

# AMENDED



## TOWN COMMISSION MEETING AGENDA

February 13, 2024 at 6:30 PM

COMMISSION CHAMBERS - 202 E. MAIN STREET, DUNDEE, FL 33838

Phone: 863-438-8330 | [www.TownofDundee.com](http://www.TownofDundee.com)

---

---

**CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**INVOCATION**

**RECOGNITION OF SERGEANT AT ARMS**

**ORDINANCE #13-08, PUBLIC SPEAKING INSTRUCTIONS**

**ROLL CALL**

**DELEGATIONS-QUESTIONS & COMMENTS FROM THE FLOOR**

*(Each speaker shall be limited to three (3) minutes)*

**APPROVAL OF CONSENT AGENDA: CONSENT AGENDA FOR FEBRUARY 13, 2024**

**A. MINUTES**

**1. January 23, 2024, Town Commission Meeting**

**B. BOARD RESIGNATIONS**

**1. Donna Schults Tree Board Resignation**

**APPROVAL OF AGENDA**

**PROCLAMATIONS, RECOGNITIONS AND DESIGNATIONS**

**1. PROCLAMATION, BLACK HISTORY MONTH**

**2. PROCLAMATION, LIBRARY LOVER'S MONTH**

**NEW BUSINESS**

**3. DISCUSSION & ACTION, EDUCATION CONNECT LEARNING CENTER**

- 4. DISCUSSION & ACTION, FORCIBLE ENTRY PROP**
- 5. DISCUSSION & ACTION, FIT TEST MACHINE**
- 6. DISCUSSION & ACTION, SANITATION CARTS PURCHASE**
- 7. DISCUSSION & ACTION, JOHNSON DOG PARK FENCING**
- 8. DISCUSSION & ACTION, STREETS DEPARTMENT TRUCK PURCHASE**
- 9. DISCUSSION & ACTION, PARKS DEPARTMENT TRUCK PURCHASE**
- 10. DISCUSSION & ACTION, SHERIFF'S DEPARTMENT TRUCK PURCHASE**
- 11. DISCUSSION & ACTION, RFP 24-04 COMMUNITY CENTER RENOVATIONS**
- 12. DISCUSSION, GET OUT AND VOTE CAMPAIGN**
- 13. DISCUSSION, DUNDEE FOOD TRUCK PARK**
- 14. DISCUSSION & ACTION, BUILDING CLOSING FOR LUNCHEON**

#### **REPORTS FROM OFFICERS**

Polk County Sheriff's Office  
Dundee Fire Department  
Town Attorney  
Town Manager  
Commissioners  
Mayor

#### **ADJOURNMENT**

***PUBLIC NOTICE:*** Please be advised that if you desire to appeal from any decisions made as a result of the above hearing or meeting, you will need a record of the proceedings and in some cases, a verbatim record is required. You must make your own arrangements to produce this record. (Florida statute 286.0105)  
*If you are a person with disability who needs any accommodations in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the town clerk's office at 202 east main street, Dundee, Florida 33838 or phone (863) 438-8330 within 2 working days of your receipt of this meeting notification; if you are hearing or voice impaired, call 1-800-955-8771.*



# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

---

---

- AGENDA ITEM TITLE:** Approval of the Commission Consent Agenda
- SUBJECT:** The Town Commission will consider the items of the consent agenda as provided for by the Town Code Article IIA, Sec. 2-33(e). Items in the consent agenda are routine business or reports. All items in the consent agenda are approved in one motion. Any item in the consent agenda may be pulled by a member of the Town Commission for separate consideration.
- STAFF ANALYSIS:** The consent agenda for the meeting of February 13, 2024 contains the following:
- A. MINUTES
    - 1. January 23, 2024 Town Commission Meeting
  - B. BOARD RESIGNATION
    - 1. Donna Schultz Tree Board Resignation
- STAFF RECOMMENDATION:** Staff recommends approval
- ATTACHMENTS:** January 23, 2024 Town Commission Meeting Minutes  
Schultz TB Resignation



