

THIS AGREEMENT, made and entered into this 1st day of June, 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, The BG Group, LLC, a Florida Limited Liability Company ("Contractor"), whose address and phone are 1140 Holland Drive#19, Boca Raton, FL 33487 Phone: 561-998-7997, Fax: 561-998-8815.

WHEREAS, the City issued Invitation to Bid Number 402-10507 ("ITB"), and the Contractor submitted a bid in response to the ITB; and

WHEREAS, on June 1, 2010, the City Commission of the City of Fort Lauderdale approved an agreement with Contractor for the goods or services described in the ITB (Pur-03, CAR No. 10-0733),

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 Demolition Services (as primary vendor) 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 July 19, 2010 and ending July 18, 2011. This contract may be extended for up to three (3) additional, consecutive one (1) year terms upon agreement by both parties and approval by the City Commission providing all the terms, conditions and specifications remain the same.

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's ITB in reverse chronological order;

Third, the ITB;

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

Fifth, the Contractor's response to the 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: [Signature]
Director of Procurement Services

Approved as to form:

[Signature]
Senior Assistant City Attorney

ATTEST

By: [Signature]
Print Name: STEVEN GREENBERG

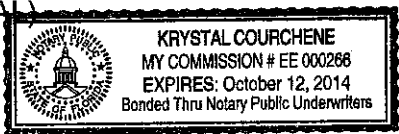
CONTRACTOR

By: [Signature]
Print Name: IVY FRADIN
(If not managing member of limited liability company please attach proof of authorization)

STATE OF FL
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 8 day of July, 2010, by IVY FRADIN as (title): Managing Member for The BG Group, LLC, a Limited Liability Company. Florida

(SEAL)



[Signature]
Notary Public, State of Florida
(Signature of Notary)

Krystal Courchene
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced ID _____
Type of ID Produced _____

CONTRACT COPY

The BG Group

Bid Contact **Ivy T Fradin**
ivy@thebgroup.net
Ph 561-998-7997

Address **1140 Holland Dr suite19**
boca raton, FL 33487

Item #	Line Item	Notes	Unit Price	Qty/Unit	Total Price	Attch.	Docs
402-10507-1-01	CBS STRUCTURES (0 - 1,500) sq. ft. structures.	Supplier Product Code:	First Offer - \$2.47	7000 / square foot	\$17,290.00	Y	Y
402-10507-1-02	CBS STRUCTURES (1,501 - 3,000) sq. ft. structures	Supplier Product Code:	First Offer - \$3.00	6000 / square foot	\$18,000.00		Y
402-10507-1-03	CBS STRUCTURES (3,001 - 6,000) sq. ft. structures.	Supplier Product Code:	First Offer - \$3.00	6000 / square foot	\$18,000.00		Y
402-10507-1-04	CBS STRUCTURES (6,001 +) sq. ft. structures.	Supplier Product Code:	First Offer - \$3.00	6001 / square foot	\$18,003.00		Y
402-10507-1-05	WOOD FRAME STRUCTURES (0 - 1,500) sq. ft. structures.	Supplier Product Code:	First Offer - \$3.00	7000 / square foot	\$21,000.00		Y
402-10507-1-06	WOOD FRAME STRUCTURES (1,501 - 3,000) sq. ft. structures.	Supplier Product Code:	First Offer - \$3.00	6000 / square foot	\$18,000.00		Y
402-10507-1-07	WOOD FRAME STRUCTURES (3,001 - 6,000) sq. ft. structures	Supplier Product Code:	First Offer - \$3.00	6000 / square foot	\$18,000.00		Y
402-10507-1-08	WOOD FRAME STRUCTURES (6,001 +) sq. ft. structures.	Supplier Product Code:	First Offer - \$3.00	6001 / square foot	\$18,003.00		Y
402-10507-1-09	24 HOUR EMERGENCY SERVICES	Supplier Product Code:	First Offer - \$200.00	1 / fee	\$200.00		Y
402-10507-1-10	3 DAY EMERGENCY SERVICES	Supplier Product Code:	First Offer - \$0.00	2 / fee	\$0.00		Y
402-10507-1-11	REMOVAL AND DISPOSAL OF EXCESS DEBRIS	Supplier Product Code:	First Offer - \$24.00	300 / cubic yard	\$7,200.00		Y
402-10507-1-12	PUMP-OUT, DISPOSAL RATES: SEPTIC TANKS & GREASE TRAPS	Supplier Product Code:	First Offer - \$300.00	10 / each	\$3,000.00		Y

