

SECTION 5 - BID SUBMISSION CHECK LIST

COMPANY NAME: (Please Print):	Aquifer Maintenance & Performance Sys, Inc.	
Phone:	(501) 494-2844	Fax:

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").
- N/A 8. Complete STATEMENT OF NO BID (Schedule "G"), if applicable.
- 9. Submit Electronically.
- N/A 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>415⁰⁰</u> <i>(cost of EACH well per MONTH)</i>	\$ <u>2490⁰⁰</u> <i>(cost of ALL Wells per MONTH)</i>	\$ <u>29,000⁰⁰</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>895⁰⁰</u> /ea	\$ <u>46,540⁰⁰</u>
3	Complete Well Rehabilitation, as specified herein	13	Each	\$ <u>21,000⁰⁰</u> /ea	\$ <u>273,000⁰⁰</u>
4	Calibration of Well Flow Meters	16	Each	\$ <u>400⁰⁰</u> /ea	\$ <u>6,400⁰⁰</u>
5	Non-Emergency Response (per hour) – See Sections G and H in Specifications	350	Hour	\$ <u>180⁰⁰</u> /hr	\$ <u>63,000⁰⁰</u>
6	Emergency Response (per hour) - See Sections G and H in Specifications	50	Hour	\$ <u>225⁰⁰</u> /hr	\$ <u>11,250⁰⁰</u>

TOTAL BID OFFER (Items 1 through 6): \$ 430,070⁰⁰

four hundred thirty thousand seven dollars
(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: _____/DATE _____ ADDENDUM NO: _____/DATE _____

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

Water Maintenance & Performance
Vendor Name Systems, Inc.

James Murray
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: Aggrifor Maintenance & Performance Systems, Inc.

Address 7446 Haverhill Road N.

City West Palm Beach State FL Zip 33407

Phone# (561) 494-2944 Fax# (561) 494-2944 E-Mail ampsj@e-gmail.com

Signature: James Murray Title President

Printed Name: James Murray

FEID or Social Security No. 65-071672

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)
) SS
COUNTY OF Palm Beach)

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

1. He/she is the President (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: _____

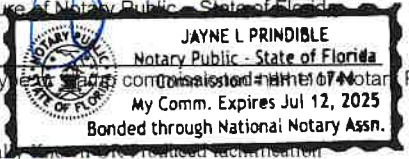
Company Name: Arquifer Maintenance + Performance Systems, Inc.

Bidder's Authorized Signature: James Murray

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 14th day of November, 2023 by James Murray as President (title) of Arquifer, Inc. (Company).

Signature of Notary Public - State of Florida _____ (SEAL)



Print, type or stamp the complete name of Notary Public

Personally known or produced documentation _____
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


 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: Aquifer Maintenance & Performance Systems, Inc.

Address: 1414 Haverhill Road N. West Palm Beach FL 33407
Street City State Zip Code

Telephone: (561) 494 2944 Fax: (561) 494 2944 E-

Mail: ampsjlp@gmail.com

Web Site: _____

How many years has your organization been in business under its present name? 35 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?

Are You Certified? Yes _____ 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 X If yes, explain:

Are you a sales representative, X distributor, X 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 X No _____ If Yes, explain (date, service/project, bid title, etc.)
2019 Annual Wellfield Maintenance Services Bid # 19-10-12-VH

Have you ever received a complaint on a Contract or bid awarded to you by any government entity? Yes _____ No X 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:

(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:

Agency/Firm Name: _____	Agency/Firm Name: _____
Address: _____	Address: _____
City/State/Zip Code: _____	City/State/Zip Code: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____
E-Mail: _____	E-Mail: _____

See Attached

Agency/Firm Name: _____	Agency/Firm Name: _____
Address: _____	Address: _____
City/State/Zip Code: _____	City/State/Zip Code: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____
E-Mail: _____	E-Mail: _____

Agency/Firm Name: _____	Agency/Firm Name: _____
Address: _____	Address: _____
City/State/Zip Code: _____	City/State/Zip Code: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Contact: _____	Contact: _____
E-Mail: _____	E-Mail: _____

YOUR COMPANY NAME Aquifer Maintenance & Performance Systems, Inc.

ADDRESS 7146 Marck Hill Road N.

West Palm Beach, FL 33407

PHONE: (561) 494-2844 **FAX:** 561 494 2944

EMAIL: amps_jp@smas.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 PROPOSED:

Submersible pumps + motors (3500-1800rpm), Column pipe +
Associated equipment

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

Entire Package

DOES WARRANTY INCLUDE LABOR FOR REPLACEMENT OF DEFECTIVE PARTS?

YES NO

WARRANTY PERIOD FOR PARTS REPLACEMENT

1 year unless Act of God

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

AMPS, Inc.
7146 Hawthorn Road N.
West Palm Beach, FL

TELEPHONE: (561) 494-2944 FAX: (561) 494-2944
EMAIL: amps_jp@gmail.com

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

7146 Hawthorn Road N.
West Palm Beach, FL 33407
TELEPHONE: (561) 494-2944 FAX: (561) 494-2944
EMAIL: amps_jp@gmail.com

A COPY OF COMPLETE WARRANTY STATEMENT IS SUBMITTED HEREWITH:

YES NO

NAME OF BIDDER: Aquifer Maintenance + Performance Systems, Inc.

SIGNATURE AND TITLE:
TELEPHONE: (561) 494-2944 FAX: (561) 494-2944

DATE: 11-14-2023



AQUIFER MAINTENANCE & PERFORMANCE SYSTEMS, INC.

