

SECTION 5 - BID SUBMISSION CHECK LIST

<p>COMPANY NAME: (Please Print): <u>A.C. Schultes of Florida, Inc.</u> Phone: <u>813-741-3010</u> Fax: <u>813-741-3010</u></p>

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.
- 10. Include a Bid Bond, if applicable.
- 11. 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.

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

Item No.	Description	Qty	UOM	Unit Cost	Total Monthly Cost	Total Extended Annual Cost for all Wells
1	Monthly Monitoring / Testing of Wells, as specified herein	6	Each Well	\$ <u>1,000.00</u> <i>(cost of EACH well per MONTH)</i>	\$ <u>6,000.00</u> <i>(cost of ALL Wells per MONTH)</i>	\$ <u>72,000.00</u> <i>(cost of ALL wells ANNUALLY)</i>

Item No.	Description	Qty	UOM	Unit Cost	Total Extended Cost
2	Chemical Treatments, as specified herein	52	Each	\$ <u>6,500.00/ea</u>	\$ <u>338,000.00</u>
3	Complete Well Rehabilitation, as specified herein	13	Each	\$ <u>36,750.00/ea</u>	\$ <u>477,750.00</u>
4	Calibration of Well Flow Meters	16	Each	\$ <u>1,800.00/ea</u>	\$ <u>28,800.00</u>
5	Non-Emergency Response (per hour) – See Sections G and H in Specifications	350	Hour	\$ <u>350.00/hr</u>	\$ <u>122,500.00</u>
6	Emergency Response (per hour) - See Sections G and H in Specifications	50	Hour	\$ <u>600.00/hr</u>	\$ <u>30,000.00</u>

TOTAL BID OFFER (Items 1 through 6): \$ 1,069,050.00

One Million sixty-nine thousand fifty dollars and zero cents
(Written Amount)

BID TITLE: Annual Wellfield Maintenance

BID NUMBER: 23-45-09-VH

All deliveries will be made by Common Carrier ONLY. Yes _____ No _____

Delivery will be made within _____ 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: _____

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 NO: 1 /DATE 11/08/23 ADDENDUM NO: 2 /DATE 11/14/23

ADDENDUM NO: _____ /DATE _____ ADDENDUM NO: _____ /DATE _____

A.C. Schultes of Florida, Inc.
Vendor Name

Gregory Schultes
Name of Authorized Person

SCHEDULE "A"
(Continued)

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: A.C. Schultes of Florida, Inc.

Address 11865 US Hwy 41 South

City Gibsonton State FL Zip 33534

Phone# 813-741-3010 Fax# 813-741-3010 E-Mail Greg.acsfl@acschultes.com

Signature:  Title Vice President

Printed Name: Gregory Schultes

FEID or Social Security No. 14-1871186

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 MUST be submitted with the bid.

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH) SS

Gregory Schultes, being first duly sworn, deposes and says that
(Type or print name of person who is signing below)

1. He/she is the Owner (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.
4. Under penalty of perjury, I certify that the information presented in this Affidavit is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in disqualification from submitting bids, and/or referral to criminal law enforcement. The information provided is subject to verification by the City of Sunrise.
5. I understand that Florida Statutes Chapter 817 provides that willful false statements or misrepresentation is a misdemeanor of the first degree punishable by fines or imprisonment provided under Florida Statutes §775.082 or 775.83. I further understand that any willful misstatement of information will be grounds for disqualification. I certify, under oath, that the information provided is true and correct.

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Company Name: A.C. Schultes of Florida, Inc.

Bidder's Authorized Signature: _____

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 16th day of November, 2023, by Gregory Schultes, as Vice President (title) of A.C. Schultes of Florida, Inc. (Company).

Anna Cominski
Signature of Notary Public – State of Florida

(SEAL)

Anna Cominski
Print, type or stamp commissioned name of Notary Public



ANNA COMINSKI
Notary Public
State of Florida
Comm# HH248646
Expires 4/4/2026

Personally Known OR Produced Identification

Type of Identification Produced _____

**SCHEDULE "C"
CITY OF SUNRISE**

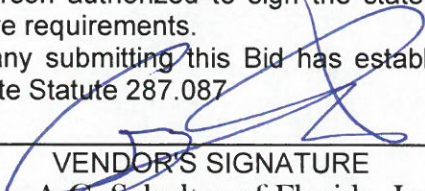
BIDDER'S DRUG - FREE WORKPLACE CERTIFICATION

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:

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.
5. 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
 A.C. Schultes of Florida, 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: A.C. Schultes of Florida, Inc.

Address:

11865 US Hwy 41 South, Gibsonton, FL 33534

Street City State Zip Code

Telephone: (813) 741-3010 Fax: (813) 741-3010 E-

Mail: Greg.acsfl@ACSchultes.com

Web Site: www.acschultes.com

How many years has your organization been in business under its present name? 20 years Yes

If Bidder is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute:

Under what former names has your business operated? :

N/A

At what address was that business located?

