 50 LB pail		NO BID \$/pail	\$
12.	24	Sodium Trichloride 50 LB bag		NO BID \$/bag	\$
13.	40	Calcium Hypochlorite 100 LB drums		\$/drum	\$
14.	62	Calcium Hypochlorite 25 LB pail		NO BID \$/pail	\$
15.	2,759	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail	*	NO BID \$/pail	\$
16.	120	Potassium Peroxymonosulfate 50 LB pail		NO BID \$ /pail	\$
17.	1,760	Course Rock Salt, Morton White Crystal Solar Salt, or equal 50 LB pail	(a)	NO BID \$ /pail	\$
18.	72	Tile Cleaner 1 Quart Container		NO BID \$ /container	\$
19.	50	All Clear Mustard Knock- out, or equal 2 LB Container		NO BID	\$

TOTAL BID OFFER (Items 1-19): \$ 208,581.60

Two Hundred Eight Thousand Five Hundred Eighty One with Sixty cents (Written Dollar Amount)

Allied Universal Corporation Cristbianne Munquis

Allied Universal Corporation Cristhianne Munguia

Vendor Name Name of Authorized Person

CONTINGENCY PRICING

within 48 Hours of	\$_50.00 /delivery
notice.	

Vendors to indicate the percentage (%) off the balance of line%
Vendor to indicate, any drum deposit charges, if applicable: Item No. N/A \$
All deliveries will be made by Common Carrier ONLY. Yes NoX Deliveries will be made by Allied's own fleet, Transportation Services Unilimited. Delivery will be made within 1-3 work calendar days after receipt of purchase order. (To Be Completed ONLY if Bidder is unable to comply with specified delivery requirements indicated within the bid document.
If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: No:X
ADDENDUM RECEIPT Bidder shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance. Addendum #:/Date
I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.
I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.
The Respondent certifies by his/her signature that the person signing this Certification is authorized to bind the firm by their signature.
Company Name: Allied Universal Corporation
Address 3901 NW 115 Ave
City Miami State FL Zip 33178
Phone# (305) 888-2623
Signature:Title Bid Coordinator
Printed Name: Cristhianne Munguia
FEID or Social Security No. 59 0776285

SCHEDULE "B" CITY OF SUNRISE NON-COLLUSION AFFIDAVIT

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document <u>MUST</u> be submitted with the bid.

ST	ATE OF FLORIDA)) SS
co	OUNTY OF MIAMI - DADE)
-	risthianne Munguia, being first duly sworn, deposes and
	rs that rpe or print name of person who is signing below)
1.	He/she is the Bid Coordinator (Owner, Partner, Officer, Representative or Agent) of the Bidder that has submitted the attached Bid.
2.	He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3.	Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.
Nar	me: Relationship:
Na	me: Relationship:
Cor	mpany Name: Allied Universal Corporation
Bid	ders' Authorized Signature:
1	pseribed and sworn to before me this <u>27</u> day of <u>January</u> , 20 <u>21</u>
	Habeira Redra HH045013
	int, Type or Stamp name of Notary Public) rsonally known or Produced I.D
	be and number of I.D. Produced:
_	

SCHEDULE "C" CITY OF SUNRISE BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

<u>IDENTICAL SUBMISSIONS</u> - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision 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 shall:

- 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.
- 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. 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. 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.
- 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.
- 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 Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

VENDOR'S SIGNATURE
Allied Universal Corporation
COMPANY'S NAME

SCHEDULE "D" CITY OF SUNRISE BIDDER'S QUALIFICATION STATEMENT

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Allied Universa	l Corporation		
Address: 3901 NW 115 Ave	Miami	FL	33178
Street Telephone:(305) 888-2623	City Fax:(<u>786)</u> 522-0215	State E-Mail: <u>Bids@</u>	Zip Code Allieduniversal.com
Web Site: www.alliedunivers	al.com		
How many years has your organ	ization been in business und	ler its present nar	me? _67
If Bidder is operating under Fictit Name Statute:		of compliance w	ith Florida Fictitious
Under what former names has ye	our business operated?		
At what address was that busine	ss located?		
Are You Certified? Yes_X Are You Licensed? Yes_X	No If Yes, ATTACH	COPY OF LICE	NSE NSE
Has your company or its senior of YesNoX			
Are you a sales representative,_ of the commodities/services bid	upon? distributor,bro	oker, mar	nufacturerX
Have you ever received a Contra government entity? Yes _XHave previously provided water	No If Yes, explain	(date, service/pro	ject, bid title, etc.)_
Have you ever received a comple entity? Yes_X_ No No			
Have you ever been debarred or Yes NoXIf Yes, exp			
Please identify each incident wi other similar proceeding was fil concerning the Consultant's right services to be provided under th	ed or is pending; if such pr ts, remedies or duties under	oceeding arises a Contract for the	from or is a dispute
(Attach additional sheets as neo	cessary)		

SCHEDULE "D" (Continued) REFERENCES:

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Address: 102 N. Falkenberg Rd. City/State/Zip Code: Hialeah, FL 33011 Phone: (786) 236-7625 Phone: (786) 805-1620 Contact: Jon Hansen E-Mail: Jon.Hansen@MiamiDade.Gov Agency/Firm Name: City of Cooper City Address: 11791 SW 49th Street City/State/Zip Code: Fort Myers. FL 33902 Phone: (239) 321-7574 Fax: Contact: Ryan Webster E-Mail: Rwebster@CooperCity.Org Agency/Firm Name: City of Clermont Address: 3335 Hancock Road Address: 3335 Hancock Road City/State/Zip Code: Boca Raton, FL 33431 Phone: (252) 241-0178 Fax: Contact: Duane Land E-Mail: Dland@Clermontfl.Org Address: 3901 NW 115 Ave, Miami FL 33178	Agency/Firm Name: Miami Dade Water & Sewer	Agency/Firm Name: Hillsborough County
Phone: (786) 236-7625 Fax: (786) 805-1620 Contact: _Jon_Hansen E-Mail: _Jon_Hansen@MiamiDade.Gov Agency/Firm Name: City of Cooper City Address: _11791 SW 49th Street City/State/Zip Code: _Cooper City_ Fl. 33330 Phone: (954) 675-8865 Fax: Contact: _Nomer City of Cooper City_ Fl. 33330 Phone: (954) 675-8865 Fax: Contact: _Ryan Webster E-Mail: _Rwebster@CooperCity.Org Agency/Firm Name: _City of Clermont Address: _3335 Hancock Road Address: _3335 Hancock Road City/State/Zip Code: _City of Clermont Address: _3335 Hancock Road City/State/Zip Code: _City of Boca Raton Address: _1301 W_Glades Rd City/State/Zip Code: _Boca Raton, FL 33431 Phone: _(352) 241-0178 Fax: Contact: _Duane Land E-Mail: _Dland@Clermontfl.Org Phone: _(305) 888-2623 FAX: (786) 522-0215	Address: 700 West 2nd Ave.	
Fax: (786) 805-1620		
Contact: _Jon_Hansen		
E-Mail: Jon.Hansen@MiamiDade.Gov E-Mail: AndersonV@HillosroughCounty.Org Agency/Firm Name: City of Cooper City Address: 11791 SW 49th Street City/State/Zip Code: Cooper City. FL 33330 Phone: (954) 675-8865 Fax: Contact: Ryan Webster E-Mail: Rwebster@CooperCity.Org Agency/Firm Name: City of Ciermont Address: 3335 Hancock Road Address: 3335 Hancock Road City/State/Zip Code: Ciermont, FL 34711 Phone: (352) 241-0178 Fax: Contact: Duane Land E-Mail: Dland@Clermontfl.Org Agency/Firm Name: City of Ciermont Address: 3301 NW 115 Ave, Miami FL 33178 PHONE: (305) 888-2623 FAX:(786) 522-0215	A second	
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Address: 1501 Raleigh Street City/State/Zip Code: Cooper City, FL 33330 Phone: (954) 675-8865 Fax: Contact: Ryan Webster E-Mail: Rwebster@CooperCity.Org Agency/Firm Name: City of Clermont Address: 3335 Hancock Road City/State/Zip Code: Clermont, FL 34711 Phone: (352) 241-0178 Fax: Contact: Duane Land E-Mail: Dland@Clermontfl.Org Address: 1501 Raleigh Street City/State/Zip Code: Fort Myers, FL 33902 Phone: (239) 321-7574 Fax: Contact: Heath Laufenberg E-Mail: Hiaufenberg@CityFtMyers.com Agency/Firm Name: City of Boca Raton Address: 1301 W Glades Rd City/State/Zip Code: Boca Raton, FL 33431 Phone: (362) 241-0178 Fax: Contact: Duane Land E-Mail: Dland@Clermontfl.Org YOUR COMPANY NAME Allied Universal Corporation ADDRESS 3901 NW 115 Ave, Miami FL 33178 PHONE: (305) 888-2623 FAX: (786) 522-0215	E-Mail: Jon.Hansen@MiamiDade.Gov	E-Mail: AndersonV@HillosroughCounty.Org
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Fax: Contact: Rvan Webster E-Mail: Rwebster@CooperCity.Org Agency/Firm Name: City of Clermont Address: 3335 Hancock Road City/State/Zip Code: Clermont, FL 34711 Phone: (352) 241-0178 Fax: Contact: Duane Land E-Mail: Dland@Clermontfl.Org Agency/Firm Name: City of Boca Raton Address: 1301 W Glades Rd City/State/Zip Code: Boca Raton, FL 33431 Phone: (561) 338-7322 Fax: Contact: Duane Land E-Mail: Dland@Clermontfl.Org YOUR COMPANY NAME Allied Universal Corporation ADDRESS 3901 NW 115 Ave, Miami FL 33178 PHONE: (305) 888-2623 FAX: (786) 522-0215	City/State/Zip Code: Cooper City, FL 33330	City/State/Zip Code: Fort Myers, FL 33902
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E-Mail: Rwebster@CooperCity.Org		
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Agency/Firm Name: City of Clermont Address: 3335 Hancock Road City/State/Zip Code: Clermont, FL 34711 Phone: (352) 241-0178 Fax: Contact: Duane Land E-Mail: Dland@Clermontfl.Org Agency/Firm Name: City of Boca Raton Address: 1301 W Glades Rd City/State/Zip Code: Boca Raton, FL 33431 Phone: (561) 338-7322 Fax: Contact: Norman Wellings E-Mail: YOUR COMPANY NAME Allied Universal Corporation ADDRESS 3901 NW 115 Ave, Miami FL 33178 PHONE: (305) 888-2623 FAX: (786) 522-0215	E-Mail:Rwebster@CooperCity.Org	E-Mail: Hlaufenberg@CityFtMyers.com
Phone: (352) 241-0178		
Phone: (352) 241-0178	City/State/Zip Code: Clermont, FL 34711	City/State/Zip Code: Boca Raton, FL 33431
Fax: Contact: _Duane Land		
Contact: Duane Land Contact: Norman Wellings E-Mail: Dland@Clermontfl.Org E-Mail: YOUR COMPANY NAME Allied Universal Corporation ADDRESS 3901 NW 115 Ave, Miami FL 33178 PHONE: (305) 888-2623 FAX:(786) 522-0215		ACCUMATION OF THE PROPERTY OF
YOUR COMPANY NAME Allied Universal Corporation ADDRESS 3901 NW 115 Ave, Miami FL 33178 PHONE: (305) 888-2623 FAX:(786) 522-0215	Contact: Duane Land	Contact: Norman Wellings
YOUR COMPANY NAME Allied Universal Corporation ADDRESS 3901 NW 115 Ave, Miami FL 33178 PHONE: (305) 888-2623 FAX:(786) 522-0215		
ADDRESS 3901 NW 115 Ave, Miami FL 33178 PHONE: (305) 888-2623 FAX:(786) 522-0215		
PHONE: (305) 888-2623 FAX:(786) 522-0215	YOUR COMPANY NAME Allied Universal	Corporation
	ADDRESS 3901 NW 115 Ave, Miami FL 33	178
	PHONE: (305) 888-2623	FAX:(786) 522-0215