402-10507-1-13	CAPPING SEWER LINES	Supplier Product Code:	First Offer - \$450.00	40 / each	\$18,000.00	Y
402-10507-1-14	RAT FREE CERTIFICATION	Supplier Product Code:	First Offer - \$100.00	50 / each	\$5,000.00	Y
402-10507-1-15	REMOVAL OF MISCELLANEOUS STRUCTURES	Supplier Product Code:	First Offer - \$10.00	20 / each	\$200.00	Y
402-10507-1-16	ASPHALT SLABS	Supplier Product Code:	First Offer - \$0.15	10000 / square foot	\$1,500.00	Y
402-10507-1-17	CONCRETE AND BRICK PAVER SLABS	Supplier Product Code:	First Offer - \$0.27	10000 / square foot	\$2,700.00	Y
402-10507-1-18	PAVED SUB- GRADE BASE MATERIAL	Supplier Product Code:	First Offer - \$0.70	2500 / cubic yard	\$1,750.00	Y
402-10507-1-19	FENCING	Supplier Product Code:	First Offer - \$0.50	1000 / linear foot	\$500.00	Y
402-10507-1-20	HVAC REFRIGERANT RECOVER	Supplier Product Code:	First Offer - \$7.00	20 / pound	\$140.00	Y
402-10507-1-21	CONCRETE WALLS	Supplier Product Code:	First Offer - \$0.67	2000 / square foot	\$1,340.00	Y
402-10507-1-22	REMOVAL AND DISPOSAL OF HAZARDOUS WASTE	Supplier Product Code:	First Offer - \$48.00	50 / cubic yard	\$2,400.00	Y
402-10507-1-23	DOCKS	Supplier Product Code:	First Offer - \$0.10	100 / square foot	\$10.00	Y
402-10507-1-24	DOCK PILINGS	Supplier Product Code:	First Offer - \$0.10	8 / each	\$0.80	Y
402-10507-1-25	SWIMMING POOLS / SPAS	Supplier Product Code:	First Offer - \$1.00	2500 / square foot	\$2,500.00	Y
402-10507-1-26	CLEAN FILL	Supplier Product Code:	First Offer - \$8.20	70 / cubic yard	\$574.00	Y
Supplier Total					\$193,310.80	

