

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, Demolition Services, Inc., a Florida corporation ("Contractor"), whose address and phone are P.O. Box 133130, Hialeah, FL 33013, Phone: 305-828-3767, Fax: 305-828-9767.

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 secondary 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

CONTRACTOR

By: [Signature]

By: [Signature] - Maralyis Castillo

Print Name: Maralyis Castillo
Demolition Services Inc.

Print Name: Maralyis Castillo - Demolition Services Inc.
(If not president of corporation please attach proof of authorization)

STATE OF Florida
COUNTY OF Dade

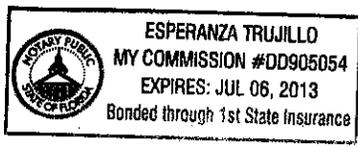
The foregoing instrument was acknowledged before me this 12 day of July, 2010, by Maralyis Castillo as (title): President for Demolition Services, Inc. a Florida Corporation.

(SEAL)

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

Esperanza Trujillo
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced ID
Type of ID Produced _____



CONTRACT COPY

Demolition Services Inc.

Bid Contact **Maralys Castillo**
demoserv@bellsouth.net
Ph 305-828-3767
Fax 305-828-9767

Address **P.O. Box 133130**
Hialeah, FL 33013

Item #	Line Item	Notes	Unit Price	Qty/Unit	Total Price	Atch.	Docs
402-10507-1-01	CBS STRUCTURES (0 - 1,500) sq. ft. structures.	Supplier Product Code:	First Offer - \$2.90	7000 / square foot	\$20,300.00	Y	Y
402-10507-1-02	CBS STRUCTURES (1,501 - 3,000) sq. ft. structures	Supplier Product Code:	First Offer - \$2.80	6000 / square foot	\$16,800.00		Y
402-10507-1-03	CBS STRUCTURES (3,001 - 6,000) sq. ft. structures.	Supplier Product Code:	First Offer - \$2.70	6000 / square foot	\$16,200.00		Y
402-10507-1-04	CBS STRUCTURES (6,001 +) sq. ft. structures.	Supplier Product Code:	First Offer - \$2.60	6001 / square foot	\$15,602.60		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 - \$2.90	6000 / square foot	\$17,400.00		Y
402-10507-1-07	WOOD FRAME STRUCTURES (3,001 - 6,000) sq. ft. structures	Supplier Product Code:	First Offer - \$2.80	6000 / square foot	\$16,800.00		Y
402-10507-1-08	WOOD FRAME STRUCTURES (6,001 +) sq. ft. structures.	Supplier Product Code:	First Offer - \$2.70	6001 / square foot	\$16,202.70		Y
402-10507-1-09	24 HOUR EMERGENCY SERVICES	Supplier Product Code:	First Offer - \$5.00	1 / fee	\$5.00		Y
402-10507-1-10	3 DAY EMERGENCY SERVICES	Supplier Product Code:	First Offer - \$5.00	2 / fee	\$10.00		Y
402-10507-1-11	REMOVAL AND DISPOSAL OF EXCESS DEBRIS	Supplier Product Code:	First Offer - \$19.00	300 / cubic yard	\$5,700.00		Y
402-10507-1-12	PUMP-OUT, DISPOSAL RATES: SEPTIC TANKS & GREASE TRAPS	Supplier Product Code:	First Offer - \$600.00	10 / each	\$6,000.00		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 - \$50.00	50 / each	\$2,500.00	Y
402-10507-1-15	REMOVAL OF MISCELLANEOUS STRUCTURES	Supplier Product Code:	First Offer - \$20.00	20 / each	\$400.00	Y
402-10507-1-16	ASPHALT SLABS	Supplier Product Code:	First Offer - \$0.50	10000 / square foot	\$5,000.00	Y
402-10507-1-17	CONCRETE AND BRICK PAVER SLABS	Supplier Product Code:	First Offer - \$0.85	10000 / square foot	\$8,500.00	Y
402-10507-1-18	PAVED SUB- GRADE BASE MATERIAL	Supplier Product Code:	First Offer - \$1.50	2500 / cubic yard	\$3,750.00	Y
402-10507-1-19	FENCING	Supplier Product Code:	First Offer - \$2.00	1000 / linear foot	\$2,000.00	Y
402-10507-1-20	HVAC REFRIGERANT RECOVER	Supplier Product Code:	First Offer - \$25.00	20 / pound	\$500.00	Y
402-10507-1-21	CONCRETE WALLS	Supplier Product Code:	First Offer - \$1.80	2000 / square foot	\$3,600.00	Y
402-10507-1-22	REMOVAL AND DISPOSAL OF HAZARDOUS WASTE	Supplier Product Code:	First Offer - \$25.00	50 / cubic yard	\$1,250.00	Y
402-10507-1-23	DOCKS	Supplier Product Code:	First Offer - \$2.00	100 / square foot	\$200.00	Y
402-10507-1-24	DOCK PILINGS	Supplier Product Code:	First Offer - \$10.00	8 / each	\$80.00	Y
402-10507-1-25	SWIMMING POOLS / SPAS	Supplier Product Code:	First Offer - \$3.00	2500 / square foot	\$7,500.00	Y
402-10507-1-26	CLEAN FILL	Supplier Product Code:	First Offer - \$25.00	70 / cubic yard	\$1,750.00	Y
Supplier Total					\$207,050.30	

Demolition Services Inc.

