

ITB 2020008 – Small Project General Contractor

District School Board of Monroe County
Internal Services Department / Purchasing Division

PROPOSAL FORM

ITB 2020008 – Small Project General Contractor

BID DUE /BID OPENING DATE/TIME: NOVEMBER 21, 2019 AT 9:00 AM

PROPOSALS MUST BE SUBMITTED ELECTRONICALLY
TO WWW.DEMANDSTAR.COM. HARD COPY OR EMAIL
PROPOSALS WILL NOT BE ACCEPTED.

PLEASE BE SURE THAT THE NAME OF
YOUR COMPANY APPEARS ON EACH
PAGE OF THIS PROPOSAL FORM.

IF SIGNED BY AN AGENT OF NAMED COMPANY
WRITTEN EVIDENCE FROM THE OWNER OF
RECORD OF HIS/HER AUTHORITY MUST
AUTHORITY MUST ACCOMPANY THIS PROPOSAL.

Key BIZ LLC
dba Marsh Integrity Builders
NAME OF COMPANY
31060 AVENUE D
BIG PINE KEY FL 33043
ADDRESS OF COMPANY

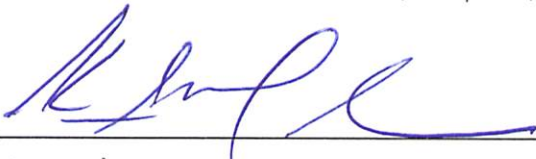
KEVIN A. MARSH
PRINT NAME OF AUTHORIZED SIGNATURE

MarshIntegrityBuilders@gmail.com
EMAIL ADDRESS

315.272.7723 888.370.3173
TELEPHONE No. FAX

Proposal Certification

I hereby certify that: I am submitting the following information as my firm's (proposer) proposal and am authorized by proposer to do so; proposer agrees to complete and unconditional acceptance of the contents of Pages 1 through 35 inclusive of this Invitation to Bid, and all appendices and the contents of any Addenda released hereto; proposer agrees to be bound to any and all specifications, terms and conditions contained in the Invitation to Bid, and any released Addenda and understand that the following are requirements of this ITB and failure to comply will result in disqualification of proposal submitted; proposer has not divulged, discussed, or compared the proposal with other proposers and has not colluded with any other proposer or party to any other proposal; proposer acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws; all responses, data and information contained in this proposal are true and accurate.

Signature of
Proposer's Authorized Representative (blue ink preferred on original)  Date 11/9/2019
Name of Proposer's Authorized Representative KEVIN A. MARSH Title of Proposer's Authorized Representative OWNER

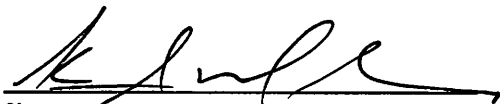
ITB 2020008 – Small Project General Contractor

Bid Documents Required

The following documents and forms in the following arrangement must accompany each bid submitted:

- ☒ Bid Proposal Form
- ☒ Bid Documents Required Checklist
- ☒ Addenda Acknowledgement Form
- ☒ Contractor Rules Form
- ☒ Debarment Certification
- ☒ Identical Tie Proposals Form
- ☒ Non-Collusion Affidavit
- ☒ Business/Personal Relationship Disclosure Affidavit
- ☒ Drug Free Workplace Form
- ☒ W-9
- ☒ Vendor Information Sheet
- ☒ Proof of insurance at specified levels and copies of required licenses.
- ☒ Documentation of successfully performing work of this size, nature, and complexity (to include, at a minimum, the attached Reference Form).
- ☒ Documentation of construction mechanic's experience performing commercial construction and remodeling for more than five years. Include any applicable staff certifications here.
- ☒ Price Sheet
- ☒ Local Preference Affidavit and backup (if applicable)

I, KEVIN A. MARSH (name), an authorized officer of MARSH INTEGRITY BUILDERS (company/vendor), confirm that the above listed documents are provided in our bid being submitted to the Monroe County School District and confirm that I have read and understand the ITB document in its entirety.



