

CONTRACT SUMMARY

CITY OF FORT LAUDERDALE
PROCUREMENT SERVICES DEPARTMENT

Period Covered: 4/6/10 – 3/26/12	Contract No.: 10(03)10-01-01-27H-1	Master Blanket: 101403
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Awarded Vendor:

Allied Universal Corp.
3901 NW 115 Avenue
Miami, FL 33178

Delivery: not stated
Payment Terms: Net 30

Attn: Catherine Guillarmod
305-888-2623
Fax 305-463-8369

Insurance Coverage Required: Yes No
Authorized for Purchases: Under \$25,000 Over
City Commission Approval: 4/6/10 Pur-05 CAR 10-0471
Extension Options: Yes No Years: 2, 1 yr extensions

SWIMMING POOL CHEMICALS

Item 12 - Sodium Hypochlorite-Batch (Liquid Chlorine) \$.888/gallon
500 gallons minimum quantity delivered at
any one time

Department Contract Co-Ordinator: Ronna Adams, Business Enterprises (954) 828-5889
Kim Clifford, Parks & Recreation (954) 828-5354

Procurement Specialist: AnnDebra Diaz, CPPB
Richard Ewell, CPPB

THIS AGREEMENT, made and entered into this 6th day of April, 2010, is by and between the City of Fort Lauderdale, a Florida municipality, ("City"), whose address is 100 North Andrews Avenue, Fort Lauderdale, FL 33301-1016, and Allied Universal Corp. a Florida corporation ("Contractor"), whose address and phone are 3901 NW 115 Avenue, Miami, FL 33178, Phone 305-888-2623, Fax: 305-463-8369.

WHEREAS, the City of Sunrise issued Invitation to Bid Number 10(03)10-01-01-27-H ("ITB"), and the Contractor submitted a bid in response to the ITB; and

WHEREAS, on April 6, 2010, the City Commission of the City of Fort Lauderdale approved an agreement with Contractor for the goods or services described in the ITB

NOW, THEREFORE, for and in consideration of the mutual promises and covenants set forth herein and other good and valuable consideration, the City and the Contractor covenant and agree as follows:

1. The Contractor agrees to provide to the City Swimming Pool Chemicals (Item 12) in accordance with and in strict compliance with the specifications, terms, conditions, and requirements set forth in the ITB and any and all addenda thereto beginning April 6, 2010 and ending March 26, 2012.

2. This contract form G-110 Rev. 01/10, the ITB, any and all addenda to the ITB, and the Contractor's proposal in response to the ITB are integral parts of this Contract, and are incorporated herein.

3. In the event of conflict between or among the contract documents, the order of priority shall be as follows:

First, this contract form, G-110 Rev. 01/10;

Second, any and all addenda to the City of Sunrise's ITB in reverse chronological order;

Third, the City of Sunrise ITB;

Fourth, the Contractor's response to any addendum requiring a response;

Fifth, the Contractor's response to the City of Sunrise ITB.

4. The Company warrants that the goods and services supplied to the City pursuant to this Contract shall at all times fully conform to the specifications set forth in the ITB and be of the highest quality. In the event the City, in the City's sole discretion, determines that any product or service supplied pursuant to this Contract is defective or does not conform to the specifications set forth in the ITB the City reserves the right unilaterally to cancel an order or cancel this Contract upon written notice to the Contractor, and reduce commensurately any amount of money due the Contractor.

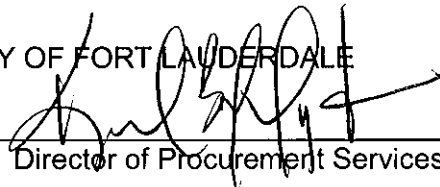
5. The City may cancel this Contract upon written notice to the Contractor in the event the Contractor fails to furnish the goods or perform the


services as described in the ITB within 30 days following written notice to the Contractor.


6. The Contractor shall not present any invoice to the City that includes sales tax (85-8012514506C-7) or federal excise tax (59-6000319).

7. Contractor shall direct all invoices in duplicate for payment to Finance Department, City of Fort Lauderdale, 100 N. Andrews Avenue, 6th Floor, Fort Lauderdale, FL 33301. Any applicable discount MUST appear on the invoice.

IN WITNESS WHEREOF, the City and the Contractor execute this Contract as follows:

CITY OF FORT LAUDERDALE
By: 
Director of Procurement Services

ATTEST

Print Name _____
Title: Administrative Assistant
(~~Secretary for corporation~~
member or manager for L.L.C.)