SCHEDULE "E" CITY OF SUNRISE

WARRANTY INFORMATION FORM

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROP	POSED: N/A
Explicitly) N/A	TRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State
DOES WARRANTY INCLUDE LABO	OR FOR REPLACEMENT OF DEFECTIVE PARTS?
WARRANTY PERIOD FOR PARTS REPLACEMENT N/A	
WHO WILL PROVIDE LABOR, AND WARRANTY PERIOD? N/A	WHERE, IN THE EVENT OF FAILURE WITHIN
TELEPHONE:	FAX:
	OF SUNRISE FOR PARTS AND SERVICE AFTER
TELEPHONE:	FAX:
	TY STATEMENT IS SUBMITTED HEREWITH:NO
NAME OF BIDDER: Allied Universal	Corporation
SIGNATURE AND TITLE: TELEPHONE: (305) 888-2623	Cristhianne Munguia, Bid Coordinator FAX: (786) 522-0251
DATE: January 27th, 2021	11 221

SSIMEON



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2021

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

lf	PORTANT: If the certificate holde SUBROGATION IS WAIVED, subjective is certificate does not confer rights to	t to	the	terms and conditions of the po	licy, certain	policies may	NAL INSURED provis require an endorser	nent. As	e endorsed. tatement on
PROD	DUCER			SONE	CT				
8000	nsworth, Alter, Fowler & French, LLC Governors Square Blvd 3 301	:			o, Ext): (305) 8	322-7800	FAX (A/C,	No):(305)	362-2443
	ni Lakes, FL 33016			ADDRI	1500	A CONTROL AND A STATE OF THE	and the second s		
				-			RDING COVERAGE		NAIC#
_				INSUR	ER A : Nautilu:	s Ins Comp	any		17370
INSU	RED			INSUR	ERB: Great D	ivide Insur	ance Co		25224
	Allied Universal Corp.			INSUR	ER C:				
	3901 NW 115 Avenue			INSUR	ERD:				
	Miami, FL 33178			INSUR	ERE:				
				INSUR	ERF:				
CO	/ERAGES CER	TIFIC	ATE	E NUMBER:			REVISION NUMBER	? :	
Th	IS IS TO CERTIFY THAT THE POLICIE	_	_		BEEN ISSUED				LICY PERIOD
IN	DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REMI TAIN,	ENT, TERM OR CONDITION OF A THE INSURANCE AFFORDED B	ANY CONTRAC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RE	SPECT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL INSD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	COMMERCIAL GENERAL LIABILITY	INSD	WVD	- Total Hombar	(MM/DD/YYYY)	[MM/DD/YYYY)			1,000,000
	X CLAIMS-MADE OCCUR	v	v	GLP202370313	8/31/2020	8/31/2021	DAMAGE TO RENTED PREMISES (Ea occurrence	S	1,000,000
	X Retro Date 1/12/88		X X GLP202370313	GLP202370313	13 6/31/2020	0/31/2021			25,000
	X Itede Date 1712/00					-	MED EXP (Any one person		1,000,000
							PERSONAL & ADV INJUR	Y S	
	GENL AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	S	3,000,000
	POLICY X PROF X LOC						PRODUCTS - COMP/OP A	GG S	3,000,000
_	OTHER:							\$	
В	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
	X ANY AUTO	X		BAP202370413	8/31/2020	8/31/2021	BODILY INJURY (Per pers	on) \$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accid	dent) \$	
	X HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s	
								s	
Α	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s	4,000,000
	X EXCESS LIAB CLAIMS-MADE	X	х	FFX202370613	8/31/2020	8/31/2021	AGGREGATE	s	4,000,000
	DED RETENTION\$						7100HEGHTE	s	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1	Emillion Home		PER OT ER		
		N,					E.L. EACH ACCIDENT	s	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A			75	me valouely to be a superior		
If yes, describe under							E.L. DISEASE - EA EMPLO		
	Pollution Liability			SSP202370513	8/31/2020	8/31/2021	E.L. DISEASE - POLICY LI		1,000,000
22	Poll Retro 8/21/95			SSP202370513	8/31/2020	8/31/2021	Total Aggregate		3,000,000
A									

Bid Title: Swimming Pool Chemicals

Bid Number: 21-05-12-HR

City of Sunrise, its officers, agents, volunteers, and employees are included as additional insured with respect to general liability and auto liability on a primary and non-contributory basis when required by written contract. Waiver of subrogation applies in favor of the additional insured with respect to general liability when required by written contract. Excess/Umbrella follows form. XCU not excluded.

CERTIFICATE HOLDER	CANCELLATION
City of Sunrise Attn: Procurement Manager Purchasing Office	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10770 W Oakland Park Blvd Sunrise, FL 33351	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2021

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.

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 rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Sandra Sierra PRODUCER Arthur J. Gallagher Risk Management Services, Inc. PHONE (A/C, No, Ext): 407-563-3531 E-MAIL FAX (A/C, No): 407-370-3057 200 S. Orange Avenue Orlando FL 32801 ADDRESS: Sandra_Sierra@ajg.com **INSURER(S) AFFORDING COVERAGE** NAIC# INSURER A: National Union Fire Insurance Company of Pittsburg 19445 ALLIUNI-03 INSURED INSURER B: Allied Universal Corporation INSURER C: 3901 NW 115th Ave Miami, FL 33178 INSURER D : INSURER E INSURER F CERTIFICATE NUMBER: 1048756181 COVERAGES 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. ADDI ISUBR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER \$ LOC PRODUCTS - COMP/OP AGG POLICY \$ \$ OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 5 (Ea accident) ANY AUTO BODILY INJURY (Per person) 5 OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 2 UMBRELLA LIAB EACH OCCURRENCE S OCCUR FYCESS LIAB CLAIMS-MADE AGGREGATE \$ RETENTION S \$ DED WORKERS COMPENSATION 039326857 6/30/2020 6/30/2021 STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below 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) Bid# 21-05-12-HR 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. City of Sunrise Attn: Procurement Manager Purchasing Office 10770 West Oakland Park Blvd. **AUTHORIZED REPRESENTATIVE**

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USA

Sunrise FL 33351

Mulsel

Detail by Entity Name Page 1 of 3

Florida Department of State

Division of Corporations



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation ALLIED UNIVERSAL CORP.

Filing Information

 Document Number
 183054

 FEI/EIN Number
 59-0776285

 Date Filed
 01/31/1955

State FL
Status ACTIVE

Last Event NAME CHANGE AMENDMENT

Event Date Filed 06/28/1977
Event Effective Date NONE

Principal Address

3901 NW 115 AVENUE MIAMI, FL 33178

Changed: 04/27/2001

Mailing Address

3901 NW 115 AVENUE MIAMI, FL 33178

Changed: 04/27/2001

Registered Agent Name & Address

NAMOFF, ROBERT 3901 NW 115 AVENUE MIAMI, FL 33178

Name Changed: 04/27/2001

Address Changed: 04/27/2001

Officer/Director Detail
Name & Address

Title CD

NAMOFF, ROBERT 3901 NW 115 AVENUE MIAMI, FL 33178 Title PD

PALMER, JAMES 3901 NW 115 AVE. MIAMI, FL 33178

Title T

KOVEN, MICHAEL 3901 NW 115 AVE. MIAMI, FL 33178

Title VPD

RUBIN, RONALD 3901 NW 115 AVENUE MIAMI, FL 33178

Title Director, VP

Namoff, Gregory 3901 NW 115 AVENUE MIAMI, FL 33178

Annual Reports

Report Year	Filed Date
2018	04/10/2018
2019	04/09/2019
2020	05/29/2020

Document Images

05/29/2020 ANNUAL REPORT	View image in PDF format
04/09/2019 ANNUAL REPORT	View image in PDF format
04/10/2018 ANNUAL REPORT	View image in PDF format
03/31/2017 ANNUAL REPORT	View image in PDF format
03/14/2016 ANNUAL REPORT	View image in PDF format
04/01/2015 ANNUAL REPORT	View image in PDF format
04/07/2014 ANNUAL REPORT	View image in PDF format
04/04/2013 ANNUAL REPORT	View image in PDF format
04/02/2012 ANNUAL REPORT	View image in PDF format
04/22/2011 ANNUAL REPORT	View image in PDF format
04/08/2010 ANNUAL REPORT	View image in PDF format
03/10/2009 ANNUAL REPORT	View image in PDF format
02/08/2008 ANNUAL REPORT	View image in PDF format
<u>05/11/2007 ANNUAL REPORT</u>	View image in PDF format
04/26/2006 ANNUAL REPORT	View image in PDF format
05/31/2005 ANNUAL REPORT	View image in PDF format
04/12/2004 ANNUAL REPORT	View image in PDF format
05/05/2003 ANNUAL REPORT	View image in PDF format

04/29/2002 ANNUAL REPORT	View image in PDF format
04/27/2001 ANNUAL REPORT	View image in PDF format
04/18/2000 ANNUAL REPORT	View image in PDF format
04/22/1999 ANNUAL REPORT	View image in PDF format
01/21/1998 ANNUAL REPORT	View image in PDF format
02/18/1997 ANNUAL REPORT	View image in PDF format
03/18/1996 ANNUAL REPORT	View image in PDF format
03/03/1995 ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations

SECTION 5 - BID SUBMISSION CHECK LIST

COMPAN'	Y NAME: (Please Print): Brenntag Mid-South, Inc.
Phone: 270	0-855-0694 Fax: Go green
	BEFORE SUBMITTING YOUR BID, MAKE SURE YOU
1.	Carefully read the SPECIFICATIONS.
2.	Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
3.	Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
4.	Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
5.	Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
6.	Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
7.	CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
<u>N/A</u> 8.	Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
9.	Submit Electronically via Demandstar.com
10.	Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.

THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

Revised 10.30.2020 Page 20

SECTION 6 – BID SUBMISSION PACKAGE SCHEDULE "A" CITY OF SUNRISE BID SHEET & CERTIFICATION

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING

NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
1.	234 224	Soda Ash, 50 LB bag	Dense or Light	Dense \$24.00 Light \$25.00 \$ /bag	5,616.00 \$ 5,850.00
2.	146	Diatomaceous Earth 50 LB bag	Celatom SP	\$_25.50 /bag	\$ 3,723.00
3.	1,287 1,257	Sodium Bicarbonate 50 LB bag	Sodium Bicarbonate Industrial	\$ 15.00 /bag	\$ 19,305.00
4.	55 -54—	Cyanuric Acid 100 LB drum	Cyanuric Acid	\$ 68.00/drum	\$3,740.00
5.	8	Cyanuric Acid 50 LB drum	Cyanuric Acid	\$.00 /drum	\$.00
6.	24	Muriatic Acid 55 Gallon drum	Hydrochloric Acid 20 DEG	\$149.35/drum	\$3,584.40
7.	6,569 6,369	Muriatic Acid 1 Gallon container *Must be sold in pallet form of 48	Hydrochloric Acid 20 DEG	\$ <u>2.75</u> /gallon	\$ <u>18,064.75</u>
8.	1,172 1,122	Calcium Chloride 50 LB bag	Dowflake 83-87%	\$_16.75_/bag	\$ 19,631.00
9a.	23,400	Sodium Hypochlorite-Batch (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	Sodium Hypochlorite 10.5%	\$ <u>.7875</u> /gallon	\$ <u>18,427.50</u>
9b.	73,500 -48,500	Sodium Hypochlorite-Batch (Liquid Chlorine) (No minimum quantity)		\$.00 /gallon	\$.00
10a.	275,000	Sodium Hypochlorite- Continuous (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	Sodium Hypochlorite 10.5%	\$ <u>.7875</u> /gallon	\$ <u>216,562.5</u> 0

Brenntag Mid-South, Inc.

Vendor Name

Stephanie Ubach

Name of Authorized Person

item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
10b.	48,000	Sodium Hypochlorite- Continuous (Liquid Chlorine) (No minimum quantity)		\$.00 /gallon	\$00
11.	69	Chlorine Dry Tablet (3" Tablet) 50 LB pail **60 lb pail	Calcium Hypochlorite Acutabs (3" Tablet)	\$132.60/pail	\$9,149.90
12.	24	Sodium Trichloride 50 LB bag		\$.00 /bag	\$.00
13.	40	Calcium Hypochlorite 100 LB drums	Hy Clear Calcium Hypochlorite	\$128.93/drum	\$5,157.20
14.	62	Calcium Hypochlorite 25 LB pail		\$.00 /pail	\$.00
15.	2,760 2,759	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail		\$.00 /pail	\$.00
16.	120	Potassium Peroxymonosulfate 50 LB pail		\$.00 /pail	\$.00
17.	1,760	Course Rock Salt, Morton White Crystal Solar Salt, or equal 50 LB pail **50 lb bag	Sodium Chloride Solar Salt, Cargill	\$ 9.25 /pail	\$ <u>16,280.00</u>
18.	72	Tile Cleaner 1 Quart Container		\$.00 /container	\$.00
19.	50	All Clear Mustard Knock- out, or equal 2 LB Container		\$.00 /container	\$.00

TOTAL BID OFFER (Items 1-19): \$ \$339,241.25/\$339,475.25

Three Hundred Thirty Nine Thousand, Two Hundred Forty One dollars and Twenty Five Cents / Three Hundred Thirty Nine Thousand Four Hundred Seventy Five dollars and Twenty Five Cents

(Written Dollar Amount)

Brenntag Mid-South, Inc.

Vendor Name

Stephanie Ubach

Name of Authorized Person

*****Each delivery location must reach \$600 combined product to avoid surcharge.******

BID TITLE: Swimming Pool Chemicals

	Expedited Delivery within 48 Hours of notice.			
Vendors to indicat	te the percentage (%) off	the balance of line	e. <u> </u>	
Vendor to indicate	, any drum deposit char	ges, if applicable:	Item No \$.00
All deliveries will be	made by Common Carrie	er ONLY. Yes	No	Company owned fleet
	ade within <u>1-4</u> caler Bidder is unable to comp ment.			
	you extend the prices bid ncurrence with this offer to			
	CEIPT vledge below the receipt of uance. Addendum #: _1			
Bid. I certify that I	nereby agree to furnish the have read the entire do as and Schedules, and a Bid.	cument, including the	he Specifications,	Requirements,
any corporation, firr	nis Bid is submitted withou n or person submitting a R in all respects fair and wi	equest for Submitta	I for the same mate	
The Respondent ce to bind the firm by t	rtifies by his/her signature heir signature.	that the person sign	ing this Certification	on is authorized
Company Name:	Brenntag Mid-South, Inc	i		
Address 250 Central	Florida Parkway	Janes - I		
City Orlando		State	; FL	Zip 32824-7601
Phone# 270-855-069	4 Fax	# Go green	E-Mail su	ubach@brenntag.com
Signature:	tophanullba		unicipal Bid Manager	
Printed Name: Ste	phanie Ubach			
FEID or Social Se	ecurity No. 61-0504545			

CONTINGENCY PRICING

SCHEDULE "B" CITY OF SUNRISE NON-COLLUSION AFFIDAVIT

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document <u>MUST</u> be submitted with the bid.

ST	ATE OF Florida))SS
co	OUNTY OF Orange)
	Ray Sibbitt	, being first duly sworn, deposes and
700	rs that rpe or print name of person who	is signing below)
1.	He/she is the	(Owner, Partner, Officer, Representative the attached Bid.
2.	He/she is fully informed with responding all pertinent circumstances res	pect to the preparation and contents of the attached Bid and specting such Bid.
3.	persons making a Bid for the sai fair and without collusion or fraud	connection or common interest in the profits with any other d commodities/services. Said Bid is on our part in all respects d. No head of any department, any employee or any officer of indirectly interested therein. If any relatives are employed by tionship below.
Na Na	me:N/A	Relationship:
Co	mpany Name: Brenntag Mid-South	, Inc.
	ders' Authorized/Signature:	this ²⁶ day of January , 20 ²¹
(Pr	tary Public Stephanie Ubach rint, Type or Stamp name of Notar rsonally known or Produced in the produced in th	y Public) STEPHANIE UBACH MY COMMISSION # GG 223464

SCHEDULE "C" CITY OF SUNRISE BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

<u>IDENTICAL SUBMISSIONS</u> - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision 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 shall:

- 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.
- 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.
- 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. 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 noto 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.
- 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.
- 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 Vendor
 complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087,

Dage

VENDOR'S SIGNATURE

Brenntag Mid-South, Inc.

COMPANY'S NAME

BID TITLE: Swimming Pool Chemicals

SCHEDULE "D" CITY OF SUNRISE BIDDER'S QUALIFICATION STATEMENT

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company	Name:Brennta	g Mid-South, I	Inc.		1.10		
Address:	250 Central Florida Park	way Orlando, FL 32824-7601					
Telephone	Street :() 270-855-0694	Fax:(City) Go green	State E-Mail: subach@	Zip Code brenntag.com		
Web Site:	www.brenntagmidsouth.	com					
How many	years has your organ	nization bee	n in business ur	nder its present nam	ne?		
	operating under Ficti tute:			ce of compliance wit	th Florida Fictitious		
	t former names has y			N/A			
At what ad	dress was that busine	ess located	?				
Are You C Are You Li	ertified? Yes	No No	If Yes, ATTAC	H COPY OF LICEN H COPY OF LICEN	ISE ISE		
Has your o	company or its senior	officers eve	r declared bank , explain:	ruptcy?			
Are you a	sales representative, modities/services bid	✓ dist	ributor,b	oroker, man	ufacturer		
Have you governme	ever received a Contr nt entity? Yes	act or a Pui No Soda 50%	_ If Yes, explain	om the City of Sunris n (date, service/proj	ect, bid title, etc.)_		
Have you entity? Yes	ever received a comp s No	laint on a C _ if yes, exp	contract or bid av	warded to you by an	y government		
	ever been debarred o						
other simi	entify each incident w lar proceeding was fi g the Consultant's righ o be provided under th	led or is pets, remedie	ending; if such places or duties under	proceeding arises f	rom or is a dispute		
(Attach a	ditional sheets as ne	ressarv)					

SCHEDULE "D" (Continued) REFERENCES:

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: City of Port St. Lucie	Agency/Firm Name: City of Palatka
Address: 121 SW Port St. Lucie Blvd	Address: 201 N 2nd Street
City/State/Zip Code: Port St. Lucie, FL 34984 Phone: 772-344-4068	City/State/Zip Code: Palatka, FL 32177 Phone:
Fax: Go green	Fax: Go green
Contact: <u>Jason Bezak</u>	Contact: Kayla Wylie
E-Mail:ibezak@cityofpsl.com	E-Mail: kwylie@palatka-fl.gov
Agency/Firm Name: City of Deland	Agency/Firm Name: Fort Pierce Utilities Authority
Address: 1101 South Amelia Avenue	Address: 715 South 25th Street
011 101 1 101 101 101 101 101 101 101 1	P O Box 3191
City/State/Zip Code: Deland, FL 32724	City/State/Zip Code: Fort Pierce, FL 34948-3191
Phone: 386-626-7252 Fax: Go green	Phone:
Contact: Sandra Karlovich	Contact: Steve Murto
E-Mail: karlovichs@deland.org	E-Mail: smartu@fpua.com
Agency/Firm Name: Orange County Utilities Address: 8100 Presidents Drive	Agency/Firm Name: City of Orlando Address: 400 South Orange Avenue
City/State/Zip Code: Orlando, FL 32809	City/State/Zip Code: Orlando, FL 32801
Phone: 407-836-6836	Phone: 407-246-2364
Fax:	Fax:
Contact: Charmaine Anderson	Contact: _Javarie McDonald
E-Mail: charmaine.anderson@ocfl.net	E-Mail: _javarie.mcdonald@orlando.gov
YOUR COMPANY NAME Brenntag M ADDRESS 250 Central Florida Pa Orlando, FL 32824-76	
PHONE: 270-855-0694	FAX: Go green
EMAIL: subach@brenntag.com	

BID TITLE: Swimming Pool Chemicals

SCHEDULE "E" CITY OF SUNRISE

WARRANTY INFORMATION FORM

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOSED: See attached SDS
DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly) Each product is labeled with warranty information
DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?
WARRANTY PERIOD FOR PARTS REPLACEMENTN/A
WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY PERIOD? Brenntag will replace product under warranty if required
TELEPHONE: 270-855-0694 FAX:
EMAIL:subach@brenntag.com NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:250 Central Florida Parkway Orlando, FL 32824-7601
TELEPHONE: 270-855-0694 FAX: EMAIL: subach@brenntag.com
A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH: N/A YESNO
NAME OF BIDDER:Brenntag Mid-South, Inc. SIGNATURE AND TITLE:
DATE:1/26/21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/24/2020

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 confor rights to the certificate holder in lieu of such endorsement(s).