Signature

ITB 2020008 – Small Project General Contractor

ACKNOWLEDGMENT OF ADDENDUM

As the person authorized to sign the statement, I certify that this firm acknowledges any and all addendum that may have been issued as part of this bid. All addendum are issued via www.demandstar.com.

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

ADDENDUM NO. ____ DATED _____

Date: 11/9/19



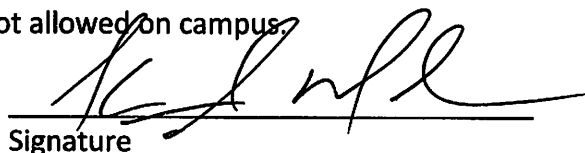
Applicant's Signature

ITB 2020008 – Small Project General Contractor

CONTRACTOR RULES

The following is a list of rules that contractors/vendors and their personnel must adhere to while working on Monroe County School projects. Failure of the contractor/vendor to abide by the rules will result in the violators being removed from the job site. All costs resulting from this will be the responsibility of the contractor/vendor. Please sign these rules and indicate the contractor/vendor's agreement to follow them.

- Casual communications by contract/vendor personnel with students, staff, or faculty is prohibited.
- Convicted felons and employees with a past history of child abuse or molestation shall not be used on Monroe County School projects.
- The schools are "Drug Free Zones," use or possession of illegal substances and alcohol in any form are prohibited.
- The schools are "Tobacco Free," no tobacco use is permitted on the school campus, in parking lots, or inside school restrooms.
- Vulgar language or gestures discernible to students or school staff is prohibited.
- Fighting or physically abusive actions of a similar nature are prohibited.
- Appropriate and modest attire is required while working on school campus. Revealing clothing will not be permitted.
- Clean up of work area is required on a daily basis. Hazardous materials shall not be put in school trash receptacles.
- Work that may be disruptive to the school shall be scheduled with the school administration or done after normal school hours.
- Pets are not allowed on campus.


Signature

KEVIN A. MARSH
Printed Name

11/9/2019
Date

ITB 2020008 – Small Project General Contractor

DEBARMENT CERTIFICATION

"The bidder certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 2 CFR Chapter 180, by any federal department or agency;

(b) Has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local Governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) Has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency.

Dated this 9 day of Nov, 2019.

By

Authorized Signature/Contractor

KEVIN A. MARSH OWNER

Typed Name/Title

MARSH INTEGRITY BUILDERS

Contractor's Firm Name

31060 AVENUE D

Street Address

BIG PINE KEY, FL 33043

City/State/Zip Code

315. 272. 7723

Area Code/Telephone Number

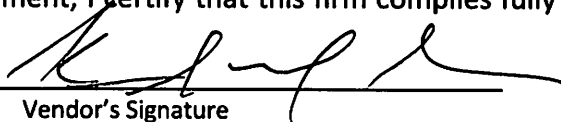
ITB 2020008 – Small Project General Contractor

IDENTICAL TIE PROPOSALS

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more of a proposal, 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, an proposal 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 proposals will be followed if none of the tie 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 violation 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 proposal 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 proposal, the employees 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 firm complies fully with the above requirements


Vendor's Signature

ITB 2020008 – Small Project General Contractor

NON-COLLUSION AFFIDAVIT

I, Kevin A. Marsh of the City of Big Pine Key
according to law on my oath, and under penalty of perjury, depose and say that;

1) I am Marsh Integrity Builders, the bidder making the proposal for
the project described as follows:

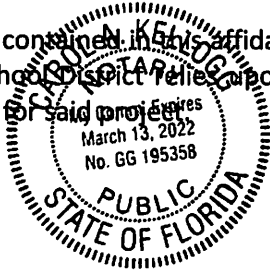
Small Project GC

2) The prices in this proposal have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder with any competitor;

3) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to proposal opening, directly or indirectly, to any other bidder to any competitor; and

4) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit, or not to submit, an proposal for the purpose of restricting competition;

5) The statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County School District relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.



[Signature]
Signature of Authorized Representative

11/12/2019
Date

STATE OF Florida

COUNTY OF Monroe

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Kevin A. Marsh
who, ☒ being personally known, ☐ or having produced [Signature]
as identification, and after first being sworn by me, affixed his/her signature in the space provided above on
this 12 day of November, 2019.

