

ITB 2021004 – Air Conditioning Replacements

ITB Bid Documents Required Checklist (Appendix A)

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

- ☒ Bid Documents Required Checklist (Appendix A)
- ☒ Bid Proposal Form
- ☒ 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
- ☒ E-Verify Affidavit
- ☒ Proof of insurance at specified levels, ability to provide a performance bond for the project, and copies of required licenses
- ☒ Proof of bonding capability
- ☒ Documentation of experience in performing commercial work of this size, nature, and complexity.
- ☒ Reference Form (Appendix B)
- ☒ Price Sheet (Appendix C)
- ☒ Local Preference Affidavit and backup - if applicable (Appendix D)

I, Ann Pinna (name), an authorized officer of Master Mechanical Services, 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.

Ann Pinna
Signature

ITB 2021004 – Air Conditioning Replacements

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

PROPOSAL FORM

ITB 2021004 – Air Conditioning Replacements

BID DUE / BID OPENING: March 15, 2021 at 9: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.

Master Mechanical Services, Inc.

NAME OF COMPANY

15181 NW 33 Pl. Miami, FL 33054

ADDRESS OF COMPANY

JoAnn Pinna

PRINT NAME OF AUTHORIZED SIGNATURE

info@mastermechanicalservices.com

EMAIL ADDRESS

305-825-3004 305-825-1607

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 43 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)

JoAnn Pinna

Date 3/14/21

Name of Proposer's Authorized Representative

JoAnn Pinna

Title of Proposer's Authorized Representative

President

ITB 2021004 – Air Conditioning Replacements

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 3/8/21

ADDENDUM NO. ____ DATED ____

ADDENDUM NO. ____ DATED ____

ADDENDUM NO. ____ DATED ____

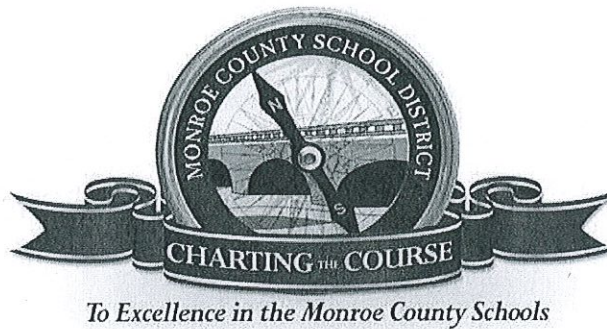
ADDENDUM NO. ____ DATED ____

ADDENDUM NO. ____ DATED ____

Date: 3-14-21


Applicant's Signature

THERESA AXFORD
Superintendent of Schools



Members of the Board

District # 1
BOBBY HIGHSMITH

District # 2
ANDY GRIFFITHS
Vice-Chairman

District # 3
MINDY CONN

District #4
JOHN DICK
Chairman

District # 5
DR. SUE WOLTANSKI

Bid No: ITB 2021004
Name of Bid: Air Conditioning Replacements
Post Date: 3/8/2021
Notice Post Time: 1:00 PM

Addendum No.1

This is not a change to any prior information released. Instead, a question was submitted on the last day of Q&A and the information was not readily available hence the delay in post. This is not needed to bid but being posted as Addendum to ensure everyone knows they are available for review. There will be no change to the bid calendar.

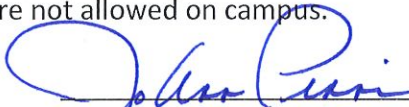
New Documents Added:
ITB2021004_KWHS Original Schedule
ITB2021004_SLS Original Schedule

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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



Printed Name



Date

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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 14th day of March, 2021.
By [Signature]
Authorized Signature/Contractor
JoAnn Pina, President
Typed Name/Title
Master Mechanical Services, Inc.
Contractor's Firm Name
15181 NW 33 Pl.
Street Address
Miami, FL 33054
City/State/Zip Code
305-825-3004
Area Code/Telephone Number

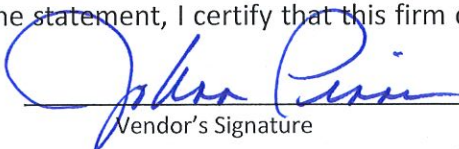
ITB 2021004 – Air Conditioning Replacements

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

NON-COLLUSION AFFIDAVIT

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ITB 2021004 – Air Conditioning Replacements

MONROE COUNTY SCHOOL DISTRICT
BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT

I, JoAnn Pinna, of the City/Township/Parrish of Miami-Dade, 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: Master Mechanical Services, Inc.