N/A

Are You Certified? Yes No If Yes, ATTACH COPY OF LICENSE

Are You Licensed? Yes 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, N/A distributor, N/A broker, N/A manufacturer N/A 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 If Yes, explain (date, service/project, bid title, etc.) 1/29/2020

2/11/19 Southwest WTP Wells Replacement Bid# 18-46-09-VH & 1/29/20 Mechanical Integrity Testing Sawgrass WTP Concentrate Well CW1 Bid# 20-18-12-HR

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes No if yes, explain:

BID TITLE: Annual Wellfield Maintenance

BID NUMBER: 23-45-09-VH

Have you ever been debarred or suspended from doing business with any government entity?

Yes _____ No 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:

N/A

(Attach additional sheets as necessary)

**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:

Make and model of items required for the work will be provided at the time of quoting these items. This bid is a service contract and if items are required after inspection they will be provided in a separate quote.

DOES WARRANTY APPLY TO ENTIRE PACKAGE OR ONLY TO SPECIFIC PARTS? (State Explicitly)

A warranty for items supplied will be provided at that time. There is no warranty offered for rehabilitation of the wells.

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

YES typically no NO

WARRANTY PERIOD FOR PARTS

REPLACEMENT Typically it is 1 year, but this will be provided at the time items are supplied

WHO WILL PROVIDE LABOR, AND WHERE, IN THE EVENT OF FAILURE WITHIN WARRANTY

PERIOD? A.C. Schultes

TELEPHONE: 813-741-3010

FAX: n/a

EMAIL: greg.acsfl@acschultes.com

NEAREST SOURCE TO THE CITY OF SUNRISE FOR PARTS AND SERVICE AFTER WARRANTY PERIOD:

A.C. Schultes

TELEPHONE: 813-741-3010

FAX: n/a

EMAIL: greg.acsfl@acschultes.com

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH:

YES X NO

NAME OF BIDDER: A.C. Schultes of Florida, Inc.

SIGNATURE AND TITLE:

TELEPHONE: 813-741-3010

FAX: 813-741-3010

Vice President

DATE: 11/16/2023

SCHEDULE "F"
CITY OF SUNRISE

PROOF OF INSURANCE, REQUIRED LICENSES AND CERTIFICATIONS

ATTENTION BIDDER:

ATTACH TO SCHEDULE "F":

1. PROOF OF INSURANCE AS SPECIFIED HEREIN
2. COPIES OF LICENSES, IF APPLICABLE
3. IRS FORM W-9

NOTE: Only the successful Bidder shall be required to provide a Certificate of Insurance naming the City of Sunrise as additional insured.



July 31, 2025
Expiration Date

Well Construction Section
Water Use Permit Bureau

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

SCHULTES, GREGORY

A C SCHULTES OF FLORIDA INC
6005 FOAL CREEK DRIVE
PARRISH FL 34219

LICENSE NUMBER: CGC1516532

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

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





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/28/2023

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 lieu of such endorsement(s).

PRODUCER Odell Studner Group, LLC 200 North Warner Road, Ste 450 King of Prussia PA 19406	CONTACT NAME: Monica O'Toole PHONE (A/C, No, Ext): 484-586-3900 E-MAIL ADDRESS: certs@odellstudner.com	FAX (A/C, No): 610-995-0105
	INSURER(S) AFFORDING COVERAGE	
INSURED A.C. Schultes of Florida, Inc. A.C.S. & Sons, Inc. 11865 US Highway 41 South Gibsonton FL 33534	INSURER A : Zurich American Insurance Company NAIC # 16535	
	INSURER B : Travelers Property Casualty Company of America 25674	
	INSURER C : The Cincinnati Indemnity Company 23280	
	INSURER D : Allied Insurance Company of America 10127	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 423234507 **REVISION NUMBER:**

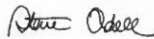
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GLO038070908	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP038071008	7/1/2023	7/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP2S94663123NF	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC038070808	7/1/2023	7/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Leased/Rented Equipment			ENP 0581903	7/1/2023	7/1/2024	Limit \$300,000
D	Equipment Floater Professional			03129434	7/1/2023	7/1/2024	Deductible \$750,000 Limit Occ./Agg. \$1MM/\$1MM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Pollution Liability (SIR \$25k) Carrier: Allied Insurance Company of America; Policy # 03129434; Policy term: 7/1/2023 to 7/1/2024 Limit Occ./Agg - \$2MM/\$2MM

Certificate holder and other Entities listed below as reasonably requested, are named additional insured under General Liability, Automobile Liability and Umbrella/Excess Liability follows form, only as required by written contract. Blanket Waiver of Subrogation in favor of the Certificate Holder and other Entities listed below as reasonably requested, with respect to General Liability, Automobile Liability, Workers' Compensation and Umbrella/Excess Liability follows form, as required by written contract and permitted by state law. This insurance is primary and non-contributory insurance as respects coverage to an additional insured persons, where the written contract or written agreement requires that this insurance be primary and non-contributory. 30 day notice of cancellation by carrier to be provided certificate holders for which there is an address listed, 10 days for non-payment of premium.
 Evidence of Insurance Coverage

CERTIFICATE HOLDER**CANCELLATION**

AC Shultes of Florida, Inc 11865 Highway 41 South Gibsonton FL 33543	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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A. C. Schultes of Florida, Inc.

11865 US Highway 41 South
Gibsonton, FL 33534
24 Hour Service
(813) 741-3010
Fax (813) 741-3170
Greg.acsfl@acschultes.com

SUBCONTRACTORS:

None anticipated.