## TOWN COMMISSION MEETING MINUTES

January 23, 2024 at 6:30 PM

COMMISSION CHAMBERS - 202 E. MAIN STREET, DUNDEE, FL 33838

Phone: 863-438-8330 | [www.TownofDundee.com](http://www.TownofDundee.com)

**CALL TO ORDER at 6:30PM by Mayor Pennant**

**PLEDGE OF ALLEGIANCE led by Mayor Pennant**

**INVOCATION given by Commissioner Goddard**

**RECOGNITION OF SERGEANT AT ARMS – Sergeant Anderson introduced Captain Chris Gilbert who is the new Captain of the Southeast District**

**ORDINANCE #13-08, PUBLIC SPEAKING INSTRUCTIONS given by Mayor Pennant**

**ROLL CALL given by Town Clerk Douthat**

**PRESENT**

Steve Glenn  
Bert Goddard  
Willie Quarles  
Mary Richardson  
Sam Pennant

**DELEGATIONS-QUESTIONS & COMMENTS FROM THE FLOOR**

*(Each speaker shall be limited to three (3) minutes)*

Mayor Pennant opened the floor for comments from the public.

**Aletha Pugh, 1523 Swan Lake Circle**, spoke about the Education Connect Learning Center and was asked to create a presentation for the Commission and return for another meeting.

**Merissa Green, 1307 Vista Del Lago Boulevard**, asked about Centennial events.

Seeing no further public come forth, the floor was closed.

**APPROVAL OF CONSENT AGENDA: CONSENT AGENDA FOR JANUARY 23, 2024**

**A. MINUTES**

- 1. January 9, 2024 Town Commission Meeting**
- 2. January 12, 2024 Town Commission Meeting**

## B. APPOINTMENTS

### 1. Jessica Farler, Tree Board

*MOTION TO APPROVE the consent agenda for January 23, 2024 made by Glenn, Seconded by Goddard. Passed unanimously.*

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## APPROVAL OF AGENDA

*MOTION TO ADD item 8, PFAS Class Action Lawsuit made by Glenn, Seconded by Goddard. Passed Unanimously. Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

*MOTION TO APPROVE the regular agenda for January 23, 2024 with changes made by Quarles, Seconded by Glenn. Passed unanimously.*

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## PROCLAMATIONS, RECOGNITIONS AND DESIGNATIONS

### RECOGNITION, GFOA CERTIFICATE OF ACHIEVEMENT

Mayor Pennant read the letter of recognition into the record and presented the certificate to the Town Manager/Interim Finance Director, Tandra Davis, and Finance Assistant Barnhorst.

## NEW BUSINESS

### 1. ORDINANCE 23-07 CALDWELL RIDGE ZONING MAP AMENDMENT

Assistant Town Attorney Claytor read the title of Ordinance 23-07 into the record.

Town Planner Peterson gave the analysis.

Mayor Pennant opened the floor for comments from the public.

**Daryl Conner, 6630 Lake Hatchineha Road**, spoke against the ordinance.

**Glenn Lawhorn, 11000 Jim Edwards Road**, spoke against the ordinance.

**Frank Miller, 13950 Lake Hatchineha Road**, asked if this ordinance was “spot zoning” and who would be taking care of the roads.

**Merissa Green, 1307 Vista Del Lago Boulevard**, stated that the developers should “throw in some niceties” if their zoning amendment was approved.

**Justina Gayle, Forward Planning and Design**, stated that the zoning request is consistent with the Town of Dundee Comprehensive Plan, the zoning request is compatible with the Town of Dundee Land Development Code, the request is in-scale and compatible with surrounding properties. In responding to public comment, she stated that the property was recently annexed into the Town and therefore the request for a Town of Dundee zoning designation is not spot zoning, and she also stated that the traffic study performed identified that the roads mentioned currently have adequate capacity (i.e., B and C roads).

*MOTION TO APPROVE Ordinance 23-07 made by Goddard, Seconded by Quarles. Passed unanimously. Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant.*

## 2. DISCUSSION, VISION WORKSHOP/STRATEGIC PLANNING

Commissioner Richardson gave the presentation.

Mayor Pennant opened the floor for comments from the public.

**Annette Wilson, 402 MLK Street**, spoke in favor of implementing a vision plan for the Town.

Seeing no further public come forth, the floor was closed.

