

ITB 2020012 – Key Largo Gym Renovation

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

PROPOSAL FORM

ITB 2020012 – Key Largo Gym Renovation

BID DUE /BID OPENING DATE/TIME: FEBRUARY 7, 2020 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
ACCOMPANY THIS PROPOSAL.**

Burke Construction Group, Inc

NAME OF COMPANY

10145 NW 19th Street, Doral, FL, 33172

ADDRESS OF COMPANY

David Martinez

PRINT NAME OF AUTHORIZED SIGNATURE

dmartinez@bcgconstruction.net

EMAIL ADDRESS

305-468-6604

TELEPHONE No.

305-468-6654

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 45 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 2/7/2020

Name of Proposer's Authorized Representative David Martinez

Title of Proposer's Authorized Representative Vice President

ITB 2020012 – Key Largo Gym Renovation

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, ability to provide a performance bond for the project, and copies of required licenses
- ☐ Documentation of experience in performing commercial remodeling work of this size, nature, and complexity (projects over \$300,000.00).
- ☐ Reference Form
- ☐ Price Sheet
- ☐ Local Preference Affidavit and backup (if applicable)

I, David Martinez (name), an authorized officer of Burke Construction Group, Inc (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 2020012 – Key Largo Gym Renovation

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. 1 DATED 1/28/2020

ADDENDUM NO. ____ DATED ____

ADDENDUM NO. ____ DATED ____

ADDENDUM NO. ____ DATED ____

ADDENDUM NO. ____ DATED ____

ADDENDUM NO. ____ DATED ____

Date: 2/7/2020



Applicant's Signature

ITB 2020012 – Key Largo Gym Renovation

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

David Martinez
Printed Name

2/7/2020

Date

ITB 2020012 – Key Largo Gym Renovation

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 7th day of February, 2020.

By Burke Construction Group, Inc

Authorized Signature/Contractor

David Martinez; Vice President

Typed Name/Title

Burke Construction Group, Inc

Contractor's Firm Name

10145 NW 19th Street

Street Address

Doral, FL, 33172

City/State/Zip Code

305-468-6604

Area Code/Telephone Number

ITB 2020012 – Key Largo Gym Renovation

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 2020012 – Key Largo Gym Renovation

NON-COLLUSION AFFIDAVIT

I, David Martinez of the City of Miami
according to law on my oath, and under penalty of perjury, depose and say that;

1) I am Vice President of Burke Construction Group, Inc. the bidder making the proposal for the project described as follows:

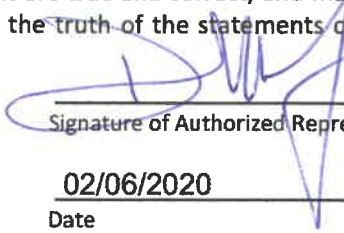
ITB 2020012 - Key Largo Gym Renovation

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 of Authorized Representative

02/06/2020

Date

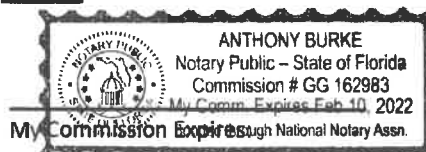
STATE OF Florida

COUNTY OF Monroe

PERSONALLY APPEARED BEFORE ME, the undersigned authority, David Martinez
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 6th day of February, 2020.



NOTARY PUBLIC



ITB 2020012 – Key Largo Gym Renovation

MONROE COUNTY SCHOOL DISTRICT
BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT

I, David Martinez, of the City/Township/Parrish of Miami, 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: Burke Construction Group, Inc.

Nature of services presently being offered to School District: Construction

2) (CHECK ONE BOX) ☐ I have (OR) ☒ 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) (CHECK ONE BOX) ☒ I have (OR) ☐ 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.) Martha Wyker, a teacher at Poinciana Elementary, is the sister-in-law of David Martinez, the VP and owner of Burke Construction Group, Inc.

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.

2/7/2020

Date

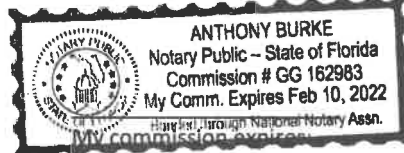
STATE OF Florida

COUNTY OF Monroe

(Signature of Authorized Representative)

PERSONALLY APPEARED BEFORE ME, the undersigned authority, David Martinez 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 7th day of February 2020.