tr	his certificate does not confer rights to	o tne	cen	incate noider in lieu of st)			
PRO	Marsh USA Inc.				CONTAC NAME:					
	1717 Arch Street				PHONE (A/C, No	. Exti:		FAX (A/C, No):		
	Philadelphia, PA 19103-2797				E-MAIL ADDRES					
						TARRES	SURFRIS) AFFOR	DING COVERAGE		NAIC#
CN1	01263979-ALL-GAW-21-22				INSTIDE	Company of the second second	Company Of The			19429
INSU	JRED						can Insurance Co			22667
	BRENNTAG MID-SOUTH, INC. 1405 HWY 136 W							ny of North America		43575
	HENDERSON, KY 42420					The second second second second	and the second second second	Manuscraph Colores		20702
					Commission of the Commission o	NAMES OF THE PARTY	Inderwriters Insur	ance Company		20102
					INSURE	77.07.0				
co	VERAGES CER	TIEIC	ATE	NUMBER:	INSURE	-006305021-08		REVISION NUMBER: 3		
	HIS IS TO CERTIFY THAT THE POLICIES		_							ICV PERIOD
C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR	EME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN'	CONTRACT	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	INSU	WVD	GL6634468		01/01/2021	01/01/2022	EACH OCCURRENCE	s	5,000,000
	CLAIMS-MADE X OCCUR						15-40 FEBRUARY	DAMAGE TO RENTED	s	1,000,000
	X CONTRACTUAL LIABILITY							PREMISES (Ea occurrence) MED EXP (Any one person)	s	10,000
								PERSONAL & ADV INJURY	S	5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							Control of the Control of the Control of Con		5,000,000
	DPPO-							GENERAL AGGREGATE	\$	5,000,000
	The state of the s							PRODUCTS - COMP/OP AGG	s	5,000,000
В	OTHER: AUTOMOBILE LIABILITY		_	ISAH25312843		01/01/2021	01/01/2022	COMBINED SINGLE LIMIT	s	2,000,000
	X ANY AUTO						O III O II E GEE	(Ea accident) BODILY INJURY (Per person)	s	2,000,000
	OWNED SCHEDULED							TO SERVICE A CONTRACT OF THE SERVICE OF	37	
	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	100	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
_		-							\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	S	
-	DED RETENTIONS	_		WI DOCTODDECA (OA 8 MA)		01/01/2021	01/01/2022	L LOTU	\$	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WLRC67823564 (CA & MA)		una indra annona an	VALUE OF THE STATE	X PER OTH-		
C	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A		WLRC67823527 (AOS)		01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$	1,000,000
D	(Mandatory in NH) If yes, describe under			SCFC67823606 (WI)		01/01/2021	01/01/2022	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,000
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requir	red)		
Re:	14150 NW 8th Street Sunrise FI 33325									
City	of Sunrise is included as Additional Insured except for	Worke	rs Cor	nnensation where required by writt	en contra	t The General I	iability policy inclu	ides sudden and accidental covera	ane for n	ollution
,	J. 3300000000000000000000000000000000000	AUGUST		ipo adout i maio rodanao o y mini	on commu	71. 11.0 GG11G1G1	donny pondy mon	and and an and according out of	igo ioi pi	Shadon
CE	RTIFICATE HOLDER				CANO	CELLATION				
	TOTAL TIOCOLIT				T	JEEL TITOIT				
	City of Sunrise 10770 W Oakland Park Blvd 3rd Floor							ESCRIBED POLICIES BE C		
	Sunrise, FL 33351							CY PROVISIONS.	01	and the same of th
						RIZED REPRESE sh USA Inc.	ENTATIVE			
	n .				Manas	shi Mukherjee		Manaoni Muc	new	ter

Florida Department of State

Division of Corporations



Department of State / Division of Corporations / Search Records / Search by FEI/EIN Number /

Detail by FEI/EIN Number

Foreign Profit Corporation BRENNTAG MID-SOUTH, INC.

Filing Information

 Document Number
 823462

 FEI/EIN Number
 61-0504545

 Date Filed
 10/28/1969

State KY
Status ACTIVE

Last Event CORPORATE MERGER

 Event Date Filed
 07/27/2001

 Event Effective Date
 08/01/2001

Principal Address

1405 Highway 136 West Henderson, KY 42420

Changed: 05/29/2020

Mailing Address

1405 Highway 136 West Henderson, KY 42420

Changed: 05/29/2020

Registered Agent Name & Address

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

Name Changed: 06/22/1992

Address Changed: 06/22/1992

Officer/Director Detail

Name & Address

Title President, Director

Steadman, Gil 1405 Highway 136 West

1405 Highway 136 West Henderson, KY 42420 Title Vice President - Finance

Beckert, Thomas L. 1405 Highway 136 West Henderson, KY 42420

Title Vice President - Operations

Garner, David 5083 Pottsville Pike Reading, PA 19605

Title Secretary

Wheat, David J. 1405 Highway 136 West Henderson, KY 42420

Title Tax Officer

Winslow, Robert 5083 Pottsville Pike Reading, PA 19605

Title Director

Klaehn, Markus 5083 Pottsville Pike Reading, PA 19605

Title Director

Wohrle, Dieter 5083 Pottsville Pike Reading, PA 19605

Annual Reports

Report Year	Filed Date
2018	04/10/2018
2019	03/19/2019
2020	05/29/2020

Document Images

05/29/2020 ANNUAL REPORT	View image in PDF format
03/19/2019 ANNUAL REPORT	View image in PDF format
04/10/2018 ANNUAL REPORT	View image in PDF format
04/20/2017 ANNUAL REPORT	View image in PDF format
04/05/2016 AMENDED ANNUAL REPORT	View image in PDF format
04/01/2016 ANNUAL REPORT	View image in PDF format
04/10/2015 ANNUAL REPORT	View image in PDF format

07/21/2014 AMENDED ANNUAL REPORT	View image in PDF format
04/07/2014 ANNUAL REPORT	View image in PDF format
<u>04/19/2013 ANNUAL REPORT</u>	View image in PDF format
<u>04/26/2012 ANNUAL REPORT</u>	View image in PDF format
<u>04/12/2011 ANNUAL REPORT</u>	View image in PDF format
04/09/2010 ANNUAL REPORT	View image in PDF format
<u>04/24/2009 ANNUAL REPORT</u>	View image in PDF format
<u>04/21/2008 ANNUAL REPORT</u>	View image in PDF format
04/30/2007 ANNUAL REPORT	View image in PDF format
04/27/2006 ANNUAL REPORT	View image in PDF format
06/06/2005 ANNUAL REPORT	View image in PDF format
04/12/2004 ANNUAL REPORT	View image in PDF format
<u>04/28/2003 ANNUAL REPORT</u>	View image in PDF format
<u>04/23/2002 ANNUAL REPORT</u>	View image in PDF format
<u>07/27/2001 Merger</u>	View image in PDF format
05/23/2001 Name Change	View image in PDF format
05/07/2001 ANNUAL REPORT	View image in PDF format
05/19/2000 ANNUAL REPORT	View image in PDF format
<u>04/27/1999 ANNUAL REPORT</u>	View image in PDF format
05/12/1998 ANNUAL REPORT	View image in PDF format
05/08/1997 ANNUAL REPORT	View image in PDF format
05/01/1996 ANNUAL REPORT	View image in PDF format
05/01/1995 ANNUAL REPORT	View image in PDF format

Florida Department of State, Division of Corporations

SECTION 5 - BID SUBMISSION CHECK LIST

ı	COMBAN	VALAME. (
		Y NAME: (Please Print): Commercial Energy Specialists, Inc. 61-744-1557 Fax: 561-746-5898
		BEFORE SUBMITTING YOUR BID, MAKE SURE YOU
	_X 1.	Carefully read the SPECIFICATIONS.
	X 2.	Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
	X 3.	Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
	X 4.	Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
	X 5.	Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
	<u>NA</u> 6.	Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
	X7.	CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
	<u>NA</u> 8.	Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
	_X 9.	Submit Electronically via Demandstar.com
	10.	Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.
		PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID

BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID. THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

Page 20 Revised 10.30.2020

SECTION 6 - BID SUBMISSION PACKAGE SCHEDULE "A" CITY OF SUNRISE **BID SHEET & CERTIFICATION**

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

ltem No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	PRICE
1.	234	Soda Ash, 50 LB bag	Tronox Alkali Soda Ash	\$ 43.50 /bag	\$ 10,179.00
2.	146	Diatomaceous Earth 50 LB bag	No Bid	\$ /bag	\$
3.	1,287	Sodium Bicarbonate 50 LB bag	Tronox Alkali Sodium Bicarbonate	\$ 36.00 /bag	\$ 46,332.00
4.	54	Cyanuric Acid 100 LB drum	No Bid	\$ /drum	\$
5.	8	Cyanuric Acid 50 LB drum	No Bid	\$ /drum	\$
6.	24	Muriatic Acid 55 Gallon drum	No Bid	\$ /drum	\$
7.	6,369	Muriatic Acid 1 Gallon container	No Bid	\$/gallon	\$
8.	1,172	Calcium Chloride 50 LB bag	Knight Chemicals Calcium Chloride	\$ <u>33.00</u> /bag	\$ <u>38,676.00</u>
9a.	23,400	Sodium Hypochlorite-Batch (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	No Bid	\$/gallon	\$
9b.	48,500	Sodium Hypochlorite- <u>Batch</u> (Liquid Chlorine) (No minimum quantity)	No Bid	\$ /gallon	\$
10a.	275,000	Sodium Hypochlorite- <u>Continuous</u> (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	No Bid	\$/gallon	\$

Commercial Energy Specialists, Inc.

Vendor Name

ltem No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	PRICE
10b.	48,000	Sodium Hypochlorite- <u>Continuous</u> (Liquid Chlorine) (No minimum quantity)	No Bid	\$/gallon	\$
11.	69	Chlorine Dry Tablet (3" Tablet) 50 LB pail	No Bid	\$/pail	\$
12.	24	Sodium Trichloride 50 LB bag	No Bid	\$/bag	\$
13.	40	Calcium Hypochlorite 100 LB drums	Hawkins Inc. Granular Chlorine	\$277.50drum	\$11,100.00
14.	62	Calcium Hypochlorite 25 LB pail	Hawkins Inc. Granular Chlorine	\$ 93.00/pail	\$ 5,766.00
15.	2,759	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail	Arch Chemicals Pulsar Briquettes	\$115.31/pail	\$318,255.60
16.	120	Potassium Peroxymonosulfate 50 LB pail	No Bid	\$ /pail	\$
17.	1,760	Course Rock Salt, Morton White Crystal Solar Salt, or equal 50 LB pail	No Bid	\$ /pail	\$
18.	72	Tile Cleaner 1 Quart Container	No Bid	\$ /container	\$
19.	50	All Clear Mustard Knock- out, or equal 2 LB Container	No Bid	\$/container	

TOTAL BID OFFER (Items 1-19): \$ 430,30	08.60
Four hundred thirty thousand three hunds	red eight dollars and sixty cents
(Written Dollar Amount)	
Commercial Energy Specialists, Inc.	Alvaro Mendoza
Vendor Name	Name of Authorized Person

CC	AC	ITI	NG	FN	CY	PR	ICI	NG

	Expedited Delivery within 48 Hours of notice.	\$	24% Pulsar Briquettes
Vendors to indica	te the percentage (%)	off the balance of line.	24% Other quoted chemicals %
Vendor to indicate	e, any drum deposit ch	arges, if applicable: It	em No \$ N/A
All deliveries will be	made by Common Car	rier ONLY. YesX	No
	f Bidder is unable to con		ot of purchase order. (To <u>Be</u> ery requirements indicated
			palities? Award of bid is not Yes:X No:
ADDENDUM REC Bidder shall acknow No. and date of issu	vledge below the receipt	of any and all addenda 1_/Date_1/25/21Adde	, if any, by listing the Addenda endum #:/Date
Bid. I certify that	I have read the entire ones and Schedules, and	locument, including the	s described in this Invitation for Specifications, Requirements, items and services under the
any corporation, firr	n or person submitting a		agreement, or connection with or the same materials, services, d.
The Respondent ce to bind the firm by t		re that the person signing	g this Certification is authorized
Company Name:	Commercial Ene	rgy Specialists, Inc	
Address	952 Jupiter Park	Lane, Suite 1	
City Jupiter		State _	FL Zip 33458
Phone#_561-74	4-1557 Fa	x#_561-746-5898	E-Mail rbaker@ceswaterquality.com
Signature:	Ju -	Title _ P	resident
Printed Name:/	Alvaro Mendoza		
FEID or Social Se	curity No 59-25	50057	

SCHEDULE "B" CITY OF SUNRISE NON-COLLUSION AFFIDAVIT

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document <u>MUST</u> be submitted with the bid.