The BG Group

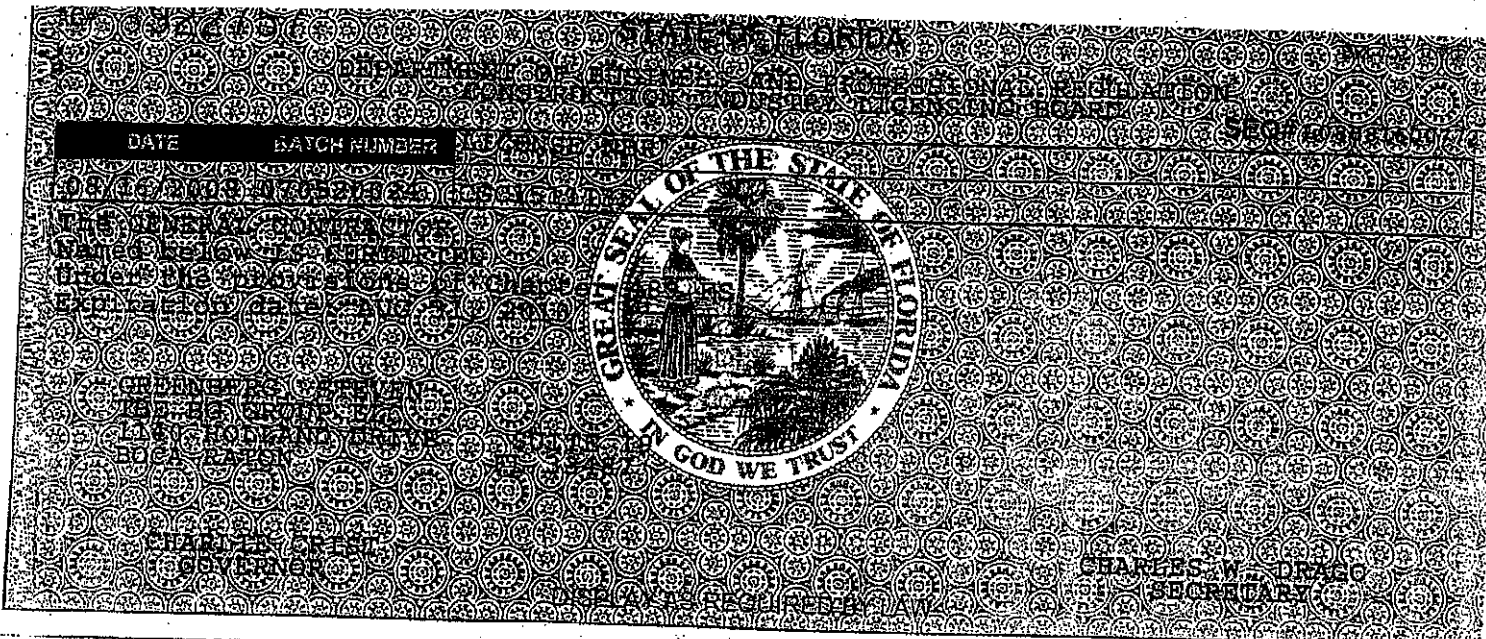
Item: **CBS STRUCTURES (0 - 1,500) sq. ft. structures.**

Attachments

licenses.pdf

ft laud insur.pdf

MBE SBE.pdf



DATE BATCH NUMBER

08/18/2009 012052382

108462008 012052382

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CHARLES W. DRAG
SECRETARY

2006-21397

STATE OF FLORIDA
PALM BEACH COUNTY
LOCAL BUSINESS TAX RECEIPT
EXPIRES: SEPTEMBER - 30 - 2010

0C-032
CLASSIFICATION

BG GROUP LLC
GREENBERG STEVEN

LOCATED AT
1140 HOLLAND DR
BOCA RATON FL 33487

CNTY 27.50
TOTAL 27.50

This receipt is hereby valid for the above address for the period beginning on the first day of October and ending on the thirtieth day of September to engage in the business, profession or occupation of:
GENERAL CONTRACTOR
CGC1511135

THIS IS NOT A BILL - DO NOT PAY
PAID. PBC TAX COLLECTOR
27.50 BTR 049 01775487 08/18/2009

ANNE M. GANNON
TAX COLLECTOR, PALM BEACH COUNTY

THIS DOCUMENT IS VALID ONLY WHEN RECEIPTED BY TAX COLLECTOR

LOCAL BUSINESS TAX RECEIPT # 10 00040569

BG GROUP LLC, THE
LOWE, EARL G.
1140 HOLLAND DR 19

BG GROUP LLC, THE
1140 HOLLAND DR 19
BOCA RATON FL 33487



THIS IS NOT A BILL
Any changes in name, address, suite, ownership, etc. will require a new application within 15 days to avoid penalty or the license is null and void.