***MOTION TO PASS the authorize and direct the Town Manager to further research the visioning process and determine the requirements for same made by Quarles, Seconded by Glenn. Passed unanimously.***

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## 3. DISCUSSION & ACTION, AUTO ZONE SITE DEVELOPMENT PLAN

Town Planner Peterson gave the presentation.

Mayor Pennant opened the floor for comments from the public; seeing no public come forth, the floor was closed.

***MOTION TO APPROVE the Auto Zone site development plan made by Quarles, Seconded by Goddard. Passed unanimously.***

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## 4. DISCUSSION & ACTION, ROAD RESURFACING PROJECT 2024

Town Manager Davis gave the analysis.

Mayor Pennant opened the floor for comments from the public; seeing no public come forth, the floor was closed.

***MOTION TO APPROVE the road resurfacing project 2024 made by Glenn, Seconded by Quarles. Passed unanimously.***

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## 5. DISCUSSION & ACTION, LINCOLN AVENUE SIDEWALK

Town Manager Davis gave the analysis.

Mayor Pennant opened the floor for comments from the public; seeing no public come forth, the floor was closed.

***MOTION TO APPROVE the task orders from Tucker Paving pursuant to the master continuing agreement for road construction services made by Goddard, Seconded by Richardson. Passed unanimously.***

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## 6. DISCUSSION & ACTION, MERRILL AVENUE PLAYGROUND EQUIPMENT

Town Manager Davis gave the analysis.

Mayor Pennant opened the floor for comments from the public; seeing no public come forth, the floor was closed.

***MOTION TO APPROVE the Merrill Avenue playground upgrades made by Richardson, Seconded by Goddard. Passed unanimously.***

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## **7. DISCUSSION & ACTION, DEPOT DAY ROAD CLOSURE**

Town Manager Davis gave the analysis.

Mayor Pennant opened the floor for comments from the public; seeing no public come forth, the floor was closed.

***MOTION TO APPROVE the temporary road closure made by Glenn, Seconded by Quarles. Passed unanimously.***

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## **8. DISCUSSION & ACTION, PFAS CLASS ACTION LAWSUIT**

Assistant Town Attorney Claytor gave the analysis.

Town Manager Davis stated that Special Projects Manager Mercer has been speaking on this for a while.

Special Projects Manager Mercer gave an analysis of PFAS.

Mayor Pennant opened the floor for comments from the public; seeing no public come forth, the floor was closed.

***MOTION TO AUTHORIZE and direct the Town Attorney's office to follow up with any and all required notices and to pursue engaging local and national plaintiff's council for filing water claims and pursuing other preserved claims made by Quarles, Seconded by Goddard. Passed unanimously.***

*Voting Yea: Glenn, Goddard, Quarles, Richardson, Pennant*

## **REPORTS FROM OFFICERS**

Sergeant Anderson reported that crime statistics are down over last year.

Annette Wilson, 402 MLK St, asked what the Centennial Black History Month plans were.

Commissioner Richardson brought up issues with the Henderson Park restrooms. Staff assured her that the issues had already been addressed and a plan was in place to maintain them.

Vice Mayor Glenn asked for an update on the Winn Dixie turn in, the splash pad and the Lake Marie Bridge replacement.

## **ADJOURNMENT at 8:38 PM**

Respectfully Submitted,

*Trevor Douthat*

Trevor Douthat, Town Clerk

APPROVAL DATE: \_\_\_\_\_

DRAFT



**Trevor Douthat**

---

**Subject:** FW: Tree Board Approval

---

**From:** Moms Angels <[momsangels460@gmail.com](mailto:momsangels460@gmail.com)>

**Sent:** Tuesday, January 30, 2024 2:47 PM

**To:** Melissa Glogowski <[mglogowski@townofdundee.com](mailto:mglogowski@townofdundee.com)>

**Subject:** Re: Tree Board Approval

Hello Melissa

This is notification of the last day of the tree board member as I respectfully request to resign.

Thank you kindly for the opportunity!

