

## ATTACHMENT A (page 1)

## INVITATION TO BID, SCSB 15-208 SPS sewage line , grease traps and lift station replacement

## BID RESPONSE FORM

15-208

To: Suwannee County School Board

Date: March 17, 2016The undersigned, on behalf of Curt's Construction, Inc.

hereby submits a complete bid for SCSB bid # 15-208 , sewer line , grease traps and lift station replacement in response to Suwannee County School Board, Invitation to Bid No. 15-208 in the amount of: 161,395.00 total of bid

The UNDERSIGNED hereby proposes to furnish all materials, labor and supervision for the construction of the subject project (s) including conformance with the construction requirements and specifications, repair of any sidewalks, or infrastructures damaged in the process of the installation and any permitting requirements for the following price:

ITEM	UNITS	QUANTITY	UNIT PRICE	TOTAL
Mobilization	EA	1	<u>30,130</u>	<u>30,130</u>
Packaged Lift Station	EA	1	<u>64,205</u>	<u>64,205</u>
4" Sanitary PVC	LF	460	<u>57.00</u>	<u>26,220</u>
8" Sanitary Force main	LF	105	<u>83.00</u>	<u>8,715</u>
Grease Trap	EA	5	<u>6,425</u>	<u>32,125</u>

TOTAL QUOTE:

161,395.00

*All incidental work and materials are included in the above costs. All materials and construction methods shall conform to the plans and specifications.*

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## ATTACHMENT A, (page 2)

Company Name: <i>Curt's Construction, Inc.</i>		
Address: <i>519 NW Crawford Ct.</i>		
City, State: Zip: <i>White Springs, FL 32096</i>		
FEIN: <i>54-2099720</i>	E-Mail: <i>estimating@curtscon.com</i>	
Telephone: ( ) <i>386-758-1935</i>	Fax: ( ) <i>386-755-7422</i>	
Emergency Contact Name: <i>Walter Lawson</i>	Title <i>Estimator</i>	
Address: <i>14952 US 90, Live Oak, FL 32060</i>		
Telephone: ( ) <i>386-362-7814</i>	Fax: ( ) <i>386-364-2802</i>	
Prompt Payment Discount:	Yes – Percentage	<i>No</i>
Preferred method to receive purchase orders:	<i>US Mail</i>	Fax
Signature of Owner or Authorized Officer: <i>Dana Haynes</i>		
Typed (Printed) Name and Title of Above: <i>Dana Haynes, Vice President</i>		
Date Submitted: <i>3 / 17 / 16</i>		

### 5 ADDENDUM FORM

Receipts of the following Addenda are hereby acknowledged (list all Addenda as follows):

ADDENDUM NO	Dated
ADDENDUM NO	Dated
ADDENDUM NO	Dated

Dated this Day 17<sup>th</sup> of March, 20 16

Signature of Owner or Authorized Officer: Dana Haynes

Typed Name of Above: Dana Haynes

## 6 DRUG-FREE WORKPLACE CERTIFICATION

Whenever two or more bids that are equal with respect to price, quality, and service are received by the state or by any political subdivision for the Facilities of commodities or contractual services, a bid received from a business that certifies it has implemented a drug-free workplace program in accordance with section 287.087, Florida Statutes 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.

Unless indicated below, the prospective bidder certifies, by submission and signature of this bid, that the bidder complies fully with the above drug-free workplace certification.

Please check mark in the space provided if your company **meets** the drug-free workplace certification.

☒ **Meets** drug-free workplace certification.

Signed: Dana Haynes

Title: Vice President

Date: 3-17-16

**7 REQUIRED SUBMITTALS CHECKLIST**

Note: Submittal is **required** for each box checked (or where applicable) for bid to be considered.