ST	ATE OF	Florida)) SS		
CC	OUNTY OF I	Palm Beach)		
	Alvaro I	Mendoza		, being first duly sworn, deposes and	
say	ys that				
(T)	pe or print r	name of person wi	ho is signing b	pelow)	
1.	or Agent)	or that has submitte		(Owner, Partner, Officer, Representative Bid.	
2.		illy informed with re ent circumstances r		eparation and contents of the attached Bid and Bid.	
3.	persons ma fair and with the City of S	king a Bid for the sa lout collusion or fra	aid commodities aud. No head of or indirectly inter	common interest in the profits with any others/services. Said Bid is on our part in all respect any department, any employee or any officer of rested therein. If any relatives are employed by	s
Na	me:		Relat	ionship:	
Na	me:	A Company of the Comp	Relat	ionship:	
		: Commercia	al Energy Sp	ecialists, Inc.	
Sul	bscribed and	sworn to before the	thus 3	day of February, 20 21	
Not	tary Public	m amoli	1		
Per	sonally know	tamp name of Nota nor Produced: er of I.D. Produced:	1 I.D	LINDA M. CINCOTTA Notary Public - State of Florida Commission # GG 976057 My Comm. Expires May 31, 2024 Bonded through National Netary Assn.	

SCHEDULE "C" CITY OF SUNRISE BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

<u>IDENTICAL SUBMISSIONS</u> - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision 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 shall:

- 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.
- 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.
- 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. 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.
- 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. 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 Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

VENDOR'S SIGNATURE

Commercial Energy Specialists, Inc.

COMPANY'S NAME

SCHEDULE "D" CITY OF SUNRISE BIDDER'S QUALIFICATION STATEMENT

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name:	Commercial En	ergy Specialists,	Inc.	Control Contro
Address: 952 Juj	piter Park Lane	Jupiter	FL	33458
Stree Telephone:(<u>561</u>) <u>7</u>	et 44-1557 Fax:(561) 746-5898	State _E-Mail: rbak e	33458 Zip Code er@ceswaterquality.con
Web Site: www.0	CESWaterQuality	y.com		
How many years has	your organization be	een in business unde	r its present nar	me?38
If Bidder is operating Name Statute:		ne, submit evidence o	of compliance w	ith Florida Fictitious
Under what former n	ames has your busin	ess operated?	AV	
At what address was	that business locate	ed?	18	
Are You Certified? Y Are You Licensed?	Yes_X No	_ If Yes, ATTACH (COPY OF LICE!	NSE NSE
Has your company o Yes No_	r its senior officers e	ver declared bankrup es, explain:	tcy?	
Are you a sales repre of the commodities/s	esentative, di ervices bid upon?	stributor, X brok	er, mar	nufacturer
Have you ever receiv government entity? Y		Purchase Order from t		
Have you ever receiventity? Yes	red a complaint on a NoX if yes, e	Contract or bid award	ded to you by a	ny government
Have you ever been Yes No _X				
Please identify each other similar proceed concerning the Consi services to be provid	ding was filed or is pultant's rights, remed	pending; if such prod ies or duties under a	ceeding arises to Contract for the	from or is a dispute same or similar type
(Attach additional sh	pate se nacassani			

SCHEDULE "D" (Continued) REFERENCES:

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: Palm Beach County Address: 2700 6th Ave. S	Agency/Firm Name: City of Dania Beach Address: P.J. Meli Aquatic Complex
	2901 SW 52nd St.
City/State/Zip Code: Lake Worth, FL 33461	City/State/Zip Code: Ft. Lauderdale, FL 33312
Phone:561-574-9109	Phone: 954-985-4400
Fax:	Fax: 954-985-4403
Contact: Neil Catapano	Contact: Kala Gardner
E-Mail: <u>ncatapan@pbcgov.org</u>	E-Mail: kgardner@daniabeachfl.gov
Agency/Firm Name: Martin County	Agency/Firm Name: The College of the FL Keys
Address: Sailfish Splash Water Park	Address: 5901 College Rd
931 SE Ruhnke St.	
City/State/Zip Code: Stuart, FL 34994	City/State/Zip Code: Key West, FL 33040
Phone: 772-221-1328	Phone: 305-360-2124
Fax:	Fax: 305-2925163
Contact: Todd Foust	Contact: Lori Bosco
E-Mail: tfoust@martin.fl.us	E-Mail: lori.bosco@cfk.edu
Address: 2424 Lyons Rd	Agency/Firm Name: City of Lauderdale Lakes Address: 3077 NW 39th St.
Coconut Creek	
City/State/Zip Code: FL 33063	City/State/Zip Code: Lauderdale Lakes, FL 33309
Phone: 954-975-3507	Phone: 954-535-2771
Fax: <u>954-973-1762</u>	Fax: 954-535-1147
Contact: Shane Davis	Contact: Lauren Potts
E-Mail: reeftabor@yahoo.com	E-Mail: laurenp@lauderdalelakes.org
YOUR COMPANY NAME Commercial En	nergy Specialists. Inc.
ADDRESS 952 Jupiter Pa	
Jupiter, FL 334	
PHONE: 561-744-1557	FAX: 561-746-5898
EMAIL: rbaker@ceswaterquality.com	

SCHEDULE "E" CITY OF SUNRISE

WARRANTY INFORMATION FORM
ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF	FITEM PROPOSE N/A	D:	
Explicitly)	**************************************		R ONLY TO SPECIFIC PARTS? (State
DOES WARRANTY INC		R REPLACI	EMENT OF DEFECTIVE PARTS?
WARRANTY PERIOD F			
WHO WILL PROVIDE I WARRANTY PERIOD?			EVENT OF FAILURE WITHIN
TELEPHONE:		FAX: _	
		UNRISE FOI	R PARTS AND SERVICE AFTER
TELEPHONE:		FAX	**
	E WARRANTY ST		S SUBMITTED HEREWITH:
NAME OF BIDDER:	Commercial Er	nergy Speci	alists, Inc.
SIGNATURE AND TITL TELEPHONE: 561-7	.E:	/	President 561-746-5898
DATE: 2/3/21			

10	ORD
7	UNI

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 03/25/2020

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.

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PRODUCER	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 PAX (A/C. No.): (800) 363-0105				
Aon Risk Services, Inc of Florida 7650 Courtney Campbell Causeway					
Suite 1000 Tampa FL 33607 USA	E-MAIL ADDRESS:				
ametoti si ekoasase i ekitaki:	INSURER(S) AFFORDING COVERAGE				
ISURED	INSURER A: Aspen Specialty Insurance Company				
Commercial Energy Specialists, Inc.	INSURER B: Liberty Insurance Corporation	42404			
952 Jupiter Park Lane Suite 1 Jupiter FL 33458 USA	INSURER C: Employers Insurance Company of Wausau	21458			
	INSURER D:				
	INSURER E:				
	INSURER F:				

COVERAGES

CERTIFICATE NUMBER: 570081053278

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 PERFAIN, 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 REDUICED BY PAID CLAIMS.

NS A	TYPE OF INSURANCE	ADDU SI INSD W	POLICY NUMBER	(MM/OD/YYYY)	MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	-	ERACCC920	03/31/2020	03/31/2021	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO HENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$25,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:					Professional Liability	\$1,000,000
В	AUTOMOBILE LIABILITY		AS7-Z11-C037W5-020	03/31/2020	03/31/2021	COMBINED SINGLE LIMIT (Es accident)	\$1,000,000
	X ANYAUTO					BODILY INJURY (Per person)	
	OWNED SCHEDULED					BODILY INJURY (Per accident)	100
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
A	UMBRELLA LIAB X OCCUR	-	EXACCCAZ0	03/31/2020	03/31/2021	EACH OCCURRENCE	\$2,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$2,000,000
	DED RETENTION	1					
C	WORKERS COMPENSATION AND		WCCZ11C037W5010	03/31/2020	03/31/2021	X PERSTATUTE OTH-	
	ANY PROPRIETOR / PARTNER / EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A	1			E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$1,000,000
1							

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

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.

City of Sunrise - Purchasing Dept
10770 West Oakland Park Blvd.
Sunrise FL 33351 USA

Aon Risk Services Inc. of Florida

Detail by Entity Name Page 1 of 3

Florida Department of State

Division of Corporations



Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Florida Profit Corporation

COMMERCIAL ENERGY SPECIALISTS, INC.

Filing Information

 Document Number
 G73840

 FEI/EIN Number
 59-2550057

 Date Filed
 12/09/1983

State FL
Status ACTIVE
Last Event AMENDMENT
Event Date Filed 08/10/2011

Event Effective Date NONE

Principal Address

952 Jupiter Park Lane

SUITE 1

JUPITER, FL 33458

Changed: 01/10/2014

Mailing Address

952 Jupiter Park Lane

SUITE 1

JUPITER, FL 33458

Changed: 01/10/2014

Registered Agent Name & Address

MENDOZA, ALVARO G. 11639 150TH COURT JUPITER, FL 33478

Address Changed: 02/28/1990

Officer/Director Detail

Name & Address

Title President, CEO, Director

Mendoza, Alvaro G 11639 150TH COURT JUPITER, FL Title Treasurer, CFO, Director

DITRAPANI, MAURICE J 952 Jupiter Park Lane Suite #1 JUPITER, FL 33458

Title SVP, Director

ROBINSON, MARK E 401 34TH STREET WEST PALM BEACH, FL 33407

Title Director

Kanai, Dennis 952 Jupiter Park Lane SUITE 1 JUPITER, FL 33458

Title Asst. Secretary

Mendoza, Hilary 11369 150th Court Jupiter, FL 33478

Title VP, Director

Pinta, Michael 952 Jupiter Park Lane SUITE 1 JUPITER, FL 33458

Annual Reports

Report Year	Filed Date
2018	04/05/2018
2019	04/03/2019
2020	03/05/2020

Document Images

03/05/2020 ANNUAL REPORT	View image in PDF format
04/03/2019 ANNUAL REPORT	View image in PDF format
04/05/2018 ANNUAL REPORT	View image in PDF format
04/27/2017 ANNUAL REPORT	View image in PDF format
02/15/2016 ANNUAL REPORT	View image in PDF format
02/20/2015 ANNUAL REPORT	View image in PDF format
06/11/2014 AMENDED ANNUAL REPORT	View image in PDF format
01/10/2014 ANNUAL REPORT	View image in PDF format
04/16/2013 ANNUAL REPORT	View image in PDF format
01/30/2012 ANNUAL REPORT	View image in PDF format

l	08/10/2011 Amendment	View image in PDF format
l	01/31/2011 ANNUAL REPORT	View image in PDF format
l	06/16/2010 ANNUAL REPORT	View image in PDF format
l	01/21/2009 ANNUAL REPORT	View image in PDF format
l	01/14/2008 ANNUAL REPORT	View image in PDF format
l	01/06/2007 ANNUAL REPORT	View image in PDF format
l	01/24/2006 ANNUAL REPORT	View image in PDF format
l	01/25/2005 ANNUAL REPORT	View image in PDF format
l	01/20/2004 ANNUAL REPORT	View image in PDF format
l	01/28/2003 ANNUAL REPORT	View image in PDF format
l	07/12/2002 ANNUAL REPORT	View image in PDF format
l	01/26/2001 ANNUAL REPORT	View image in PDF format
l	02/22/2000 ANNUAL REPORT	View image in PDF format
l	03/03/1999 ANNUAL REPORT	View image in PDF format
l	03/19/1998 ANNUAL REPORT	View image in PDF format
l	03/14/1997 ANNUAL REPORT	View image in PDF format
l	04/01/1996 ANNUAL REPORT	View image in PDF format
l	04/11/1995 ANNUAL REPORT	View image in PDF format
l		