# PROCLAMATION



**WHEREAS**, Black History Month dates back to 1926 and observes African-American achievements; and

**WHEREAS**, Black History Month celebrates the achievements and contributions of African-Americans in the United States; and

**WHEREAS**, Black History Month’s intent is not only to increase the knowledge of black history in black communities, but also to spread the issue to American society as a whole; and

**WHEREAS**, all members of the nation are affected by black history because it is a part of American history, which should be celebrated by everyone; and

**WHEREAS**, Black History Month has become a symbolic time period in which the appreciation and celebration of African-Americans begins every year and continues all year; and

**WHEREAS**, various celebrations will be held throughout the State of Florida in honor of Black History Month.

**NOW, THEREFORE, I**, Mayor Sam Pennant, on behalf of the Town Commission of the Town of Dundee, do, hereby, proclaim the Month of February 2023 as

## BLACK HISTORY MONTH

in our community and call upon the people of the Town of Dundee to recognize this special observance with appropriate ceremonies and activities.

**In Witness Whereof**, I have hereunto set my hand and caused the seal of the Town of Dundee to be affixed this 13<sup>th</sup> day of February 2024.

\_\_\_\_\_  
Sam Pennant, Mayor

Attest:

\_\_\_\_\_  
Trevor Douthat, Town Clerk

# PROCLAMATION



**WHEREAS**, libraries connect people, materials and culture to build and sustain a diverse and vibrant community; and

**WHEREAS**, in a world undergoing constant change, libraries provide enduring connections to the past and future of our communities, nations, and civilizations;

**WHEREAS**, , the expansion of electronic networks linking libraries and their resources make possible better and more easily accessible information for library users around the world;

**WHEREAS**, libraries provide entry to important research about health, economics, housing, the environment, and countless other areas to support better living conditions and to help people lead longer, more productive and fulfilling lives;

**WHEREAS**, the Name of Library offers story times, teen programming and summer reading programs to encourage children to begin and continue habits of reading that will benefit their personal and professional lives;

**WHEREAS**, the Name of Library support a competitive workforce with basic literacy programs, computers, small business start-up, job searching and other resources to support businesses and economic development;

**WHEREAS**, the Name of Library engages the people of County or City with services, spaces and resources to enrich their lives and the life of our community; and

**WHEREAS**, the Name of Library creates a welcoming environment for everyone to celebrate the joy of literacy, learning, creating, communicating and cultural exchange.

**NOW, THEREFORE, I**, Mayor Sam Pennant, on behalf of the Town Commission of the Town of Dundee, do, hereby, proclaim the Month of February 2024 as

## LIBRARY LOVER’S MONTH

in our community and call upon the people of the Town of Dundee and encourage all residents to visit our library and thank a librarian for making this unique and wonderful institution possible.

**In Witness Whereof**, I have hereunto set my hand and caused the seal of the Town of Dundee to be affixed this 13<sup>th</sup> day of February 2024.

\_\_\_\_\_  
Sam Pennant, Mayor

Attest:

\_\_\_\_\_  
Trevor Douthat, Town Clerk



# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

- 
- AGENDA ITEM TITLE:** DISCUSSION & ACTION, EDUCATION CONNECT LEARNING CENTER
- SUBJECT:** Town Commission will hear a presentation for the Education Connect Learning Center
- STAFF ANALYSIS:** Education Connect Learning Center opens Summer 2024 at Dundee Methodist Church. The Learning Center pledges to engage all participants through STEM education to meet individual learning needs. We request the Town of Dundee to become part of our Founding Donor Team to assist with first year programming.
- FISCAL IMPACT:** \$5,000.00
- STAFF RECOMMENDATION:** Staff recommends support
- ATTACHMENTS:** None



# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

---

<b>AGENDA ITEM TITLE:</b>	DISCUSSION & ACTION, FORCIBLE ENTRY PROP
<b>SUBJECT:</b>	Town Commission will consider quotes received for the purchase of a forcible entry prop.
<b>STAFF ANALYSIS</b>	The forcible entry prop lets our firefighters continuously train on all aspects of forcible entry. This prop consists of an inward and outward swinging door, pad lock station, commercial lock removal station and burglar bar cutting station. This purchase was approved in the FY 2023-2024 budget.
<b>FISCAL IMPACT:</b>	\$7500.00
<b>STAFF RECOMMENDATION:</b>	Staff recommends approval
<b>ATTACHMENTS:</b>	Quote sheets