NOTARY PUBLIC



ITB 2020012 – Key Largo Gym Renovation

DRUG FREE WORKPLACE FORM

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

Burke Construction Group, Inc.

(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

2/6/2020

Date

ITB 2020012 – Key Largo Gym Renovation

<p>Form W-9 (Rev. October 2018) 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. Burke Construction Group, Inc.</p>																						
<p>2 Business name/disregarded entity name, if different from above</p>																						
<p>Print or type. See Specific Instructions on page 3.</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 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 <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) ► _____ </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. 10145 NW 19th Street</p>																					
	<p>6 City, state, and ZIP code Doral, Florida 33172</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>Note: 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> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Social security number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> </tr> </table> </td> <td style="width: 50%;"> <p>Employer identification number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2</td> <td style="width: 10%;">6</td> <td style="width: 10%;">-</td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">0</td> <td style="width: 10%;">5</td> <td style="width: 10%;">5</td> <td style="width: 10%;">8</td> <td style="width: 10%;">8</td> </tr> </table> </td> </tr> </table>			<p>Social security number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> </tr> </table>									<p>Employer identification number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2</td> <td style="width: 10%;">6</td> <td style="width: 10%;">-</td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">0</td> <td style="width: 10%;">5</td> <td style="width: 10%;">5</td> <td style="width: 10%;">8</td> <td style="width: 10%;">8</td> </tr> </table>	2	6	-	1	2	0	5	5	8	8
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2	6	-	1	2	0	5	5	8	8													
<p>Part II Certification</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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 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 I am a U.S. citizen or other U.S. person (defined below); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <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 Signature of U.S. person ► Date ► 2/7/2020</p>																						
<p>General Instructions</p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>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.</p> <p>Purpose of Form</p> <p>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:</p> <ul style="list-style-type: none"> 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) <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p><i>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.</i></p>																						

ITB 2020012 – Key Largo Gym Renovation

**Monroe County School District
Vendor Information Sheet**

Vendor Name: Burke Construction Group

Federal EIN/SSN: 26-1205588

Primary Address: 10145 NW 19th Street, Doral, FL 33172

Payment Address: 10145 NW 19th Street, Doral, FL 33172

Contact Name: David Martinez

Phone: 305-468-6604 ext. 117

Fax: 305-468-6654

E-Mail: dmartinez@bcginc.net



BURKCON-01

SSIMEON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/28/2019

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 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 Collinsworth, Alter, Fowler & French, LLC 8000 Governors Square Blvd Suite 301 Miami Lakes, FL 33016	CONTACT NAME: PHONE (A/C, No, Ext): (305) 822-7800 FAX (A/C, No): (305) 362-2443 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Twin City Fire Insurance Co NAIC # 29459 INSURER B: Property and Casualty Insurance Company of Hartford INSURER C: Hartford Casualty 29424 INSURER D: Hartford Fire Ins Co 19682 INSURER E: INSURER F:	
INSURED Burke Construction Group Inc 10145 N.W. 19 Street Doral, FL 33172		

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.

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21UEAHV8478	04/16/2018	04/16/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> \$5,000. BI & PD DED						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY						
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	<input checked="" type="checkbox"/>	21UEAHF6649	04/16/2018	04/16/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR					
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	21RHAHV7793	04/16/2018	04/16/2019	EACH OCCURRENCE \$ 8,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 8,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A	21WBAAO5781	04/16/2018	04/16/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Leased/Rented			21UUMHZ1160	04/16/2018	04/16/2019	w/\$5000. Ded \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