Carol A Kellogg
NOTARY PUBLIC

March 13, 2022
My Commission Expires:

ITB 2020008 – Small Project General Contractor

MONROE COUNTY SCHOOL DISTRICT
BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT

I, Kevin A. Marsh, of the City/Township/Parrish of Big Pine Key, State of Florida, and according to law on my oath, and under penalty of perjury, depose and say that;

1) I am the authorized representative of the company or entity making a proposal for a project described as follows:
Name of company/vendor: KEYBIZ LLC dba Marsh Integrity Builders
Nature of services presently being offered to School District: _____

2) ___ I have (OR) X I have not at any time prior to this application, had a **business relationship** with any employee or board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee or board member's name with whom you have done business, the type of work that was performed and the years worked. _____

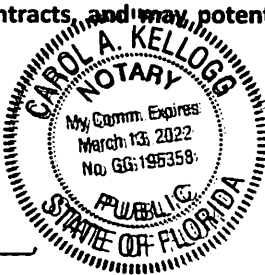
3) ___ I have (OR) X I DO NOT have a **personal relationship** (this includes family) with an employee of OR a board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee(s) or board member(s) name with whom you are related, and your ties to that person (spouse, mother, brother, cousin, or related by marriage, partners, etc.) _____

The statements contained in this affidavit are true and correct, and made with full knowledge that The School Board of Monroe County, Florida, relies upon the truth of the statements contained in this affidavit in awarding contracts for the subject project. I hereby agree to keep the School District of Monroe County, Florida, informed of any change to the information contained herein. I further understand and agree that discovery of any undisclosed relationship can and will lead to termination of any ongoing contracts, and may potentially lead to me being banned from conducting future business with the school district.

11/9/2019
Date

STATE OF Florida
COUNTY OF Monroe



[Signature]
(Signature of Authorized Representative)

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Kevin A Marsh who, being personally known, ___ or having produced ___ as identification, and after first being sworn by me, affixed his/her signature in the space provided above on this 12 day of November 2019.

Carol A Kellogg
NOTARY PUBLIC

March 13, 2022
My commission expires:

ITB 2020008 – Small Project General Contractor

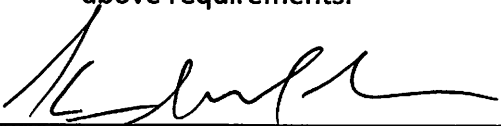
DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that:

Marsh Integrity Builders
(Name of Business)

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 section (1).
4. In the statement specified in section (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, 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 (Florida Statutes) 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, or 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 firm complies fully with the above requirements.


Applicant's Signature

11/9/2019
Date

ITB 2020008 – Small Project General Contractor

<p>Form W-9 (Rev. October 2016) Department of the Treasury Internal Revenue Service</p>	<p>Request for Taxpayer Identification Number and Certification</p> <p>► Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	<p>Give Form to the requester. Do not send to the IRS.</p>
<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. KEYBIZ LLC</p>		
<p>2 Business name/disregarded entity name, if different from above Marsh Integrity Builders</p>		
<p>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.</p> <p><input checked="" type="checkbox"/> Individual sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____</p> <p><small>Notes: 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></p> <p><input type="checkbox"/> Other (see instructions) ► _____</p>		<p>4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
<p>5 Address (number, street, and apt. or suite no.) See instructions. 31060 AVENUE D</p> <p>6 City, state, and ZIP code BIG PINE KEY FL 33043</p>		<p>7 List account number(s) here (optional)</p>

<p>Part I Taxpayer Identification Number (TIN)</p> <p>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 <i>How to get a TIN</i>, later.</p> <p><small>Notes: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small></p>																					
<p>Social security number</p> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											<p>or</p> <p>Employer identification number</p> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 10%;">8</td> <td style="width: 10%;">2</td> <td style="width: 10%;">-</td> <td style="width: 10%;">2</td> <td style="width: 10%;">5</td> <td style="width: 10%;">9</td> <td style="width: 10%;">9</td> <td style="width: 10%;">0</td> <td style="width: 10%;">7</td> <td style="width: 10%;">4</td> </tr> </table>	8	2	-	2	5	9	9	0	7	4
8	2	-	2	5	9	9	0	7	4												

<p>Part II Certification</p> <p>Under penalties of perjury, I certify that:</p> <p>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</p> <p>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</p> <p>3. I am a U.S. citizen or other U.S. person (defined below); and</p> <p>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p> <p>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.</p>	
<p>Sign Here</p>	<p>Signature of U.S. person ► </p> <p>Date ► 11/9/2019</p>

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.