X	Addendum Form
X	Bid Response Form
X	Bid Security: See bid for guidelines
X	Business Resume
	Catalogs
X	Certificate of Insurance: See enclosed guidelines for detailed specifications
X	Contact Information & Certification
X	Drug Free Workplace Certification
	Financial Statement
	Illustrations
X	List of References
	Manufacturer's certificate of warranty
	MSDS Sheets
	Product Samples: See bid for specific details
	Specifications



X	Work Schedule: Only required if completion will run beyond (30) days
	Other: Most recent sanitation inspection report
	Other: One page summary bidder's Recall Policy and Procedures
	Other: Product Information Sheets: Including product label with ingredients and nutritional information
	Other:

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## 8 RESPONSE FORM

**8.1 Delivery:** ~~NA~~ Please answer the following delivery questions:

8.1.1 What is your company's delivery time after receipt of order?

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8.1.2 Vendor is able to comply with the delivery requirements as stipulated in Section 3.9 \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No

**8.2 Minimum Order:** Vendor does not require a minimum order.

\_\_\_\_\_ Yes \_\_\_\_\_ No

8.2.1 If no, what is the amount of minimum order? (***Note: a minimum order requirement may cause this response to be rejected.***) \_\_\_\_\_

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## 9 REFERENCE RELEASE FORM

I, Dana Haynes, VP being of Curt's Construction, Inc., give  
(Name / Title) (Name of Company)

Suwannee County School Board, Florida, authorization to check our company's previous performance.

Authorizing Signature: Dana Haynes

### REFERENCE

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: FAX NUMBER: \_\_\_\_\_



**\*STOP\* Remaining to be completed by SCSB**

### 9 REFERENCE RELEASE FORM

I, Dana Haynes, VP being of Curt's Construction, Inc. give  
(Name / Title) (Name of Company)

Suwannee County School Board, Florida, authorization to check our company's previous performance.

Authorizing Signature: Dana Haynes

### REFERENCE

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: FAX NUMBER: \_\_\_\_\_



**\*STOP\* Remaining to be completed by SCSB**

**TECHNICAL PERFORMANCE**

	<b>EXCELLENT</b>				<b>UNSATISFACTORY</b>		
<b>FACTORS / RATINGS:</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
Completion of major tasks/milestones/deliverables on schedule							
Responsiveness to changes in technical direction							
Ability to identify risk factors and alternatives for alleviating risk							
Ability to identify and solve problems expeditiously							
Ability to employ standard tools/methods							

**MANAGEMENT PERFORMANCE**

	<b>EXCELLENT</b>				<b>UNSATISFACTORY</b>		
<b>FACTORS / RATINGS:</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
Overall communication with staff							
Effectiveness and reliability of Contractor's Key Personnel							
Ability to recruit and maintain qualified personnel							
Ability to manage multiple and diverse projects/tasks from planning throughout execution							
Ability to effectively manage subcontractors							

**MANAGEMENT PERFORMANCE**

	<b>EXCELLENT</b>				<b>UNSATISFACTORY</b>		
<b>FACTORS / RATINGS:</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
Ability to accurately estimate and control cost to complete task							
Overall performance in planning, scheduling and monitoring							
Use of management tools (e.g. cost/schedule, task management tools)							

**CUSTOMER SATISFACTION**

	<b>EXCELLENT</b>				<b>UNSATISFACTORY</b>		
<b>FACTORS / RATINGS:</b>	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
How would you rate the Contractor's overall technical performance on this contract / order?							
How would you rate the Contractor's ability to be cooperative, business like and concerned with interest of the customer?							
Total Dollar Amount of Contract:							
Additional Comments:							
Would you use this Contractor Again?	<input type="checkbox"/> YES				<input type="checkbox"/> NO		



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2016

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Della Porta Group, Inc. 7807 Baymeadows Road East Suite 301 Jacksonville FL 32256		<b>CONTACT NAME:</b> Rhonda Jones <b>PHONE (A/C, No, Ext):</b> (904) 646-0310 <b>FAX (A/C, No):</b> (904) 646-1143 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Curt's Construction Inc 519 NW Crawford Ct White Springs FL 32096		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> National Trust Insurance Company <b>INSURER B:</b> FCCI Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 20141 10178	

**COVERAGES****CERTIFICATE NUMBER:** 15-16 Master**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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 checked="" type="checkbox"/> LOC OTHER:		GL0010957	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA0017032	10/1/2015	10/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$ 0		UMB0017616	10/1/2015	10/1/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	001-WC15A-60641	10/6/2015	10/6/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	<b>Contractors Equipment</b>		CM0005703	10/1/2015	10/1/2016	Rented/Leased Equipment \$450,000

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

The certificate holder is included as additional insured with respects to the General Liability on a primary and non-contributory basis to included the ongoing and products-completed operations of the named insured when required by written contract. The certificate holder is included as additional insured with respects to the Auto Liability when required by written contract. Waiver of Subrogation is issued in favor of the certificate holder with respects to the General Liability and Workers Compensation when required by written contract. Umbrella Liability follows form.