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

Attachments

Certificate of Insurance - Demolition Svcs Inc. City of Ft Lauderdale.pdf

Broward County demolition contractor license exp 2010.pdf



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2010

PRODUCER A QUICK & EASY ASSURANCE GROUP 5788 Bird Rd Miami, FL 33155 (305) 662-7030	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.	
	INSURERS AFFORDING COVERAGE	NAIC#
INSURED Demolition Services, Inc. P.O. Box 133130 Hialeah, FL 33013 786-514-2773	INSURER A: Underwriters at Lloyd's	
	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 LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PO# 382101	8/8/09	8/8/10	EACH OCCURRENCE \$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000				
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NDN-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANYAUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Equipment	PO# 382100	8/8/09	8/8/10	67,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Demoliton services

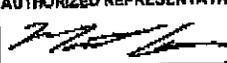
CERTIFICATE HOLDER City of Ft.Lauderdale Procurement Services Dept. 100 N.Andrews Ave, Room 619 Ft.Lauderdale, Fl 33301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE 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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<h1>CERTIFICATE OF LIABILITY INSURANCE</h1>		DATE (MM/DD/YY) 04/26/2010
PRODUCER FRANKCRUM INSURANCE AGENCY, INC. 100 S. MISSOURI AVE. CLEARWATER FL 33756	Serial # 169270	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 FrankCrum 1-800-277-1620 100 S MISSOURI AVENUE CLEARWATER FL 33756		INSURERS AFFORDING COVERAGE INSURER A: FRANK WINSTON CRUM INSURANCE, INC. NAIC# 11600 INSURER B: INSURER C: INSURER D: INSURER E:

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 OF 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.

BASE LTR	AMT INBRD	TITLE 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 GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC.				EACH OCCURRENCE	\$
						FIRE DAMAGE (Any one fire)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COM/PROP AGG	\$
						COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY EACH OCCURRENCE	AGG \$
						AGGREGATE	\$
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYERS / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC201000000	01/01/2010	01/01/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
		OTHER					

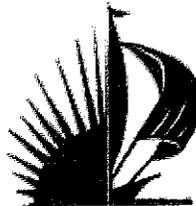
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 EFFECTIVE 04/23/2007, COVERAGE IS FOR 100% OF THE EMPLOYEES OF FRANKCRUM LEASED TO DEMOLITION SERVICES, INC. (CLIENT) FOR WHOM THE CLIENT IS REPORTING HOURS TO FRANKCRUM. COVERAGE IS NOT EXTENDED TO STATUTORY EMPLOYEES.

CERTIFICATE HOLDER CITY OF FT. LAUDERDALE PORCUREMENT SERVICES DEPARTMENT 100 N. ANDREWS AVE., ROOM 619 FT. LAUDERDALE, FL 33301	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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***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.

\$ **3.00**per 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.

\$ **4.00**per 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.

\$ **4.00**per 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.

\$ **2.50**per 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.

\$ **5.00**per 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.

\$ 7.00per 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.

\$ 6.00per 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

\$ 6.00per 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

\$ 7.00per sq. ft.

GENERAL QUESTIONNAIRE

BIDDER NAME: Demolition Services Inc.

Complete the following:

Contact Name: **Maralys Castillo** Phone: **305828-3767**

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

25Days

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

Total Bid Discount (Section 1.04 of General Conditions): **0.00**

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):

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. (Please attach a copy)

OR

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

License No. **07D14234-X** (Please attach a copy)

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

Company Name: **Miami Dade College**
 Address: **11011 S.W. 104th. Street (Bldg. L) Miami, FL 33176**
 Contact Name: **Barrington Foster** Telephone: **305237-2195**
 Services were provided from **Jan 2009 to Jan 2009**
 Dollar amount of this contract annually **25,000.00**

Company Name: **JA Valls Construction**

Address:**50 SW 18 Rd. Miami, Fl. 33129**
Contact Name:**Joe Valls** Telephone:**786488-8100**
Services were provided from**Jan 2009 to Jan 2009**
Dollar amount of this contract annually**25,500.00**

Company Name:**NAC Construction**
Address:**9065 SW 87th Ave, Suite 112 Miami, Fl. 33176**
Contact Name:**Nestor Castellon** Telephone:**305412-2275**
Services were provided from**June 2009 to June 2009**
Dollar amount of this contract annually**16,800.00**

4. Number of years experience the proposer has had in providing similar services:
4 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: **Maralys Castillo 5/3/2010**
(signature) (date)

Name (printed): **Maralys Castillo** Title: **President**

Company: (Legal Registration) **Demolition Services Inc.**

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: **P.O. Box 133130**

City: **Hialeah** State: **Florida** Zip: **33013**

Telephone No. **305-828-3767** FAX No. **305-828-9767**

Email: **demoserv@bellsouth.net**

Delivery: Calendar days after receipt of Purchase Order (section 1.02 of General Conditions): **25 days**

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

Total Bid Discount (section 1.04): **0.00**

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>
None	

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.

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