ITB 2020008 – Small Project General Contractor

Monroe County School District

Vendor Information Sheet

Vendor Name: ^{dba} KEYBIZ LLC
Marsh Integrity Builders

Federal EIN/SSN: 82-259 9074

Primary Address: 31060 AVENUE D
BIG PINE KEY, FL
33043

Payment Address: SAME AS ABOVE

Contact Name: KEVIN A. MARSH

Phone: 315. 272. 7723 ext. NA

Fax: 888. 370 .3173

E-Mail: keybizllc @ gmail . com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2019

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

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

PRODUCER Bridgely Key Options, LLC 1111 3rd Avenue West, Suite 250 Bradenton FL 34205	CONTACT NAME: Jessica L. Sons PHONE (A/C, No, Ext): 941-886-4880 FAX (A/C, No): 941-747-0982 E-MAIL ADDRESS: jessica.sons@bridgely.com																					
INSURED Keybiz, LLC Et Al 31060 Avenue D Big Pine Key FL 33043	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Crum and Forster Specialty Insurance Company</td><td>44520</td></tr><tr><td>INSURER B:</td><td>Clear Spring Property and Casualty Company</td><td>15563</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Crum and Forster Specialty Insurance Company	44520	INSURER B:	Clear Spring Property and Casualty Company	15563	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Crum and Forster Specialty Insurance Company	44520																				
INSURER B:	Clear Spring Property and Casualty Company	15563																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

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

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

INSUR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BAK-54684-1	09/19/2019	09/19/2020	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td><td></td><td></td></tr></table>	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		\$		
	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																						
	\$																						
	GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC																						
	AUTOMOBILE LIABILITY <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						<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$						
COMBINED SINGLE LIMIT (Ea accident)	\$																						
BODILY INJURY (Per person)	\$																						
BODILY INJURY (Per accident)	\$																						
PROPERTY DAMAGE (Per accident)	\$																						
	\$																						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$										
EACH OCCURRENCE	\$																						
AGGREGATE	\$																						
	\$																						
B	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 <input type="checkbox"/>	N/A	CS-WK-000000251	09/04/2019	09/04/2020	<table border="1"><tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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								
<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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																						

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

Certificate is a reflection of the current coverages provided for the insured. Limits and coverages are afforded to the certificate holder only if required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

CERTIFICATE HOLDER Monroe County School District 241 Trumbo Road Key West FL 33040	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. AUTHORIZED REPRESENTATIVE
--	--



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



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

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

MARSH, KEVIN ARTHUR

MARSH INTEGRITY BUILDERS
31060 AVENUE D
BIG PINE KEY FL 33043

LICENSE NUMBER: CBC1262757

EXPIRATION DATE: AUGUST 31, 2020

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.

ITB 2020008 – Small Project General Contractor

REFERENCE FORM

Provide three references from agencies you have provided similar goods or services to in the past three (3) years.

Reference # 1

Organization Name: Design Source Telephone # 305.743.7130

Contact Name: Tony D'Ascanio Email Address: tony@designsource.com

Scope of Work Provided: All phases of interior and exterior residential and commercial construction which falls within the scope of my Florida contractor's license.

Project Dollar Value: Multiple Present Contract Status: Current Contract Dates: Multiple

Reference # 2

Organization Name: Turkweil Management Telephone # 985.249.3564

Contact Name: Taylor Kilpatrick Email Address: taylor@turkweilmanagement.com

Scope of Work Provided: Total renovation of condo interior including 2 bathrooms and kitchen & LR.