Business Tax fee: 105.00
Penalty fee: .00
Late fee: .00
Additional fee: .00
Transfer fee: .00
Total paid: 105.00

has paid the business tax at the above address for the period beginning the 1st day of October and ending the 30th day of September to engage in the business, profession or occupation of:

Class: CONTRACTOR, GENERAL

Client#: 83931

BGGRO


ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 4/23/2010
PRODUCER Advanced Insurance Underwriter ATTN: Construction Division 3250 N. 29th AVE. Hollywood, FL 33020-1313		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED The BG Group, LLC 1140 Holland Drive, Suite 19 Boca Raton, FL 33487		INSURERS AFFORDING COVERAGE INSURER A: Steadfast Insurance Co. - A NAIC # 26387 INSURER B: St. Paul Fire & Marine - A+ 24767 INSURER C: Great American Insurance Co - A 16691 INSURER D: Redland Insurance Company - A- 37303 INSURER E: Mid-Continent Group - A

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SCO913774403	05/12/09	05/12/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 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
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RICFL0002999	05/12/09	05/12/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ \$10,000	QZ06825387	05/12/09	05/12/10	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 \$ \$ LIMIT \$14,000,000 WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
F	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	BINDER212010	02/09/2010	05/12/10	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	OTHER Pol & Prof.	PCE488481401	05/12/09	05/12/10	*See Description **See Description
E	Inland Marine	04IM35113	05/12/09	05/12/10	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Blanket additional insured with respects to General Liability, Auto, Pollution & Umbrella when required by written contract blanket waiver of subrogation with respects to general liability & auto when required by written contract; Primary & Non-Contributory - where required by written contract with respects to general liability only.
 (See Attached Descriptions)

CERTIFICATE HOLDER City of Fort Lauderdale, City Hall, Procurement Department, Suite #619 100 N. Andrews Avenue Fort Lauderdale, FL 33301	CANCELLATION 10 Days for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTIONS (Continued from Page 1)

General Liability Policy Aggregate \$5,000,000 Cap Amount If Applicable

*Pollution & Professional Liability @ \$1,000,000 / \$3,000,000 / \$10,000 SIR

**Inland Marine: Listed Items \$2,100,000 / Leased & Rented Any One Item \$300,000 / Maximum Amount \$300,000 / \$5,000 Cranes; Theft & VMM; Wind & Weather and \$1,000 Standard Deductible

***EXCESS UMBRELLA CARRIER/INSURER AFFORDING COVERAGE F: LANDMARK AMERICAN INS. CO.,

Client#: 57209

BGGRO

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 4/23/2010
PRODUCER Paul H. DeSilva Bateman, Gordon & Sands, Inc. P.O. Box 1270 Pompano Beach, FL 33061		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED The BG Group, LLC 1140 Holland Drive; Suite #19 Boca Raton, FL 33487		INSURERS AFFORDING COVERAGE INSURER A: Amerisure Insurance Co. NAIC # 19488 INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

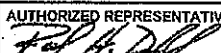
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES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

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC2065618	11/10/09	11/10/10	<input checked="" type="checkbox"/> WC STATU-TORY 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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Bid 402-10507 - Demolition Services

CERTIFICATE HOLDER

CANCELLATION 10 Days for Non-Payment

City of Fort Lauderdale Procurement Services Department 100 N. Andrews Avenue, Room 619 Fort Lauderdale, FL 33301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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DISCLAIMER

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State of Florida
 Minority, Women &
 Service-Disabled Veteran
 Business Certification



The BG Group LLC

Is certified under the provisions of
 287 and 295.187, Florida Statutes for a period from:

December 3, 2009 to December 3, 2011

Torey Alston, Executive Director

Florida Department of Management Services
 Office of Supplier Diversity

Office of Supplier Diversity - 4050 Esplanade Way, Suite 380 - Tallahassee, FL 32399-0950 - 850.487.0915 - www.osd.dms.state.fl.us



Form SB 03 08/00

The School District of Palm Beach County, FL
Office of Diversity In Business Practices

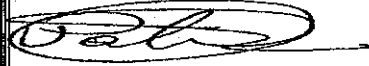
Congratulations!
SBE
(Small Business Enterprise)

THE BG DROUP, LLC.