**TOWN OF DUNDEE  
PRICE QUOTE SHEET**



DATE: 01/16/2023  
DEPARTMENT: Fire  
NAME OF PERSON SECURING THE QUOTE: Joseph Carbone  
GENERAL DESCRIPTION OF ITEM: Forcible Entry Prop

Vendor Selected:

**VENDOR #1**

COMPANY NAME: Witmer Public Safety  
CONTACT NUMBER: (610)-857-807C NAME OF REPRESENTATIVE: Kevin Moul  
PRICE: 7500.00 SHIPPING: 700.00  
COMMENTS: \_\_\_\_\_

Vendor Selected:

**VENDOR #2**

COMPANY NAME: Firehouse Innovations  
CONTACT NUMBER: (631)390-9461 NAME OF REPRESENTATIVE: General Sales  
PRICE: 8785.00 SHIPPING: 1260.00  
COMMENTS: \_\_\_\_\_

Vendor Selected:

**VENDOR #3**

COMPANY NAME: Forged Fire Company  
CONTACT NUMBER: \_\_\_\_\_ NAME OF REPRESENTATIVE: \_\_\_\_\_  
PRICE: \_\_\_\_\_ SHIPPING: \_\_\_\_\_  
COMMENTS: DID NOT SUBMIT BID ON TIME

DEPARTMENT DIRECTOR/SUPERVISOR: [Signature] DATE: 1/16/24  
FINANCE DIRECTOR APPROVAL: [Signature] DATE: 1/16/24  
TOWN MANAGER APPROVAL: [Signature] DATE: 1/16/24  
ADDITIONAL COMMENTS: \_\_\_\_\_  
SOLE SOURCE JUSTIFICATION: \_\_\_\_\_

**Firehouse Innovations LI**

47 Locust Street  
Bayport, NY 11705  
631-390-9461  
Firehouseli@aol.com  
www.firehouseinnovations.com



**Price Quote**

ADDRESS  
Joseph Carbone  
Town of Dundee  
Dundee, FL 33838

SHIP TO  
Joseph Carbone  
Town of Dundee  
Dundee, FL 33838

PRICE QUOTE 2760  
DATE 01/09/2024  
EXPIRATION 03/09/2024  
DATE

DATE	ACTIVITY	DESCRIPTION	QTY	RATE	AMOUNT
	Forcible Entry Door	Multi-Force Door (The Blue Door)- train your members using every technique which applies to inward-opening doors, outward-opening doors, left-hand and right-hand swinging door, with metal or wood jambs. We have TWO swinging doors. Having both left and right-hand swinging doors gives the firefighter tremendous advantage in being able to practice the different ways that the gapping technique and spiking techniques are applied depending on the swing of the door.	1	6,990.00	6,990.00
	Battering ram attachment	*Must be added at the time of purchase	1	450.00	450.00
	Cutting station		1	350.00	350.00
	Wheel System	Attachable & removable wheel system that allows your door to be mobile!	1	795.00	795.00
	Rubber Mats	Set of 4- Highly recommended to protect your floor and the door. Prevents from any movement while using the door prop.	1	200.00	200.00

Doors can also be picked up at our facility, (West Babylon, NY 11704).	SUBTOTAL	8,785.00
Inquire about our Training Classes!	SHIPPING	1,260.00
*Shipping rate includes handling. *Liftgate service and scheduled delivery is included.	<b>TOTAL</b>	<b>\$10,045.00</b>

If you would like to discuss further as to why your department should go with OUR Forcible Entry Door, please feel free to call Gianni directly at 516-462-0355

Accepted By

Accepted Date

<b>Quote#</b>	QUO134995
<b>Date</b>	11/12/2023
<b>Exp. Date</b>	12/12/2023

**Bill To:**

Town of Dundee - Fire  
Department  
PO Box 1000  
Dundee, FL 33838-1000  
United States