7146 Haverhill Road N. • West Palm Beach, FL 33407 • 561-494-2844

Aquifer Maintenance & Performance Systems, Inc. offers a one year warranty from the date of installation on all parts and labor supplied by AMPS with the following exceptions:

- 1) Acts of God
- 2) FPL Issues
- 3) Improper operation of equipment

FOR YOUR TOTAL PUMP AND WELL FIELD NEEDS

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/03/2023

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 Townsend Insurance Services, LLC 5931 NW 61st Manor Parkland FL 33067		CONTACT NAME: Darcy Silver PHONE (A/C, No, Ext): (954) 764-9099 E-MAIL ADDRESS: darcy@tisinsfl.com FAX (A/C, No): (954) 960-6357	
INSURED Aquifer Maintenance and Performance Systems Inc 7146 Haverhill Road North West Palm Beach FL 33407		INSURER(S) AFFORDING COVERAGE INSURER A: PALMS SPECIALTY INS CO INSURER B: Markel Amer Ins Co INSURER C: Accredited Surety and Casualty Company, Inc. INSURER D: INSURER E: INSURER F:	
		NAIC #	
		17327	38970
		26379	

COVERAGES**CERTIFICATE NUMBER:** CL2311305809**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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		PACS01-00060	10/28/2023	10/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> 19 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AWWA000093-3	08/02/2023	08/02/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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	1AUIFL160135444501	05/01/2023	05/01/2024	<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
A	Contractor's Pollution Liability			PACS01-00060	10/28/2023	10/28/2024	Each Occurrence Limit \$1,000,000 Aggregate \$2,000,000

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

Contract #19-10-12-VH

City of Sunrise is named Additional Insured when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

City of Sunrise 1607 NW 136 Avenue Building B Sunrise FL 33323	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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ADDITIONAL COVERAGES

Ref #	Description PIP-Basic	Coverage Code PIP	Form No.	Edition Date	
Limit 1 10,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Uninsured motorist combined single limit	Coverage Code UMCSL	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Waive of Subrogation	Coverage Code WSUBR	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Aquifer Maintenance & Performance Systems, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 7146 Haverhill Road N	Requester's name and address (optional)
6 City, state, and ZIP code West Palm Beach, FL 33407	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
or											
Employer identification number											
6	5	-	0	0	7	1	6	7	2		

Part II Certification

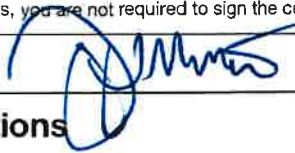
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶



Date ▶

1-9-2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

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 11/9/23 ADDENDUM NO: 2 /DATE 11/14/23

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

Aquifer Maintenance & Performance
Vendor Name Systems, Inc.

James Murray
Name of Authorized Person



ADDENDUM NO. 1

BID 23-45-09-VH

TITLE: Annual Wellfield Maintenance

DATE: Wednesday, November 08, 2023

TO ALL PROSPECTIVE BIDDERS

The following items are issued to, add to, delete from, modify and clarify the Bid Documents. These items are hereby incorporated into the above referenced bid and shall have full force and effect as the Bid Documents. Bids submitted on the specified due date shall conform to the additions and revisions listed.

The Bidder should acknowledge receipt of this Addendum by inserting its number and date on the Bid Form.

Bid Opening:

Bid opening date remains the same.

Questions and Answers:

1. **Question:** Is the Contractor required to pull any City permits, including engineering permits, to perform any of the work? If so, who pays the fees and how do we bill our time to secure the permits, request inspections, etc.?

Answer: Permits will only be required for construction of new wells and/or replacement of items pertaining to wells that is not "in-kind" or exact replacement. The City pays for all permits and inspections, as required.

2. **Question:** Is MOT required at any of the well locations in order to perform any of the work? If so, please provide a bid item for MOT.

Answer: MOT will not be required as all wells under this contract are not along any roadways. All wells are either located inside a golf course, an activity/exercise park, the FLA LIVE Arena (which has a perimeter access road), and within the confines of a water treatment plant.

EXCEPT AS MODIFIED HEREIN, ALL OTHER ITEMS, TERMS AND CONDITIONS REMAIN THE SAME FOR THIS BID.



ADDENDUM NO. 1

BID 23-45-09-VH

TITLE: Annual Wellfield Maintenance

DATE: Tuesday, November 14, 2023

TO ALL PROSPECTIVE BIDDERS

The following items are issued to, add to, delete from, modify and clarify the Bid Documents. These items are hereby incorporated into the above referenced bid and shall have full force and effect as the Bid Documents. Bids submitted on the specified due date shall conform to the additions and revisions listed.

The Bidder should acknowledge receipt of this Addendum by inserting its number and date on the Bid Form.

Bid Opening:

Bid opening date remains the same.

Questions and Answers:

1. Is the unit cost for the 6 wells or just 1 well?

Unit cost is PER well. **Total monthly Cost** would be for ALL six wells. **Total Extended Annual Cost for all Wells** would be the **(Total monthly Cost) x (12)**.

2. Is the total Monthly cost for 6 wells or 29 wells?

Total monthly Cost would be for SIX wells.

3. Is the total yearly cost for 6 wells or 29 wells or other?

Total Extended Annual Cost for all Wells cost would be **(Total monthly Cost) x (12)**.

EXCEPT AS MODIFIED HEREIN, ALL OTHER ITEMS, TERMS AND CONDITIONS REMAIN THE SAME FOR THIS BID.