Florida Department of State, Division of Corporations

SECTION 5 - BID SUBMISSION CHECK LIST

Phone:	Y NAME: (Please Print): + 10 / 100 /
/	BEFORE SUBMITTING YOUR BID, MAKE SURE YOU
1.	Carefully read the SPECIFICATIONS.
2.	Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").
3.	Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.
4.	Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").
5.	Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.
6.	Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.
7.	CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").
8.	Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
9.	Submit Electronically via Demandstar.com
10.	Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID. THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

Description

(Liquid Chlorine)

Sodium Hypochlorite-Batch

Item

No.

a.

Est. Qty.

73,500

BID NUMBER: 21-16-02-HR

EXTENDED

PRICE

Unit Cost

SECTION 6 - BID SUBMISSION PACKAGE SCHEDULE "A" CITY OF SUNRISE BID SHEET & CERTIFICATION

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING

NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

MFG/

Trade Name

a.	73,500	(No minimum quantity)	Brenntag	1,20 ! \$/gallon	s 91,0665
b.	48,000	Sodium Hypochlorite- Continuous (Liquid Chlorine) (No minimum quantity)	Sentry or Brenntag	1.23 9 \$/gallon	\$59,472
Т	OTAL BID (OFFER (Items a-b): \$	150,53/8	, 50	
		hed fifty five 1	nundred this	ty Eight	- and 5
F	Vritten Dolla North College Name	ar Amount) J. Q. POOL FILS,	Inc. S	of Authorized Per	Hena ye
			TINGENCY PRICING		
		RUSH Fee for Expedited Delivery within 48 Hours of notice.			
		ndicate the percentage (%			
V	endor to inc	dicate, any drum deposit	charges, if applicable	: Item No. <u> </u>	\$
A	ll deliveries v	will be made by Common C	Carrier ONLY. Yes	X No	
D C	elivery will	be made within NLY if Bidder is unable to d	calendar days after re	ceipt of purchase	
lf co	applicable, v	would you extend the price on concurrence with this of	s bid herein to other muffer to other municipaliti	unicipalities? Awar es. Yes: N	rd of bid is not o:
	DDENDUM		aint of any and all adda	nda if any by liati	ng the Addends
		cknowledge below the rece of issuance. Addendum #			

I, the undersigned hereby agree to furnish the items and / or services described in this Invitation for Bid. I certify that I have read the entire document, including the Specifications, Requirements, Terms & Conditions and Schedules, and agree to furnish the items and services under the requirements of the Bid.

I also certify that this Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature that the person signing this Certification is authorized

to bind the firm by their signature.		
Company Name: Florida Po	001 HIIS, -	Inc.
Address 1025 Gateway	Blvd #303.	-336
city boynton Beach	State FC	_zip 33426
Phone# 501-802-7600 Fax#	E-Mail	100nne@FloridaPcolfills.
Signature: Sham of hufferan	Title Presiden-	CO 90
Printed Name: Shawn Luttenal	Jer	
FEID or Social Security No. 85-27432	207	

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Please be advised that pursuant to Section 119.071(5) (a) 2.a., Florida Statutes, the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

SCHEDULE "B" CITY OF SUNRISE NON-COLLUSION AFFIDAVIT

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document <u>MUST</u> be submitted with the bid.

STA	ATE OF Florida)
CO	UNTY OF Palm Beach) SS
ah	awn Luffenauer , being first duly sworn, deposes and
-	s that pe or print name of person who is signing below)
1.	He/she is the
2.	He/she is fully informed with respect to the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.
3.	Said Bid is made without any connection or common interest in the profits with any other persons making a Bid for the said commodities/services. Said Bid is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Sunrise is directly or indirectly interested therein. If any relatives are employed by the City, indicate name and relationship below.
Nar	ne: Relationship:
Nar	me: Relationship:
Cor	mpany Name: Plorida Pool F115, Inc
	ders' Authorized Signature: Lam of Latterne
Sur	oscribed and sworn to before me this 25 day of February , 20 21
Not	Joanne may Cione
(<i>Pri</i> Per	int, Type or Stamp name of Notary Public) resonally known or Produced I.D. De and number of I.D. Produced: JOANNE MARY CIONE Notary Public - State of Florida Commission # GG 313884 My Comm. Expires Jun 20, 2023 Bonded through National Notary Assn.

SCHEDULE "C" CITY OF SUNRISE **BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION**

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL SUBMISSIONS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision 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 shall:

- 1. 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. 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. 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. 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.
- 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.
- Make a good faith effort to continue to maintain a drug-free workplace through implementation 6. of this section. As the person authorized to sign the statement, I certify that this Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287,087

> VENDOR'S SIGNATURE lorida Pool Fills,

SCHEDULE "D" CITY OF SUNRISE **BIDDER'S QUALIFICATION STATEMENT**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Company Name: Florida Pool Fills, Inc.
Address: 1025 Gateway BIVd #303-336 Boynton Beach FC 33426
Address: 1025 Gateway BIVd #303-336 Boynton Beach FC 33426 Street City State Zip Code Telephone: 001 802-7600 Fax:(
Web Site: NWW-Florida Poolfills-Com
How many years has your organization been in business under its present name? <u>GMOL</u> HS
If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute:
Under what former names has your business operated?
At what address was that business located?
Are You Certified? Yes X No If Yes, ATTACH COPY OF LICENSE Are You Licensed? Yes X No If Yes, ATTACH COPY OF LICENSE
Has your company or its senior officers ever declared bankruptcy? Yes No If yes, explain:
Are you a sales representative, distributor,broker, manufacturer of the commodities/services bid upon?
Have you ever received a Contract or a Purchase Order from the City of Sunrise or other government entity? Yes No _X If Yes, explain (date, service/project, bid title, etc.)_
Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes NoX_ if yes, explain:
Have you ever been debarred or suspended from doing business with any government entity? Yes NoX If Yes, explain
Please identify each incident within the last five (5) years where a civil, criminal, administrative, other similar proceeding was filed or is pending; if such proceeding arises from or is a dispute concerning the Consultant's rights, remedies or duties under a Contract for the same or similar type services to be provided under this Bid:
(Attach additional sheets as necessary)

SCHEDULE "D" (Continued) REFERENCES:

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Address: 3161 Taff Street	Agency/Firm Name: Midtown Atlethic Club Address: 2306 Royal Poum Blvd
Hollywood City/State/Zip Code: Hollywood FL33021 Phone: 951-989-9622 Fax: Contact: Angel roa Garrido E-Mail: agarridoc. masouthflorida.	City/State/Zip Code: Weston PL 33326 Phone: 954-400-6834 Fax: 954 400-6834 Contact: Jose mcSherry E-Mail: Dise, mcSherry @ midtown.com
Agency/Firm Name: Par Kcity Mobile Address: 8440 Sw20195+	Agency/Firm Name: David Posnact Jewish Commun Address: 5850 S. Pine Island Rocente
City/State/Zip Code: Davie FC, 33324 Phone: 954-394-0425 Fax: Contact: Churis E-Mail: Parkaty @ aol. com	City/State/Zip Code: Davie Fl.33338 Phone: 954-394-7986 Fax: Contact: Dulle Seulla E-Mail: JSeulla@cpjcc.org
Agency/Firm Name Agua 10 to Swim (br) to Address: 11510; W. State Rd 84	Agency/Firm Name: International Village Address: 3706 Inverrary De.
City/State/Zip Code: DQVIC 33335 Phone: 186-838-8000 Fax: Contact: TUII TOUMIA E-Mail: 1 FOUMIA PAGUATOER.	City/State/Zip Code: Laude/hill Fl. 33319 Phone: 954-297-1001 Fax: Contact: Tony Russell E-Mail: Pussellsapolservice and repair @
	om gmail.com
ADDRESS 1025 Cateway Bly Boynton Beach, F	L 33426
PHONE: 561-802-7600	FAX:

SIGNATURE AND TITLE: TELEPHONE: 561-80

DATE:

SCHEDULE "E" CITY OF SUNRISE

WARRANTY INFORMATION FORM

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN MAKE AND MODEL OF ITEM PROPOSED: DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly) DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS? _____YES____X__NO WARRANTY PERIOD FOR PARTS REPLACEMENT______N/A WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN TELEPHONE:_____FAX: _____ EMAIL: NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD: TELEPHONE: EMAIL: A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH: _____YES ____ X NO Pool Fills, Inc. Florida