**CERTIFICATE HOLDER****CANCELLATION**

Suwannee County School Board 702 2nd St. NW Live Oak, FL 32064	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 V Della Porta, CIC/TI <i>Della Porta</i>
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STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
RU0059585	

The UNDERGROUND UTILITY & EXCAVATION CONTRACTOR

Named below HAS REGISTERED

Under the provisions of Chapter 489 FS.

Expiration date: AUG 31, 2017

(INDIVIDUAL MUST MEET ALL LOCAL LICENSING  
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

LAWSON, WALTER JOSEPH  
CURT'S CONSTRUCTION INC.  
14952 US HWY 90  
LIVE OAK FL 32060



ISSUED: 07/01/2015

DISPLAY AS REQUIRED BY LAW

SEQ # L1507010000525

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD



LICENSE NUMBER	
CGC1510346	

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016

LAWSON, WALTER JOSEPH  
CURT'S CONSTRUCTION INC  
14952 US HWY 90  
LIVE OAK FL 32060



ISSUED: 10/01/2014

DISPLAY AS REQUIRED BY LAW

SEQ # L1410010002597





## Curt's Construction, Inc.

Live Oak Office: 14952 US 90, Live Oak, FL 32060

(386) 362-7814 Ph (386) 364-2802 Fax

Lake City Office: 519 NW Crawford Ct., White Springs, FL 32096

(386) 758-1935

Fax (386) 755-7422



### EXECUTIVE SUMMARY

Curt's Construction, Inc. is a full service, highly recommended and financially sound Licensed Certified General and Underground Utility Contractor in Florida. Since its inception in 1998 Curt's Construction, Inc. has worked hard to help clients in a variety of markets complete challenging and special projects, throughout North Florida. We believe in quality workmanship, honest communication, and dedicating more personalized attention to our clients to insure an enjoyable customer experience, putting the client first is our number one priority.

Curt's Construction, Inc. specializes in site work, demolition, underground utilities and road construction, working in the North Florida area providing service to a diverse and prestigious clientele in both the private and public sector. Based in Lake City, Florida, we have an office in Live Oak, Florida as well. We have experience in Demolition, Potable Water, Fire, Gravity Sewer, Force Main, Re-Use, Lift Station Construction, Storm Drain, Site-Work and Paving. We have completed numerous upgrades to City and County utility services, constructed large commercial parking lots, including associated underground utilities and storm drainage and major roadway construction projects throughout our area of operations.

Curt's Construction, Inc. performs work in a thorough and professional manner and in accordance with accepted industry methods and practices. All work is completed in strict compliance with all local and state codes, ordinances, laws and policies.

We comply with safety measures, safe practices and all applicable laws, ordinances, rules, regulations and orders of any local, state and federal public authority relating to the safety of persons and property. Curt's Construction, Inc. is a Drug Free Workplace. We also have a designated "competent" person as defined by OSHA to supervise, perform inspections and initiate corrective action as required by OSHA construction standards.

We have a highly qualified experienced staff with over 100 years of combined distinguished service. We employ a team of project managers, estimators, superintendents, foremen and staff who work collectively to see that our clients receive the high standard of service they have come to expect from our company. We have an esteemed and diverse group of subcontractors and vendors who maintain the highest level of respect within the construction industry, throughout Florida. We actively solicit quotes from local subcontractors and vendors within the areas our projects are located, looking to this as reinvestment in the local economies we work.



## Curt's Construction, Inc.

Live Oak Office: 14952 US 90, Live Oak, FL 32060

(386) 362-7814 Ph (386) 364-2802 Fax

Lake City Office: 519 NW Crawford Ct., White Springs, FL 32096

(386) 758-1935

Fax (386) 755-7422



### REFERENCES

Anderson Columbia Co., Inc.

Contact: Tony Williams

PO Box 1829

Lake City, FL 32056

386-623-0454

[tony.williams@andersoncolumbia.com](mailto:tony.williams@andersoncolumbia.com)

Eutaw Utilities

Contact: Lane Lucus

2822 Remington Green Circle, Ste. 202

Tallahassee, FL 32308

Ph: 850-383-0400

[lane@eutawinc.com](mailto:lane@eutawinc.com)