**Ship To:**

Dundee Fire Department  
118 W Merrill Ave  
Dundee, FL 33838  
United States

**Forcible Entry Simulator**

ID	Name	Terms	Sales Rep	Shipping Method
6861	Town of Dundee - Fire Department	Net 30	Kevin Moul	Ground

#	Item Name	Description	Quantity	Unit Price	Amount
1	FES-DOOR-NEW	Staub's "The All Purpose Door" Forcible Entry Simulator - Version 2 Uncrated: 47.5 W x 51 L x 80 H - 1050 lbs Crated: 48 W x 56 L x 88 H - 1150 lbs Delivery info needed Delivery contact name: Delivery contact phone #: Liftgate needed Y or N:	1	7,500.00	7,500.00

<p><b>ACCEPTANCE OF QUOTATION</b></p> <p>The above prices, specifications, and conditions are satisfactory and are hereby accepted.</p> <p>Freight charges are estimated at the time of quote. Applicable freight costs will apply at time of shipment.</p> <p><b>Quotation is valid until Dec 12, 2023</b></p> <p>Signature: _____ Date: _____</p>	<b>Subtotal:</b>	7,500.00
	<b>Discount:</b>	0.00
	<b>Tax Total:</b>	0.00
	<b>Freight:</b>	700.00
	<b>Total:</b>	<b>8,200.00</b>





# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

---

<b>AGENDA ITEM TITLE:</b>	DISCUSSION & ACTION, FIT TEST MACHINE
<b>SUBJECT:</b>	Town Commission will consider quotes received for the purchase of a Fit test machine.
<b>STAFF ANALYSIS</b>	The fit test machine allows us to fit test our firefighters annually in accordance with NFPA standards. The machine can be used with other types of SCBAs for the future purchase of new packs. This purchase was approved in the FY 2023-2024 budget.
<b>FISCAL IMPACT:</b>	\$8832.67
<b>STAFF RECOMMENDATION:</b>	Staff recommends approval
<b>ATTACHMENTS:</b>	Quote sheets

**TOWN OF DUNDEE  
PRICE QUOTE SHEET**



DATE: 01/16/2023

DEPARTMENT: Fire

NAME OF PERSON SECURING THE QUOTE: Joseph Carbone

GENERAL DESCRIPTION OF ITEM: Quantifit 2 SCBA fit testing machine

Vendor Selected:

**VENDOR #1**

COMPANY NAME: Ten-8

CONTACT NUMBER: (941)757-2938

NAME OF REPRESENTATIVE: KHANH HUYNH

PRICE: 8832.67

SHIPPING: 95.00

COMMENTS: Selected

Vendor Selected:

**VENDOR #2**

COMPANY NAME: OHD

CONTACT NUMBER: (205)314-6148

NAME OF REPRESENTATIVE: John Kock

PRICE: 10,525.00

SHIPPING: 75.00

COMMENTS: \_\_\_\_\_

Vendor Selected:

**VENDOR #3**

COMPANY NAME: MES Fire Equipment

CONTACT NUMBER: (727)503-6397

NAME OF REPRESENTATIVE: Alex Bessler

PRICE: 10,425.00

SHIPPING: 75.00

COMMENTS: \_\_\_\_\_

DEPARTMENT DIRECTOR/SUPERVISOR: [Signature]

DATE: 1/16/24

FINANCE DIRECTOR APPROVAL: [Signature]

DATE: 1/16/24

TOWN MANAGER APPROVAL: [Signature]

DATE: 1/16/24

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_



(877) 637-3473

# Quote

Item 5.

**Quote #** QT1771340  
**Date** 12/13/2023  
**Expires** 12/29/2023  
**Sales Rep** Bessler, Alexander G  
**Shipping Method** FedEx Ground  
**Customer** DUNDEE FIRE RESCUE (FL)  
**Customer #** C48046