Project Dollar Value: \$65k Present Contract Status: Current Contract Dates: 10/2019

Reference # 3

Organization Name: Central Pillar Group Telephone # 315.815.4384

Contact Name: Chris Mergler Email Address: cpge@centralpillar.com

Scope of Work Provided: See attached experience affidavit
This experience was gained under the name of a NY company.

Project Dollar Value: Multiple Present Contract Status: Inactive Contract Dates: 2016-2018

Authorized Representative's Signature [Signature] Date: 11/9/2019

Name (Printed) and Title: KEVIN A. MARSH - OWNER

**TO BE COMPLETED BY PERSON VERIFYING EXPERIENCE
AND NOTARY PUBLIC**

All years of experience necessary for qualification must be verified.
Applicants may submit more than one affidavit.

I, Christopher M. Mergler PE (PRINT NAME OF PERSON VERIFYING EXPERIENCE) certify that I have direct knowledge of the work experience of Kevin Arthur Marsh (PRINT APPLICANT'S NAME) and that he or she meets the requirements for Certified Building Contractor (TYPE OF LICENSE APPLYING FOR) as set forth in Section 489.111(2)c, Florida Statutes, and Rule 61G4-15.001, Florida Administrative Code. I further understand my license can be subject to discipline if the information given and attested to by me is found to be misleading and fraudulent.

Name of individual verifying experience:
Christopher M. Mergler PE

Verifier's License Number (attach copy of license):
087318-1

Verifier's Employer (DBA Name):

Central Pillar Group, LLC

Verifier's Employer (DBA) Address:

P. O. Box 583
Cazenovia, NY 13035

Phone Number: (315) 815-4384

Describe in detail the applicant's duties, dates of employment, and employer, including any hands on/supervisory responsibilities:

Employer: Mister Fixit USA, LLC
Dates of Employment: 01/2013 to 11/2018

I can attest that while employed by Mister Fixit USA, Mr. Marsh worked as a foreman responsible for supervising the ground up construction of several commercial restaurant building projects which ranged in size from 3,200 and 9,800 sq. ft. during the period of 09/2016 to 11/2018.

The construction of these buildings included steel reinforced concrete footings, foundations, stem walls and elevated concrete slabs, steel I beam frame and concrete block exterior walls, structural wood frame and metal stud interior walls and installation of steel columns, wood joists and steel bracing (on selected buildings) to support the plywood roof decks with TPO roofing systems.

While working on the above referenced projects, Mr. Marsh gained experience supervising the construction of foundations and slabs, masonry walls, steel erection, column erection, formwork for structural reinforced concrete and elevated concrete slabs.

Based on Mr. Marsh's construction experience I would recommend him for the Florida Certified Building Contractor License.


11/5/2018

Applicant's experience (continued):

Applicant's Years of Supervisory Experience: From 09/2016 To 11/2018
(DATE) (DATE)

Notarized Signature of Person Verifying Experience: [Signature]

Date: 11/5/2018

I may be reached by phone for comment, if necessary, at the telephone number shown below during business hours. **REQUIRED**

Phone Number: (315) 815-4384

STATE OF NY

COUNTY OF Madison

Sworn to (or affirmed) and subscribed before me this 5 day of Nov, 2018, by

Christopher M. Mergler PE (Name of person making statement)

COLLEEN E SHAW
NOTARY PUBLIC-STATE OF NEW YORK
No. 01SH8293081
Qualified in Madison County
My Commission Expires 11-18-2021

[Signature]
(Signature of Notary Public-State of NY)

(Notary Seal)

(Name of Notary; typed, printed, or stamped)

Personally known ☒ OR produced identification _____

Type of identification produced _____

ITB 2020008 – Small Project General Contractor

Price Sheet

<u>Upper Keys Area – Key Largo through Seven Mile Bridge</u> (leave blank if not bidding on this area)	
Construction Mechanic hourly rate (50% weight)	\$ <u>86²⁵</u>
Helper hourly rate (30% weight)	\$ <u>63²⁵</u>
Markup on materials: For evaluation purposes this Markup will be applied to \$100 in materials (20% weight)	<u>15</u> %