This certificate is valid from
November 12, 2008—August 24, 2011

The following areas that your firm has been certified:
***General Construction Services—Construction Site Work—
Construction Demolition Services***

Certification is not a guarantee that your firm will receive work. Our bid hotline and website are valuable sources of information. Any change to your certification requires you to submit proof of expertise, licensure and a business history (at minimum) to justify the additional certification. You are required to submit a copy of your certification letter with each bid, or proposal that you submit to the School District. You must notify this office if the status of your firm changes. Failure to report changes that affect the ownership and control of your firm may result in decertification.



Patrick Chrysostome, Analyst



Dr. Otelia DuBose, Director

**PALM BEACH COUNTY
OFFICE OF SMALL BUSINESS ASSISTANCE**

CERTIFIES THAT

**THE BG GROUP, LLC.
VENDOR # BGGR0001**

*is a Small Business Enterprise as prescribed by section 2-80.21 - 2-80.35 of the Palm Beach County Code for a three year period from August 25, 2008 to August 24, 2011.
The following Services and/or Products are covered under this certification:*

**General Construction Services
Construction Site Work
Construction Demolition Services**

Palm Beach County Board of County Commissioners

Addie L. Greene, Chairperson
Jeff Koona, Vice Chair
Karen T. Marcus
Robert J. Kanjjan
Mary McCarty
Burt Aaronson
Jess R. Santamaria

County Administrator
Robert Weisman
Deputy County Administrator
Veronica C. Baker


Hazel Oxendine, Director

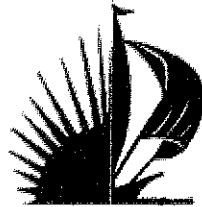


8-25-2008

***CITY OF FORT LAUDERDALE
SPECIFICATIONS PACKAGE***

402-10507

Demolition Services



CITY OF FORT LAUDERDALE

Bob McKenney

954-828-5139

Costs Proposals for Asbestos related work**(For informational purposes only)**

1. Cost for **Removal of floor tile**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and material as an all inclusive per man-hour rate.

\$ 1.00per sq. ft.

2. Cost of **Removal of floor tile and mastic**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and material as an all-inclusive rate.

\$ 1.75per sq. ft.

3. Cost of **Removal of vinyl**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and material as an all inclusive rate.

\$ 2.00per sq. ft.

4. Cost of **Carpet removal as ACM**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and material as an all-inclusive rate.

\$ 1.00per sq. ft.

5. Cost of **Roofing Material as ACM**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and material as an all-inclusive rate.

\$ 2.00per sq. ft.

6. Cost of **Surface Material as ACM**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and material as an all-inclusive rate.

\$ 2.75per sq. ft.

7. Cost of **Ceiling Tile as ACM**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and material as an all-inclusive rate.

\$ 2.00per sq. ft

8. Cost of **Cementitious Composite as ACM**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and material as an all-inclusive rate

\$ 5.00per sq. ft.

9. Cost of **Thermal System Insulation Material (TSI) as ACM**: Provide certified and trained personnel and asbestos workers, furnish all required or necessary equipment and supplies, and provide insurance and transportation for all workers and materials as an all-Inclusive rate

\$ 8.00per sq. ft.

GENERAL QUESTIONNAIRE

BIDDER NAME:THE BG GROUP LLC

Complete the following:

Contact Name:**IVY FRADIN** Phone:**5619987997**

Delivery/begin work in calendar days after receipt of Purchase Order: (Section 1.02 of General Conditions.):

4Days

Payment terms (Section 1.03 of General Conditions: (net 30 if left blank)**NET 30**

Total Bid Discount (Section 1.04 of General Conditions): **N/A**

Prices firm for acceptance for 90 days? (Section 1.05 of General Conditions.):

Yes No Other

State or reference any variances (section 1.06 of General Conditions):

N/A

1. Have you quoted on all items as required by paragraph 1.09?

Yes No

2. The bidder holds a General Contractors License issued by Broward County or the State of Florida. (Ref. para. 1.06)

License No.**CGC 1511135**(Please attach a copy)

OR

The bidder holds a Demolition Contractors License issued by Broward County.