**Bill To**

Dunedee Fire Rescue  
 PO Box 1000  
 Dundee FL 33838  
 United States

**Ship To**

Dundee Fire Rescue  
 118 Merrill Avenue  
 Dundee FL 33838  
 United States

Item	Alt. Item #	Units	Description	QTY	Unit Price	Amount
9519-4200			QuantiFit2 Respirator Fit Testing System with Bluetooth® Includes Logic Software, Roller Case, Triple Tube Assembly, USB Cable, Power Supply, Shell for Battery Compartment, and Lifetime Powertrain Warranty Fit test adapters sold separately  List price: \$9,995.00 Lake County price: LIST Discount provided	1	\$9,895.00	\$9,895.00
9513-0130			40mm Threaded Adapter - Specify Manufacturer and Model of Respirator	1	\$385.00	\$385.00
189002			Surrogate w/ ISI	1	\$145.00	\$145.00

PRICING PER LAKE COUNTY CONTRACT 22-730G

**Subtotal** \$10,425.00  
**Shipping Cost** \$75.00  
**Tax Total** \$0.00  
**Total** \$10,500.00

This Quotation is subject to any applicable sales tax and shipping and handling charges that may apply. Tax and shipping charges are considered estimated and will be recalculated at the time of shipment to ensure they take into account the most current information.

All returns must be processed within 30 days of receipt and require a return authorization number and are subject to a restocking fee.

Custom orders are not returnable. Effective tax rate will be applicable at the time of invoice.





**TEN-8 FIRE & SAFETY, LLC**  
2904 59TH AVENUE DRIVE EAST

BRADENTON, FL 34203  
USA  
Phone: 800-228-8368  
Fax: 941-756-2598

Sell To:

**DUNDEE FIRE DEPT.**

P.O. BOX 1000

DUNDEE FL 33838  
USA

Original

QUOTATION

Item 5.

Quote Number **231016590** Document Date **09/06/23** Page **1/1**

Customer No. **C00286** Federal Tax ID - Business Partner **85-8012740103c-9**

PO Number  
\*

Sales Employee **Madigan, John R** Email **jmadigan@ten8fire.com**

Document Owner **Huynh, Khanh P** Email **khuyh@ten8fire.com**

Delivery Address  
**DUNDEE FIRE DEPT.**  
C/O: TOWN HALL  
DUNDEE FL 33838

Description	Quantity	UoM	Vendor	Price	Total
FTK9519-4200 <b>THE QUANTIFIT2 RESPIRATORY FIT TESTING SYSTEM</b>	1	EA	OHD, LLLP	8,329.17	8,329.17
FTK9513-0130 <b>ADAPTER KIT #1 40MM SCREW IN</b>	1	EA	OHD, LLLP	365.75	365.75
189002 <b>Viking Fit Test Mask Surrogate</b>	1	EA	OHD, LLLP	137.75	137.75

Shipping:

Subtotal: **\$ 8,832.67**  
Freight: **\$ 95.00**  
Total Before Tax: **\$ 8,927.67**  
Total Tax Amount: **\$ 0.00**  
**Total Amount: \$ 8,927.67**

Valid Until: **10/06/2023**

All returns must be initiated within 30 days of receipt of product and will be charged a restocking fee. Contact your sales representative to receive a Return Materials Authorization (RMA). Special order parts are not returnable. Full terms and conditions for returns can be found on our website at <https://ten8fire.com/return-policy/>



**Dundee Fire Department**

202 East Main Street  
Winter Haven , FL 33838  
United States

Quote number: 20231109-124144830

Quote created: November 9, 2023

Quote expires: December 9, 2023

**Joseph Carbone**

Fire Chief  
dundeefire@hotmail.com  
+18634193104

Item & Description	Unit Price	Quantity	Total
FTK 9519-4200 QuantiFit2 Respirator Fit Testing System with Bluetooth	\$9,995.00	1	\$9,995.00
FTK 9513-0130 Kit 1 40 MM DIN Single Screw In	\$385.00	1	\$385.00
FTK 189002 ISI ADAPTER ISI Adapter	\$145.00	1	\$145.00
	One-time subtotal		\$10,525.00
	Shipping		\$75.00
	<b>Total</b>		<b>\$10,600.00</b>



# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

Item 6.