Nature of services presently being offered to School District: Air Conditioning Replacements

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. Previous contracts w/ Monroe County School Board w/ Jeff Barrow

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.)

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.

3-14-21
Date

JoAnn Pinna
(Signature of Authorized Representative)

STATE OF Florida
COUNTY OF Miami-Dade

PERSONALLY APPEARED BEFORE ME, the undersigned authority, JoAnn Pinna 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 14 day of March 20 21.

Stephanie Pinero
NOTARY PUBLIC

NOTARY PUBLIC
STEPHANIE PINERO
Commission # HH 078505
Expires February 5, 2025
Bonded Through Budget Notary Services

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DRUG FREE WORKPLACE FORM

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

Master Mechanical Services, 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

3-14-21
Date

ITB 2021004 – Air Conditioning Replacements

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification ▶ Go to www.irs.gov/FormW9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
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Print or type. See Specific Instructions on page 3.	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <div style="border: 1px solid black; padding: 2px;">Master Mechanical Services, Inc.</div> </td> <td style="width: 40%;"></td> </tr> <tr> <td colspan="2"> 2 Business name/disregarded entity name, if different from above <div style="border: 1px solid black; padding: 2px;"></div> </td> </tr> <tr> <td colspan="2"> 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. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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> </div> <div> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other (see Instructions) ▶ _____ </div> </div> </td> </tr> <tr> <td colspan="2"> 4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> </td> </tr> <tr> <td colspan="2"> 5 Address (number, street, and apt. or suite no.) See Instructions. <div style="border: 1px solid black; padding: 2px;">15181 NW 33 Pl.</div> </td> </tr> <tr> <td colspan="2"> 6 City, state, and ZIP code <div style="border: 1px solid black; padding: 2px;">Miami, FL 33054</div> </td> </tr> <tr> <td colspan="2"> 7 List account number(s) here (optional) <div style="border: 1px solid black; padding: 2px;"></div> </td> </tr> <tr> <td colspan="2"> 8 Requester's name and address (optional) <div style="border: 1px solid black; padding: 2px;"></div> </td> </tr> </table>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <div style="border: 1px solid black; padding: 2px;">Master Mechanical Services, Inc.</div>		2 Business name/disregarded entity name, if different from above <div style="border: 1px solid black; padding: 2px;"></div>		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. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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> </div> <div> <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Other (see Instructions) ▶ _____ </div> </div>		4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>		5 Address (number, street, and apt. or suite no.) See Instructions. <div style="border: 1px solid black; padding: 2px;">15181 NW 33 Pl.</div>		6 City, state, and ZIP code <div style="border: 1px solid black; padding: 2px;">Miami, FL 33054</div>		7 List account number(s) here (optional) <div style="border: 1px solid black; padding: 2px;"></div>		8 Requester's name and address (optional) <div style="border: 1px solid black; padding: 2px;"></div>	
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8 Requester's name and address (optional) <div style="border: 1px solid black; padding: 2px;"></div>																	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. 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.	
Social security number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 20%;"></div> <div style="width: 40%;"></div> </div>	or Employer identification number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 40%;"></div> <div style="width: 20%;"></div> <div style="width: 40%;"></div> </div>

Part II Certification Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions for Part II, later.	
Sign Here	Signature of U.S. person ▶ Date ▶ 3-14-21

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 2021004 – Air Conditioning Replacements