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/19/2021

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.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to			ch endorsement(s)		equire an endorsement.	A statement
	DUCER			CONTACT NAME:			
Insurance by Ken Brown, Inc. 707 Pennsylvania Ave Ste 1300			PHONE (A/C, No, Ext): 321-397	7-3870	(A/C, No): 3	321-397-3888	
	monte Springs FL 32701			E-MAIL ADDRESS: certificate	s@insbykenb	rown.com	
				tns	URER(S) AFFOR	DING COVERAGE	NAIC
				INSURER A: Amerisur	e Insurance (Company	1948
	RED		FLORPOO-01	INSURER B:		32 11/15/64	
	rida Pool Fills Inc. 25 Gateway Blvd.#303-336			INSURER C:			
	nton Beach FL 33426			INSURER D:		AND AND ASSESSMENT OF THE PARTY	I
				INSURER E :			
				INSURER F:		JAPAN A MICHAEL	
0	VERAGES CER	IFICA	TE NUMBER: 280256740			REVISION NUMBER:	
IN	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH I	QUIRE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER DESCRIBED	DOCUMENT WITH RESPEC	T TO WHICH T
SR TR	TYPE OF INSURANCE	ADDL SU	JBR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	s
4	X COMMERCIAL GENERAL LIABILITY	Y	CPP21114610101	3/1/2020	3/1/2021	EACH OCCURRENCE	\$1,000,000
2	CLAIMS-MADE X OCCUR		CONTRACTOR AND			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	OCON OCON					MED EXP (Any one person)	\$5,000
				1		PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	T PPO					PRODUCTS - COMP/OP AGG	\$2,000,000
						PRODUCTS - COMPTOP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY	Y	CA20863670701	3/1/2020	3/1/2021	COMBINED SINGLE LIMIT	\$1,000,000
	X ANY AUTO	•	CA20003070701	3/ 1/2020	3/ 1/2021	(Ea accident) BODILY INJURY (Per person)	s
	OWNED SCHEDULED					BODILY INJURY (Per accident)	\$ 500,000
	AUTOS ONLY AUTOS			N.		PROPERTY DAMAGE	\$
	X AUTOS ONLY X AUTOS ONLY	1				(Per accident)	S
_		-					
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
_	DED RETENTION \$ WORKERS COMPENSATION	-	Weggggggg	0440000	0440004	V I PER OTH-	\$
	AND EMPLOYERS' LIABILITY Y/N		WC208636607	3/1/2020	3/1/2021	X PER OTH-	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$ 500,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	1770
_	DÉSCRIPTION OF OPERATIONS below	_				E.L. DISEASE - POLICY LIMIT	\$500,000
		F8 (44					
e	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC rtificate holder is additional insured on th	e gene	eral liability and auto policies a	as required by writter	n contract. Co	verage is primary and nor	a-contributory.
CE	RTIFICATE HOLDER			CANCELLATION	1		
	City of Sunrise- Attn: Procurement Manage	er		THE EXPIRATION	N DATE TH	DESCRIBED POLICIES BE OF HEREOF, NOTICE WILL CYPROVISIONS.	
Purchasing Office 10770 West Oakland Park Blvd. Sunrise FL 33351			David R. Gibliths				



Department of State / Division of Corporations / Search Records / Search by FEI/EIN Number /

Detail by FEI/EIN Number

Florida Profit Corporation FLORIDA POOL FILLS, INC.

Filing Information

Document Number

P20000063989

FEI/EIN Number

85-2743207

Date Filed

08/12/2020

State

FL

Status

ACTIVE

Last Event

AMENDMENT

Event Date Filed

09/03/2020

Event Effective Date

NONE

Principal Address

1025 GATEWAY BLVD. SUITE 303-336

BOYNTON BEACH, FL 33426

Mailing Address

1025 GATEWAY BLVD. SUITE 303-336

BOYNTON BEACH, FL 33426

Registered Agent Name & Address

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

Officer/Director Detail

Name & Address

Title P

LUTTENAUER, SHAWN MICHAEL 8746 CARAWAY LAKE CT.

BOYNTON BEACH, FL 33473

Annual Reports

Report Year

Filed Date

2021

03/15/2021

Document Images

03/15/2021 - ANNUAL REPORT

View image in POF format

09/03/2020 -- Amendment

View image in PDF former

08/12/2020 - Domestic Profit

View mage in PDF format

SECTION 5 - BID SUBMISSION CHECK LIST

COMPANY NAME: (Please Print): Hawkins, Inc.				
Phone: 80	0-330-1369 Fax: 800-524-9315			
	BEFORE SUBMITTING YOUR BID, MAKE SURE YOU			
<u>X</u> 1.	Carefully read the SPECIFICATIONS.			
X 2.	Properly fill out the BID SHEET and CERTIFICATION PAGE (Schedule "A").			
X 3.	Fill out and sign the NON-COLLUSION AFFIDAVIT (Schedule "B") and have it properly notarized.			
X4.	Sign the VENDOR DRUG FREE STATEMENT (Schedule "C").			
X 5.	Fill out the VENDOR QUALIFICATION STATEMENT (Schedule "D"), if required.			
X 6.	Include WARRANTY INFORMATION FORM AND EXHIBITS (Schedule "E"), if required.			
X7.	CHECK THE INSURANCE and LICENSE requirements to be sure you comply, and submit PROOF of INSURANCES or LICENSES, if required, with your Bid (Schedule "F").			
<u>N/A</u> 8.	Complete STATEMENT OF NO BID (Schedule "G"), if applicable.			
X 9.	Submit Electronically via Demandstar.com			
X10.	Make sure your BID is submitted prior to the deadline. Late Bids will not be accepted.			

FAILURE TO PROVIDE THE REQUESTED SCHEDULES MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

THIS PAGE AND THE FOLLOWING PAGES ARE TO BE RETURNED WITH YOUR BID.

THIS SHOULD BE THE FIRST PAGE OF YOUR BID.

Page 20

SECTION 6 - BID SUBMISSION PACKAGE SCHEDULE "A" CITY OF SUNRISE **BID SHEET & CERTIFICATION**

ALL BIDS SHALL REMAIN VALID FOR NINETY (90) DAYS AFTER BID OPENING NOTE: Minimum order requirements are not acceptable due to the nature of this bid. Items will be bought in units specified below.

ltem No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
1.	-22 4- 234	Soda Ash, 50 LB bag	GENESIS ALKALI / Soda Ash Grade 100	\$22.00/bag	\$5,148.00
2.	146	Diatomaceous Earth 50 LB bag	EP MINERALS LLC / Filter Aid EP SP Grade	\$ 29.00 /bag	\$4,234.00
3.	1,257 1,287	Sodium Bicarbonate 50 LB bag	GENESIS ALKALI / Sodium Bicarboante	\$ 19.50 /bag	\$ 25,096.50
4.	- 54 - 55	Cyanuric Acid . 100 LB drum	Universal Packaging Company / Cyanuric Acid	\$125.00/drum	\$6,875.00
5.	e 16	Cyanuric Acid -50-LB-drum 25 lb pail	Universal Packaging Company / Cyanuric Acid	\$ 65.00 _{/drum}	\$1,040.00
6.	24	Muriatic Acid 55 Gallon drum	Hawkins, Inc. / Hydrochloric Acid 20'	\$ 129.00 _{drum}	\$ 3,096.00
7.	-6,369 6,569	Muriatic Acid 1 Gallon container	Sunbelt Pool Products / Hydrochloric Acid 31.45%	\$_4.00 /gallon	\$ <u>26,276.00</u>
8.	- 1,122 - 1,172	Calcium Chloride 50 LB bag	Knight Chemicals LLC / Calcium Chloride 77-80% Regular Flake	\$_16.00 _{/bag}	\$_18,752.00
9a.	23,400	Sodium Hypochlorite-Batch (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	N/A	\$/gallon	\$
9b.	48,500	Sodium Hypochlorite- <u>Batch</u> (Liquid Chlorine) (No minimum quantity)	N/A	\$ /gallon	\$
10a.	275,000	Sodium Hypochlorite- Continuous (Liquid Chlorine) 500 gallons minimum quantity delivered at one time	N/A	\$/gallon	\$

Hawkins, Inc.	Raymond Pool	
Vendor Name	Name of Authorized Person	

ltem No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE	
10b.	48,000	Sodium Hypochlorite- <u>Continuous</u> (Liquid Chlorine) (No minimum quantity)	N/A	\$/gallon		
11.	69	Chlorine Dry Tablet (3" Tablet) 50 LB pail	Arch Chemicals Inc / Calcium Hypo Ind 2 5/8" Tab \$ 119.00 _{pail}		\$8,211.00	
12.	24	Sodium Trichloride 50 LB bag			\$	
13.	40	Calcium Hypochlorite 100 LB drums	Arch Chemicals Inc / CCH Granular	\$ 165.00 _{drum}	\$6,600.00	
14.	62	Calcium Hypochlorite 25 LB pail	Arch Chemicals Inc. / Calcium Hypochlorite	\$75.00 /pail	\$4,650.00	
15.	2,759	Chlorine Briquettes, Pulsar Brand only, no substitutes 50 LB pail	N/A	\$ /pail	\$	
16.	120	Potassium Peroxymonosulfate 50 LB pail	N/A	\$ /pail	\$	
17.	- 1,760 - 2,200 bgs	Course Rock Salt, Morton White Crystal Solar Salt, or equal -50-LB-pail- 40 lb bag	Cargill Salt / Sodium Chloride, Solar Salt	\$ 13.00 _{/pail}	\$28,600.00	
18.	72	Tile Cleaner 1 Quart Container	N/A	\$ /container	\$	
19.	50	All Clear Mustard Knock- out, or equal 2 LB Container	N/A	\$/container	\$	

	10705	2 LB Container	N/A	\$	/container	\$	
TC	TAL BID	OFFER (Items 1-19):	138,578.50				
_		ed thirty-eight thousand fiv	e hundred seventy	eight dollars	and 50 cents	(For Select Items	s Only
	awkins, In		Ra	ymond Pool			
Ve	ndor Nam	ne		Name of Aut	horized Perso	on	

CONTINGENCY PRICING

RUSH Fee for Expedited Delivery	\$ 0.00	/delivery
within 48 Hours of notice.		

Vendors to indicate the percentage (%) off the balance of line.	_%
Vendor to indicate, any drum deposit charges, if applicable: Item No. N/A	<u> </u>
All deliveries will be made by Common Carrier ONLY. Yes No_X	
Delivery will be made within 3-5 calendar days after receipt of purch Completed ONLY if Bidder is unable to comply with specified delivery requirem within the bid document.	
If applicable, would you extend the prices bid herein to other municipalities? Avcontingent upon concurrence with this offer to other municipalities. Yes: X	
ADDENDUM RECEIPT Bidder shall acknowledge below the receipt of any and all addenda, if any, by line, and date of issuance. Addendum #: 1 / Date 01/25/2021 Addendum #: _	
I, the undersigned hereby agree to furnish the items and / or services described Bid. I certify that I have read the entire document, including the Specification Terms & Conditions and Schedules, and agree to furnish the items and requirements of the Bid.	ons, Requirements,
I also certify that this Bid is submitted without prior understanding, agreement any corporation, firm or person submitting a Request for Submittal for the same and supplies and is in all respects fair and without collusion or fraud.	
The Respondent certifies by his/her signature that the person signing this Certified bind the firm by their signature.	ication is authorized
Company Name: Hawkins, Inc	
Address 2263 Clark St	100
City Apopka State Florida	Zip 32703
Phone# 800-330-1369 Fax# 800-524-9315 E-Ma	il chuck.pool@hawkinsinc.com
Signature:Title Regional Manager	
Printed Name: Raymond Pool	_ ,
FEID or Social Security No. 41-0771293	

SCHEDULE "B" CITY OF SUNRISE NON-COLLUSION AFFIDAVIT

This affidavit is to be filled in, executed and notarized by the Bidder. If the bid is made by a Corporation, then it should be executed by its Chief Officer. This document <u>MUST</u> be submitted with the bid.