<u>Lower Keys Area- Seven Mile Bridge through Key West</u> (leave blank if not bidding on this area)	
Construction Mechanic hourly rate (50% weight)	\$ <u>86²⁵</u>
Helper hourly rate (30% weight)	\$ <u>63²⁵</u>
Markup on materials: For evaluation purposes this Markup will be applied to \$100 in materials (20% weight)	<u>15</u> %

ITB 2020008 – Small Project General Contractor

MONROE COUNTY SCHOOL DISTRICT
LOCAL VENDOR AFFIDAVIT

The undersigned, as a duly authorized representative certifies to the best of his/her knowledge, that the vendor meets the definition of a "Local Business" by meeting ALL of the following criteria:

- a) Principle address registered with the Department of State showing an address within 25 miles of the boundaries of the city for which goods/services are being solicited, or if the job pertains to the entire district, then any one of the cities located within Monroe County, (copy of license required) AND
- b) Is listed with the chief licensing official for the City/County having a business tax receipt within 25 miles of the boundaries of the location for which goods/services are being solicited at least one year prior to the date of the solicitation, (copy of license required) AND
- c) Attests that they maintain a workforce that is made up of at least 50% of its employees from within Monroe County, AND
- d) At least one member (director or principal) of the entity shall reside within Monroe County (copy of ID required).

Please submit with your bid proposal, this signed, notarized form, along with copies of:

- ☒ State Business License
- ☒ Monroe County Business Tax Receipt
- ☒ Florida State Driver's License or ID

Failure to include this form, together with the copies requested, will result in denial of certification as a local business for preference purposes.

Business Name: Marsh Integrity Builders
Name of Representative Signing Below: KEVIN A MARSH
Current Local Address: 31060 AVENUE D BIG PINE KEY, FL 33043
Phone: 315.272.7723
Email Address: keybiz11c@gmail.com

Signature of Representative

State of Florida

County of Monroe

The foregoing instrument was acknowledged before me on 11/12/2019 by Kevin A. Marsh of Marsh Integrity Builders

Name of Representative

Name of Company

☒ who is personally known OR has produced _____ as identification.

Carol A Kellogg
Signature of Notary

(Stamp or Seal)

**2019 / 2020
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2020**

Business Name: MARSH INTEGRITY BUILDERS

RECEIPT# 30140-124402

Owner Name: KEYBIZ LLC, KEVIN ARTHUR MARSH
Mailing Address: 31060 AVE D
BIG PINE KEY, FL 33043

Business Location: MO CTY
MARATHON, FL 33050
Business Phone: 315-272-7723
Business Type: CONTRACTOR (BUILDING)

Employees 1

STATE LICENSE: CBC1262757

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
20.00	0.00	20.00	0.00	0.00	0.00	20.00

Paid 000-18-00026623 07/15/2019 20.00

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX.
YOU MUST MEET ALL
COUNTY AND/OR
MUNICIPALITY PLANNING
AND ZONING REQUIREMENTS.

**MONROE COUNTY BUSINESS TAX RECEIPT
P.O. Box 1129, Key West, FL 33041-1129
EXPIRES SEPTEMBER 30, 2020**

Business Name: MARSH INTEGRITY BUILDERS

RECEIPT# 30140-124402

Owner Name: KEYBIZ LLC, KEVIN ARTHUR MARSH
Mailing Address: 31060 AVE D
BIG PINE KEY, FL 33043

Business Location: MO CTY
MARATHON, FL 33050
Business Phone: 315-272-7723
Business Type: CONTRACTOR (BUILDING)

Employees 1

STATE LICENSE: CBC1262757

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
20.00	0.00	20.00	0.00	0.00	0.00	20.00

Paid 000-18-00026623 07/15/2019 20.00

Florida

CDL

M620-501-74-377-0

9 CLASS B



NAME ARTHUR
MARSH
DOB 10/17/1974 SEX M
EXP 10/17/2027
REST NONE

SAFE DRIVER

11/29/2018



OPERATION OF A MOTOR VEHICLE REQUIRES
CONSENT TO ANY SOBERITY TEST REQUIRED BY LAW