Monroe County School District
Vendor Information Sheet

Vendor Name: Master Mechanical Services, The

Federal EIN/SSN: 65-0460474

Primary Address: 15181 NW 33 Pl.
Miami, FL 33054

Payment Address: Same

Contact Name: Tina Pinna

Phone: 305-825-3004 ext. _____

Fax: 305-825-1607

E-Mail: info@mastermechanicalservices.com

ITB 2021004 – Air Conditioning Replacements

THE DISTRICT SCHOOL BOARD OF MONROE COUNTY, FLORIDA

E-VERIFY AFFIDAVIT

Beginning January 1, 2021, Florida law requires all contractors doing business with the Monroe County School District to register with and use the E-Verify System in order to verify the work authorization status of all newly hired employees. The Monroe County School District requires all vendors who are awarded contracts with the District to verify employee eligibility using the E-Verify System. As before, vendors are also required to maintain all I-9 Forms of their employees for the duration of the contract term. To enroll in the E-Verify System, vendors should visit the E-Verify Website located at www.e-verify.gov.

In accordance with Florida Statute § 448.095, IT IS THE RESPONSIBILITY OF THE AWARDED VENDOR TO ENSURE COMPLIANCE WITH ALL APPLICABLE E-VERIFY REQUIREMENTS.

By affixing your signature below, you hereby acknowledge that Florida Law requires you to register with and use the E-Verify System to verify the work authorization status of all newly hired employees. Furthermore, by signing this affidavit you affirm, under penalty of perjury, that you have complied with all applicable E-Verify requirements as of the effective date below.


3-14-21
Date

[Signature]
(Signature of Authorized Representative)

STATE OF Florida
COUNTY OF miami-Dade

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Ann Pinna 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 14 day of march
20 21.

[Signature]
Signature, NOTARY PUBLIC

 **STEPHANIE PINERO**
Commission # HH 078506
Expires February 5, 2025
Coral Gables Budget Notary Services

STAMP/SEAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/30/2020

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 RSC Insurance Brokerage, Inc. 3350 S Dixie Hwy Miami FL 33133		CONTACT NAME: PHONE (A/C, No, Ext): (305) 446-2271 FAX (A/C, No): E-MAIL ADDRESS: certificates@kahn-carlin.com	
INSURED Master Mechanical Services Inc 15181 NW 33 Place Miami FL 33054		INSURER(S) AFFORDING COVERAGE INSURER A: National Trust Insurance Co INSURER B: Infinity Assurance Insurance Company INSURER C: FCCI Insurance Co INSURER D: Federal Insurance Company INSURER E: INSURER F:	
		NAIC # 20141 39497 10178 20281	

COVERAGES**CERTIFICATE NUMBER:** CL2033055204**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	X		GL100041840-02	3/31/2020	3/31/2021	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER:						\$	
B	AUTOMOBILE LIABILITY			509820045985001	3/31/2020	3/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO							BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$
							\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	DED						\$	
	RETENTION \$						\$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	001-WC20A-72097	3/31/2020	3/31/2021	<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							
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
D	Leased/Rented Equipment			0664-21-83-ECE	3/31/2020	3/31/2021	Limit \$100,000	
	Deductible \$1,000							

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

The certificate holder is additional insured as respects to General Liability.

CERTIFICATE HOLDER**CANCELLATION**

Monroe County School District 241 Trumbo Road Key West, FL 33040	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 M Christian/GENFLO <i>M B Christian</i>

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2020 / 2021
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2021

Business Name: MASTER MECHANICAL SERVICES INC

RECEIPT# 30140-93813

Owner Name: JOANN PINNA PRES, WILLIAM FLOWERS
Mailing Address: QUALIFIER
15181 NW 33 PL
MIAMI, FL 33054

Business Location: MO CTY
KEY WEST, FL 33040
Business Phone: 305-825-3004
Business Type: CONTRACTOR (HVAC; GENERAL)

Employees 15

STATE LICENSE: CMC057200; CGC1506699

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
35.00	0.00	35.00	0.00	0.00	0.00	35.00

Paid 000-19-00029144 07/08/2020 35.00

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, 2021

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35.00	0.00	35.00	0.00	0.00	0.00	35.00

Paid 000-19-00029144 07/08/2020 35.00

State of Florida

Department of State

I certify from the records of this office that MASTER MECHANICAL SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on January 11, 1994.