For Information Purposes Only

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

Burke Construction Group/Anthony Burke, David Martinez			
Large Municipal Projects Completed in last 20 Years			
		Contract	
	Description	Amount	Owner
1	Hallandale Elementary	18,276,025	Broward County School Board
2	Central County Transfer Station	20,252,726	Palm Beach County
3	Matanzas High School	23,603,025	Flager County School District
4	Central Region Operations Center	16,507,138	Palm Beach County Water Utilities Departmen
5	Hickory Creek Elementary	11,904,855	St. Johns County School Board
6	Freeman Justice Center	14,761,414	Monroe County
7	Yulee High School	23,673,891	Nassau County School Board
8	Green Cove Springs City Hall	11,906,839	City of Green Cove Springs
9	BBB High School	16,230,213	Flager County School District
10	South Dade Cultural Center	38,412,280	Miami Dade County
11	Emerald Office Building	9,000,000	US Army Corp of Engineers
12	Pacetti Bay Middle School	33,248,114	St. Johns County School Board
13	Wards Creek Elementary School	14,899,000	St. Johns County School Board
14	Timberlin Creek Elementary	21,869,000	Nassau County School Board
15	Ninth Grade Addition	12,013,000	St. Johns County School Board
16	Creekside High School	48,154,000	St. Johns County School Board
17	Nevatim AFB	17,637,470	US Army Corp of Engineers
18	Camp Blanding Live Fire Shoot House	3,988,125	US Department of Military Affairs
19	Stock Island Fire Station	3,260,594	Monroe County
20	Nelson English/Willie Ward Park	1,204,747	City of Key West
21	Key West City Hall	14,980,000	City of Key Westy
22	Berntein Park	7,975,000	Monroe County
23	Magnolia Street Public Works Facility	1,258,162	Monroe County
24	Fire Station #54	3,981,944	City of Fort Lauderdale
25	Temple Terrace ADA Baseball Complex	435,000	City of Temple Terrace
26	Town of Medley Police Department	1,254,959	Town of Medley
27	Terquesta Trace Park	1,908,994	City of Weston
28	Richland County School District 8 Projects	7,100,000	Richland One School District
29	Criminal Justice State Atty Offices	241,340	Sarasota County BOCC
30	State College of Florida(6 Projects)	314,905	Board of Trustees State College of Florida
31	Macdill AFB Athletic Fields	1,200,000	US Air Force Central Command
	Total	\$401,452,760	

ITB 2020012 – Key Largo Gym Renovation

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: Monroe County School District Telephone # 305-293-1400 EXT: 53397

Contact Name: Jeff Barrow Email Address: Jeff.Barrow@KeysSchools.com

Scope of Work Provided: Renovation of Upper Keys annex and maintenance facility

Project Dollar Value: 1,600,000 Present Contract Status: In Progress Contract Dates: 2019-2020

Reference # 2

Organization Name: Metro Life Church Telephone # 305-498-1517

Contact Name: Armando Gomez Email Address: agomez@metrolifechurch.com

Scope of Work Provided: Renovation of 20,000 s.f. sanctuary and children's activity center

Project Dollar Value: 1,700,000 Present Contract Status: Completed Contract Dates: March 2019 - December 2019

Reference # 3

Organization Name: Key West City Hall Telephone # 305-809-3879

Contact Name: Greg Veliz Email Address: gveliz@cityofkeywest-fl.gov

Scope of Work Provided: Historic renovation of Glenn Archer Elementary School converting to the new Key West City Hall

Project Dollar Value: 15,000,000 Present Contract Status: Completed Contract Dates: 2015-2017

Authorized Representative's Signature

Date: 2/7/2020

Name (Printed) and Title: David Martinez, Vice President

ITB 2020012 – Key Largo Gym Renovation

Price Sheet

Base Price Lump Sum	\$ 571,042.00
Alternate for LED lighting in gym	\$ 42,525.00
Alternate for Sound attenuation wall panels	\$ 85,000.00
Alternate for Sound attenuation cloud panels	\$ 40,000.00
Alternate for Sound System	\$ 145,000.00
Alternate for Trophy Case	\$ 14,000.00

ITB 2020012 – Key Largo Gym Renovation

**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: Burke Construction Group, Inc
Name of Representative Signing Below: David Martinez
Current Local Address: 1722 N. Roosevelt Blvd. Key West, Florida
Phone: 305-363-2951
Email Address: dmartinez@bcginc.net

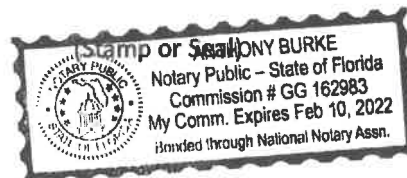
[Signature] 2/07/2020
Signature of Representative Date

State of Florida
County of Monroe

The forgoing instrument was acknowledged before me this 7th day of _____ 20 20 by _____
David Martinez of Burke Construction Group, Inc

Name of Representative _____ Name of Company _____
☐ who is personally known OR has produced _____ as identification.

Signature of Notary



***Burke Construction Group, Inc. maintains a fully staffed office in Monroe County but does not meet the strict requirements of this form because the office is not within 25 miles of the job.**