License No. (Please attach a copy)

3. Provide three references for which you have performed similar services.

Company Name:**PALM BEACH COUNTY**
Address:**2633 VISTA PARKWAY, WEST PALM BEACH, FL 33411**
Contact Name:**JOHN TIERNEY**Telephone:**561233-0252**
Services were provided from**2004** to**PRESENT**
Dollar amount of this contract annually**\$500K**

Company Name:**CITY OF MIAMI**

Address:**444 SW 2ND AVE, 4TH FLOOR, MIAMI, FL 33130**
Contact Name:**CEDRIC MART**Telephone:**3054161191**
Services were provided from**2006 toPRESENT**
Dollar amount of this contract annually**\$300K**

Company Name:**LEE COUNTY DOT**
Address:**1500 MONROE STREET, 4TH FLOOR, FORT MYERS, FL 33901**
Contact Name:**EYRA CASH**Telephone:**2395338562**
Services were provided from**2007 toPRESENT**
Dollar amount of this contract annually**\$110,000**

4. Number of years experience the proposer has had in providing similar services:
7 Years
5. Have you ever failed to complete work awarded to you? If so, where and why?
NO

The proposer understands that the information contained in these proposal pages is to be relied upon by the City in awarding the proposed contract, and such information is warranted by the proposer to be true. The proposer agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the proposer, as may be required by the City.

Please review the questionnaire to make sure all questions have been answered. Attach additional sheets if necessary. Failure to answer each question could result in the disqualification of your bid.

10507 demolition services quest

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and *free* from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME

RELATIONSHIPS

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

BID/PROPOSAL SIGNATURE PAGE

How to submit bids/proposals: It is preferred that bids/proposals be submitted electronically at www.bidsync.com, unless otherwise stated in the bid packet. If mailing a hard copy, it will be the sole responsibility of the Bidder to ensure that the bid reaches the City of Fort Lauderdale, City Hall, Procurement Department, Suite 619, 100 N. Andrews Avenue, Fort Lauderdale, FL 33301, prior to the bid opening date and time listed. Bids/proposals submitted by fax or email will NOT be accepted.

The below signed hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal I will accept a contract if approved by the CITY and such acceptance covers all terms, conditions, and specifications of this bid/proposal.

Please Note: If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below **must** be completed. If the field does not apply to you, please note N/A in that field.

Submitted by: **Ivy Fradin**
(signature) (date)

Name (printed): **Ivy Fradin** Title: **Managing Member**

Company: (Legal Registration) **THE BG GROUP LLC**

CONTRACTOR, IF FOREIGN CORPORATION, MAY BE REQUIRED TO OBTAIN A CERTIFICATE OF AUTHORITY FROM THE DEPARTMENT OF STATE, IN ACCORDANCE WITH FLORIDA STATUTE §607.1501 (visit <http://www.dos.state.fl.us/>).

Address: **1140 Holland Drive #19**

City: **Boca Raton** State: **FL** Zip: **33487**

Telephone No. **5619987997** FAX No. **5619988815**

Email: **ivy@thebggroup.net**

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): **4**

Payment Terms (section 1.03): **net 30**

Total Bid Discount (section 1.04): **NA**

Does your firm qualify for MBE or WBE status (section 1.08): MBE WBE

ADDENDUM ACKNOWLEDGEMENT - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>

VARIANCES: State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. **HAVE YOU STATED ANY VARIANCES OR EXCEPTIONS BELOW? BIDDER MUST CLICK THE EXCEPTION LINK IF ANY VARIATION OR EXCEPTION IS TAKEN TO THE SPECIFICATIONS, TERMS AND CONDITIONS.** If this section does not apply to your bid, simply mark N/A in the section below.

Variances: **N/A**
revised 3-23-10