The document number of this corporation is P94000002666.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 12, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twelfth day of January, 2021*



Randy R. Lee
Secretary of State

Tracking Number: 2295521338CC

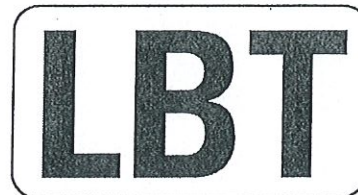
To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



4549821

RECEIPT NO.

RENEWAL

4749843

BUSINESS NAME/LOCATION

MASTER MECHANICAL

SERVICES INC

15181 NW 33RD PL

MIAMI GARDENS, FL 33054



EXPIRES

SEPTEMBER 30, 2021

Must be displayed at place of business

Pursuant to County Code

Chapter 8A - Art. 9 & 10

OWNER

MASTER MECHANICAL SERVICES

INC

WILLIAMS FLOWERS QUALIFIER

Worker(s)

4

SEC. TYPE OF BUSINESS

196

GENERAL MECHANICAL

CONTRACTOR

CMC057200

**PAYMENT RECEIVED
BY TAX COLLECTOR**

45.00 07/13/2020

ECHECK-20-229084

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector





Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

FLOWERS, WILLIAM SHAWN

MASTER MECHANICAL SERVICES INC
15181 NW 33 PLACE
MIAMI FL 33054

LICENSE NUMBER: CMC057200

EXPIRATION DATE: AUGUST 31, 2022

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.

NHG NIELSON HOOVER GROUP

NIELSON, HOOVER & COMPANY
COLLINSWORTH, ALTER, FOWLER & FRENCH
NHG SPECIALTY

March 5, 2021

District School Board of Monroe County
241 Trumbo Road
Key West, FL 33040

**RE: MASTER MECHANICAL SERVICES, INC.
Marathon High School, Sugarloaf School, Poinciana School, Key West School, Horace
O'Bryant – ITB No. 2021004**

To Whom It May Concern:

This is to advise you that our office provides suretyship for Master Mechanical Services, Inc. Their Surety is United States Fire Insurance Company which carries an A. M. Best Rating of A/XIII and is listed in the Department of the Treasury's Federal Register.

Based upon normal and standard underwriting criteria at the time of request, we should be in a position to provide Performance and Payment Bonds for Master Mechanical Services, Inc. for the amount of \$3,000,000 for single projects and a total bonding capacity of \$6,000,000. It must be understood; however, that we reserve the right to review all contractual documents prior to final commitment to issue any bonds.

Master Mechanical Services, Inc. is an excellent contractor and we hold them in high regard. We feel extremely confident in them and encourage you to offer them an opportunity to execute any upcoming projects.

This letter is not an assumption of liability, nor is it a bid or performance and payment bond. It is issued only as a bonding reference requested by our respected client.

Sincerely,



Joseph P. Nielson
Resident Agent





Master Mechanical Services, Inc.

CMC057200

15181 NW 33 Place

Miami, FL 33054

Office 305/825-3004

Fax 305/825-1607

info@mastermechanicalservices.com

SIMILAR PROJECTS RECENTLY COMPLETED

KEY WEST HIGH SCHOOL

SUGARLOAF SCHOOL

CORAL SHORES HIGH SCHOOL

MARATHON HIGH SCHOOL

KEY LARGO SCHOOL

GATO BUILDING

CONTACT: JEFF BARROW

Experience with Governmental Entities

Monroe County Public Works	2006-Current
City of Miami	2002-Current
City of Miami Beach	2006-Current
Town of Davie	2010-Current
Monroe County School Board	2012-Current
Dade County School Board	2012-Current
City of Miami Fire Department	2014-Current