CONTRACTOR
By: 
Print Name: Catherine Guillarmod
Title: Executive Administrator
(If not president of corporation or managing member of limited liability company, please attach proof of authorization.)

**SCHEDULE "C"
CITY OF SUNRISE
CERTIFICATION**

The following certifies that this Invitation For Bid is submitted without prior understanding, agreement, or connection with any corporation, firm or person submitting a Request for Submittal for the same materials, services, and supplies and is in all respects fair and without collusion or fraud.

The Respondent certifies by his/her signature below that this Submittal is current, accurate, complete and is presented to the City for the performance of this contract in accordance with all the requirements as stated in this Request for Submittal, and that the person signing this Certification is authorized to bind the firm by their signature.

NAME (PRINT): Catherine Guillarmod

TITLE: Executive Administrator

COMPANY: Allied Universal Corp.

ADDRESS: 3901 NW 115 Ave., Miami, FL 33178

FEDERAL TAX I.D. NO: 59 0776285

SIGNATURE: *Catherine Guillarmod*

SOCIAL SECURITY NUMBER COLLECTION DISCLOSURE STATEMENT

Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants and other City program volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.

Please affix corporate seal or have this Certification notarized below.

Notary-Full Name

Notary Expiration & Seal

Date: _____

OR:
(Corporate seal)

BID TITLE: SWIMMING POOL CHEMICALS

BID NUMBER: 10(03)10-01-01-27-H

Item No.	Est. Qty.	Description	MFG/ Trade Name	Unit Cost	EXTENDED PRICE
12.	166,000	Sodium Hypochlorite-Batch (Liquid Chlorine) 500 gallons minimum quantity delivered at any one time	Allied Universal	\$.888/gallon	\$147,408.00
13.	155,425	Sodium Hypochlorite-Batch (Liquid Chlorine) (No minimum quantity)		\$ No Bid/gallon	\$
14.	25,000	Sodium Hypochlorite-Continuous (Liquid Chlorine) 500 gallons minimum quantity delivered at any one time	Allied Universal	\$.918/gallon	\$ 22,950.00
15.	74,000	Sodium Hypochlorite-Continuous (Liquid Chlorine) (No minimum quantity)		\$ No Bid/gallon	\$
16.	60	Chlorine Dry Tablet (3" Tablet) 40 LB Pail		\$ No Bid/pail	\$
17.	60	Pure Fiber 90 25 LB Bag		\$ No Bid/bag	\$
18.	4	Sodium Dichloride 25 LB Bag		\$ No Bid/bag	\$
19.	49	Sodium Trichloride 25 LB Bag		\$ No Bid/bag	\$
20.	117	Calcium Hypochlorite 100 LB drums		\$ No Bid/drum	\$
21.	110	Calcium Hypochlorite 25 LB Pail		\$ No Bid/pail	\$
22.	2,354	Chlorine Briquettes 50 LB pail		\$ No Bid/pail	\$
23.	100	Potassium Peroxymonosulfate 50 LB pail		No Bid \$/pail	\$
24.	7	IS-3 Plus 5 LB pail		No Bid \$/pail	\$

Company Name: Allied Universal

Authorized Signature: 

BID TITLE: SWIMMING POOL CHEMICALS

BID NUMBER: 10(03)10-01-01-27-H

TOTAL BID OFFER (Items 1-24): \$ 170,358.00

One Hundred Seventy Thousand Three Hundred Fifty Eight Dollars

(Written Dollar Amount)

CONTINGENCY PRICING

RUSH Fee for Expedited Delivery within 48 Hours of notice.	No Charge/delivery
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All Vendors MUST indicate the percentage (%) off the balance of line. 0 %

Vendor to indicate, any drum deposit charges, if applicable:

Item No. _____	\$ _____	Item No. _____	\$ _____
Item No. _____	\$ _____	Item No. _____	\$ _____
Item No. _____	\$ _____	Item No. _____	\$ _____

All deliveries will be made by Common Carrier ONLY. Yes _____ No

Delivery will be made within _____ calendar days after receipt of purchase order. (To Be Completed ONLY if vendor is unable to comply with specified delivery requirements indicated within the bid document.

If applicable, would you extend the prices bid herein to other municipalities? Award of bid is not contingent upon concurrence with this offer to other municipalities. Yes: _____ No:

ADDENDUM RECEIPT: Contractor shall acknowledge below the receipt of any and all addenda, if any, by listing the Addenda No. and date of issuance.

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

Company Name: Allied Universal

Authorized Signature: *Lathaine Judd*