ST	ATE OF Florida)	
CC	OUNTY OF Orange)	
	Raymond Pool	, being first duly sworn, deposes and
C	rs that rpe or print name of person who is sig	
1.	He/she is the Regional Manager or Agent) of the Bidder that has submitted the att	(Owner, Partner, Officer, Representative tached Bid.
2.	He/she is fully informed with respect to of all pertinent circumstances respecting	the preparation and contents of the attached Bid and ng such Bid.
3.	persons making a Bid for the said common fair and without collusion or fraud. No hard	ction or common interest in the profits with any other modities/services. Said Bid is on our part in all respects nead of any department, any employee or any officer of ctly interested therein. If any relatives are employed by p below.
Nai	me: N/A	Relationship:
Na	me:	Relationship:
Co	mpany Name: Hawkins, Inc.	
Bid	ders' Authorized Signature:	
Sul	oseribed and sworn to before me this 1s	st day of February , 2021
No	ary Public	Notary Public State of Florida
Per	int, Type or Stamp name of Notary Publicsonally known X or Produced I.D. eand number of I.D. Produced:	(c) Brandon Rice

SCHEDULE "C" CITY OF SUNRISE BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION

Preference may be given to Vendors submitting a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

<u>IDENTICAL SUBMISSIONS</u> - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids, Bids or replies which are equal with respect to price, quality, and service are received by the State or by any political subdivision 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 shall:

- 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.
- 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.
- 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. 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 noto 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.
- 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. 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 Vendor complies fully with the above requirements.

I hereby certify that the company submitting this Bid has established a Drug Free work place program in accordance with State Statute 287.087

Raymond Pool / Regional Manager
VENDOR'S SIGNATURE

Hawkins, Inc.

COMPANY'S NAME

SCHEDULE "D" CITY OF SUNRISE BIDDER'S QUALIFICATION STATEMENT

BID NUMBER: 21-05-12-HR

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

Address:	2263 Clark St	Ap	opka	FL	32703
	Street	- 4900	City	State	Zip Code pool@hawkinsinc.com
Telephone	e:(<u>800</u>) <u>330-1369</u>	Fax:(800)524-9315	E-Mail: Cluck.	pool@nawkiiisinc.com
Web Site:	www.hawkinsinc.com			*	
How many	y years has your organ	nization been	in business u	nder its present na	me? 55 years
	s operating under Ficti tute: _N/A	tious Name,		ce of compliance w	vith Florida Fictitious
Under wha	at former names has y	our business	operated? _		
At what ac	ddress was that busine	ess located?	2381 Rosegate	, Roseville, MN 55113	
Are You C	Certified? Yes_x	No	If Yes, ATTAC	H COPY OF LICE	NSE
Are You L	icensed? Yes	No	If Yes, ATTAC	H COPY OF LICE	NSE
Yes Are you a	company or its senior No_x sales representative,	If yes,	explain:		nufacturer ×
of the com	nmodities/services bid	upon?			
governme	ever received a Contr ent entity? Yesx een awarded many munici	No	If Yes, explain	n (date, service/pro	oject, bid title, etc.)_
	ever received a comp				
	ever been debarred o No <u>x</u> _If Yes, ex		from doing bu	siness with any go	vernment entity?
other simi	entify each incident w ilar proceeding was fi g the Consultant's righ o be provided under th	led or is pen its, remedies	ding; if such or duties unde	proceeding arises	from or is a disput
(Attach a	dditional sheets as ne	cessary)			

SCHEDULE "D" (Continued) REFERENCES:

List all pertinent government agencies and private firm(s) with whom you have done business within the past three (3) years:

Agency/Firm Name: Coral Springs Imp Dist	Agency/Firm Name: Miami Dade County			
Address: 10300 NW 11th Manor	Address: 111 NW 1st Street, 26th Floor			
City/State/Zip Code: Coral Springs, FL 33071	City/State/Zip Code: Miami, FL 33132			
Phone: 954-796-6665	Phone: 305-665-1626			
Fax:	Fax:			
Contact: Joe Stephens	Contact: Jim O'Connor			
E-Mail: joes@csidfl.org	E-Mail: joconnor@miamidade.gov			
Agency/Firm Name: City of Marathan	Agency/Firm Names Palm Reach County ROCC			
Agency/Firm Name: City of Marathon Address: 9805 Overseas Hwy	Agency/Firm Name: Palm Beach County BOCC			
Address: 5005 Overseas riwy	Address: 1500 North Jog Rd			
City/State/Zip Code: Marathon, FL 33050	City/State/Zip Code: West Palm Beach, FL 33417			
Phone: 305-743-7600	Phone: 561-616-6825			
Fax:	Fax:			
Contact: Amanda Riley	Contact: Aurora Ventosa			
E-Mail: rileya@ci.marathon.fl.us	E-Mail: aventosa@pbcgov.org			
Agency/Firm Name: City of Dania Beach Address: 1201 Stirling Rd	Agency/Firm Name: Florida Keys Aqueduct Address: 780 Blimp Road			
City/State/Zip Code: Dania Beach, FL 33004	City/State/Zip Code: Cudjoe Key, FL 33042			
Phone: 954-924-6808 ext 3617	Phone: 305-295-2237			
Fax:	Fax:			
Contact: Dincer Akin Ozaydin	Contact: Melinda Rodriguez			
E-Mail: dozaydin@daniabeachfl.gov	E-Mail: mrodriguez@fkaa.com			
YOUR COMPANY NAME _ Hawkins, Inc.				
ADDRESS 2263 Clark St, Apopka, FL 32703				
PHONE: 800-330-1369	FAX: 800-524-9315			
EMAIL: chuck.pool@hawkinsinc.com				

SCHEDULE "E" CITY OF SUNRISE

WARRANTY INFORMATION FORM

ALL BLANKS SHOULD BE FILLED IN AND SUBMITTED WITH BID MINIMUM WARRANTY SHALL BE AS SPECIFIED HEREIN

MAKE AND MODEL OF ITEM PROPOS	SED:
Explicitly)	E PACKAGE OR ONLY TO SPECIFIC PARTS? (State
DOES WARRANTY INCLUDE LABORNO	FOR REPLACEMENT OF DEFECTIVE PARTS?
WARRANTY PERIOD FOR PARTS REPLACEMENT_	
WARRANT ARRIVANCE WA	HERE, IN THE EVENT OF FAILURE WITHIN
TELEPHONE:EMAIL:	FAX:
NEAREST SOURCE TO THE CITY OF WARRANTY PERIOD: 5705 Dewey St, Hollywood, FL 33023	SUNRISE FOR PARTS AND SERVICE AFTER
TELEPHONE: 305-731-7800 EMAIL: will.thompkins@hawkinsinc.com	FAX:
A COPY OF COMPLETE WARRANTYYES	STATEMENT IS SUBMITTED HEREWITH:NO
NAME OF BIDDER: Hawkins, Inc.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE AND TITLE: TELEPHONE: 800-330-1369	Raymond Pool / Regional Manager FAX: 800-524-9315
DATE: 02/01/2021	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/16/2020

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 rights to the certificate holder in Ileu of such endorsement(s).

PRODUCER		NAME: Priscila Coulter		
Marsh & McLennan Agency LLC 6160 Golden Hills Drive		PHONE (A/C, No. Ext):	FAX (A/C, No): 212-9	48-9962
Minneapolis MN 55416		shMMA.com		
		INSURER(S) AFFO	RDING COVERAGE	NAIC#
TOTAL TOTAL CONTROL OF THE PARTY OF THE PART	The second secon	INSURER A: Nautilus Insurance Company		17370
INSURED	HAWKIINC	INSURER B : Aspen Speciality Insurnace Company		10717
Hawkins, Inc. 2381 Rosegate		INSURER c : Great Divide Insurance Company		25224
Roseville, MN 55113		INSURER D: The Ins Co of the State of Pennsylvania		19429
		INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: 857583371 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.

ISR TR	TYPE OF INSURANCE	INSO WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		GLP203306910	9/30/2020	9/30/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$1,000,000
1	X Products Poll					MED EXP (Any one person)	\$25,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	1				GENERAL AGGREGATE	\$3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
-	OTHER:						\$
C	AUTOMOBILE LIABILITY		BAP203306810	9/30/2020	9/30/2021	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
İ	X ANY AUTO					BODILY INJURY (Per person)	\$
1	OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY X MCS-90 X CA 9948					BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
1						BI/PD Deductible	\$ 25,000
A	UMBRELLA LIAB X OCCUR		FFX203307010	9/30/2020	9/30/2021	EACH OCCURRENCE	\$15,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$15,000,000
	DED X RETENTIONS 0						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WC014220495	9/30/2020	9/30/2021	X PER OTH-	
- 1	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A		1		E.L. EACH ACCIDENT	\$1,000,000
- 1	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A B D	Pollution Liability Pollution Liability (XS) Work Comp (CA only)		SSP201587911 EXAFVXW18 WC014220496	9/30/2018 9/30/2018 9/30/2020	9/30/2021 9/30/2021 9/30/2021	Total Limit with primary and excess Employers Liability	\$25,000,000 Occ \$25,000,000 Agg \$1M/\$1M/\$1M

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

This insurance is issued pursuant to the Minnesota surplus lines insurance act. The insurer is an eligible surplus lines insurer but is not otherwise licensed by the State of Minnesota. In case of insolvency, payment of claims is not guaranteed. Companies A & B are subject to statutes and regulations of surplus lines carriers.

Pollution Liability Retro Date: 12/15/1995

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.
For Informational Purposes Only	Roesa Smyth

Florida Department of State

Division of Corporations



Department of State / Division of Corporations / Search Records / Search by FEI/EIN Number /

Detail by FEI/EIN Number

Foreign Profit Corporation

HAWKINS WATER TREATMENT GROUP, INC.

Cross Reference Name

HAWKINS, INC.

Filing Information

 Document Number
 F14000004437

 FEI/EIN Number
 41-0771293

 Date Filed
 10/20/2014

State MN Status ACTIVE

Principal Address

2381 ROSEGATE ROSEVILLE, MN 55113

Mailing Address

2381 ROSEGATE

ROSEVILLE, MN 55113

Registered Agent Name & Address

NATIONAL REGISTERED AGENTS, INC. 1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

Officer/Director Detail

Name & Address

Title D

SKAAR, DARYL 2381 ROSEGATE ROSEVILLE, MN 55113

Title D

JERGENSON, DUANE 2381 ROSEGATE ROSEVILLE, MN 55113

Title President, CEO, Director

HAWKINS, PATRICK

2381 ROSEGATE ROSEVILLE, MN 55113

Title VP

Lange, Douglas 2381 ROSEGATE ROSEVILLE, MN 55113

Title Secretary, VP

ERSTAD, RICHARD 2381 ROSEGATE ROSEVILLE, MN 55113

Title Treasurer, CFO

Oldenkamp, Jeff 2381 ROSEGATE ROSEVILLE, MN 55113

Title VP

Grahek, Drew 2381 ROSEGATE ROSEVILLE, MN 55113

Title VP

Sevenich, John 2381 ROSEGATE ROSEVILLE, MN 55113

Title VP

Moran, Theresa 2381 ROSEGATE ROSEVILLE, MN 55113

Annual Reports

Report Year	Filed Date
2020	01/08/2020
2020	07/30/2020
2021	02/10/2021

Document Images

02/10/2021 ANNUAL REPORT	View image in PDF format
07/30/2020 AMENDED ANNUAL REPORT	View image in PDF format
01/08/2020 ANNUAL REPORT	View image in PDF format
01/03/2019 ANNUAL REPORT	View image in PDF format
01/09/2018 ANNUAL REPORT	View image in PDF format
01/17/2017 ANNUAL REPORT	

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03/02/2016 -- ANNUAL REPORT

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10/20/2014 -- Foreign Profit

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Florida Department of State, Division of Corporations