Recently Completed Projects

Allapatah Elderly Center RFQ #1005381-1

\$57,544

City of Miami Procurement

ATT: Teresa Soto

444 SW 2 Ave, 6th FL

Miami, FL 33130

305/416-1919

tsoto@miamigov.com

Osaka

\$186,000

Brodson Construction

ATTN: Tim Funke

120 NE 27 St #100

Miami, FL 33137

305/576-9909

tim@brodsonconstruction.com

Ocean Club Key Biscayne

\$165,000

CDC Builders

ATTN: Rick Ake

5775 Blue Lagoon Dr #400A

Miami, FL 33126

305/261-4100

rake@cdcbuilders.com

Tweddle Residence

\$124,900

Krome Construction

ATTN: Alex Trench

345 NE 80 St

Miami, FL 33128

305/431-3547

atrench@kromeconstruction.com

ITB 2021004 – Air Conditioning Replacements

REFERENCE FORM – (APPENDIX B)

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

Reference # 1

Organization Name: City of Miami Beach Telephone # 305-673-7000 x 2972

Contact Name: Ramon Duarte Email Address: ramonduarte@miamibeachfl.gov
Olga Sanchez olgasanchez@miamibeachfl.gov

Scope of Work Provided: Replace 130 ton air cooled chiller

Project Dollar Value: \$160,000 Present Contract Status: 100% Contract Dates: 6/20-12/20

Reference # 2

Organization Name: City of Coconut Creek Telephone # 954-812-9628

Contact Name: Sal Magliarisi Email Address: smagliarisi@coconutcreek.net

Scope of Work Provided: replace 40 ton chilled water AHU

Project Dollar Value: \$82000 Present Contract Status: 100% Contract Dates: 8/20-11/20

Reference # 3

Organization Name: City of Tamarac Telephone # 954-597-3731

Contact Name: Thomas Vreeland Email Address: tom.vreeland@tamarac.org

Scope of Work Provided: Public Services South, City Hall, Aquatics Center

Project Dollar Value: \$277,960 Present Contract Status: 100% Contract Dates: 6/2019

Authorized Representative's Signature: [Signature] Date: 3-14-21

Name (Printed) and Title: JOAnn Pinna, President

ITB 2021004 – Air Conditioning Replacements

PRICE SHEET (APPENDIX C)

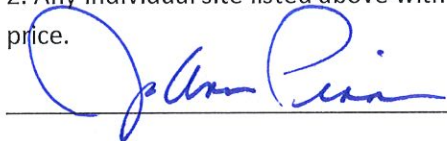
You may bid on any or all of the sites listed. Rank sites on a 1-4 scale (1 being first choice and 4 being last choice), this number will only be used if contractor is low bidder on more than two sites.

NOTE: If you chose not to bid on a particular site please write NO BID on the price line.

Marathon High School	RANK <u>4</u>	TOTAL PRICE \$ <u>136,452</u>
Sugarloaf School	RANK <u>5</u>	TOTAL PRICE \$ <u>154,603</u>
Poinciana School	RANK <u>3</u>	TOTAL PRICE \$ <u>90,118</u>
Key West High School	RANK <u>1</u>	TOTAL PRICE \$ <u>215,646</u>
Horace O'Bryant School	RANK <u>2</u>	TOTAL PRICE \$ <u>123,499</u>

By signing below you are acknowledging:

1. Your ability to complete the above bids on prior to 8/1/2021
2. Any individual site listed above with a priced over \$100,000 includes the cost of a 100% performance bond within that price.



Signature

ITB 2021004 – Air Conditioning Replacements

LOCAL VENDOR AFFIDAVIT FORM (APPENDIX D)

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: Master Mechanical Services, Inc.

Name of Representative Signing Below: _____

Current Local Address: _____

Phone: _____

Email Address: _____

Signature of Representative

Date

State of _____

County of _____

The forgoing instrument was acknowledged before me this _____ day of _____ 20____ by
(Name of Representative), of _____ (Name of Company) OR who is
personally known OR has produced _____ as identification.

Signature of Notary

Stamp of Seal