---

<b>AGENDA ITEM TITLE:</b>	DISCUSSION & ACTION, SANITATION CARTS PURCHASE
<b>SUBJECT:</b>	Town Commission will consider quotes received for the purchase of carts.
<b>STAFF ANALYSIS:</b>	Staff has seen the need to purchase 72 solid waste cars and 72 recycling carts due to the growth in Dundee and to replace damaged carts for existing customers. Staff has received three quotes with Cascade Solutions being the cheapest. All three include a three to four week lead time. This item was included in the FY 2023-2024 budget.
<b>FISCAL IMPACT:</b>	\$8129.00
<b>STAFF RECOMMENDATION:</b>	Staff recommends approval
<b>ATTACHMENTS:</b>	Quote sheets

**TOWN OF DUNDEE  
PRICE QUOTE SHEET**



DATE: 1/30/2024

DEPARTMENT: Sanitation Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: 144 garbage/ recycling carts 72 recycling and 72 regular

Vendor Selected:

**VENDOR #1**

COMPANY NAME: CASCADE CART SOLUTIONS

CONTACT NUMBER: 540-623-0511

NAME OF REPRESENTATIVE: Cliff (emailed)

PRICE: \$8129.00

SHIPPING: included in price

COMMENTS: 144 garbage/ recycling carts 72 recycling and 72 regular

Vendor Selected:

**VENDOR #2**

COMPANY NAME: ULINE PRODUCTS

CONTACT NUMBER: 888-952-6937

NAME OF REPRESENTATIVE: Irene (emailed)

PRICE: \$30,600.00

SHIPPING: included in price

COMMENTS: 360 garbage/ recycling carts 180 recycling and 180 regular

Vendor Selected:

**VENDOR #3**

COMPANY NAME: TOTER.COM

CONTACT NUMBER: 800-424-0422

NAME OF REPRESENTATIVE: WEB

PRICE: \$45,227.52

SHIPPING: included in price

COMMENTS: 144 garbage/ recycling carts 72 recycling and 72 regular

DEPARTMENT DIRECTOR/SUPERVISOR: \_\_\_\_\_

DATE: 1/30/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: 1-31-24

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_



January 30, 2024

**QUOTE PREPARED FOR**

**SHIP TO**

Johnathan Vice  
Town of Dundee  
1500 Race St  
Dundee, FL 33838

1500 Race St.  
Dundee FL 33838

**ITEM DESCRIPTION**

**QUANTITY**

**UNIT PRICE**

**EXTENDED PRICE**

96-Gallon Trash Cart (90337-9stknm) CART 96 GRN/No LOGO/NM	72	\$49.46	\$3,561.12
35 Gallon Recycle Cart (354099-7stk) Cart 35 GRN/YLW LID	72	\$36.29	\$2,612.88
Subtotal			\$6,174.00
Sales Tax (if applicable on Product)		0.00%	\$0.00
Freight	1	\$1,955.00	\$1,955.00
Sales Tax (if applicable on Freight)		0.00%	\$0.00
<b>Total</b>			<b>\$8,129.00</b>

**DETAILS**

Freight: \$1955  
Wheel Size: 10"  
Lead time: 4 weeks  
Payment Terms: NET45  
Warranty: 10 year Non-Prorated  
Quote Valid Until: 2/28/24

All applicable taxes to be paid by buyer unless tax exemption certificate is provided.

**PRESENTED BY**

**ACCEPTED BY**

Cliff Conway - Sales Account Specialist  
Cascade Engineering, Inc.  
4950 37th Street SE  
Grand Rapids, MI 49512  
(540)-623-0511 (cell)  
(616) 975-4902 (fax)  
cliff.conway@cascadeng.com  
Please return acceptance to email above.

Sign Name	Date
Print Name & Title	Phone





1-888-952-6937

uline.com  
quotes@uline.com

Item 6.  
**QUOTATION**

QUOTE #: 4-13546

DATE: 01/26/24

SALES REP: IRENE HOBBS

TERMS: NET 30

FOB POINT: ORIGIN

DELIVERY: BEST WAY

TO:

DUNDEE TOWN OFFICE  
202 E MAIN ST  
DUNDEE FL 33838-4217

ATTN: JOHNATHON VICE

CUST# 21453356

QUANTITY	U/M	ITEM NUMBER / DESCRIPTION	UNIT PRICE	EXT PRICE
180	EACH	* 65 GAL ULINE TRASH CAN ALL GREEN GREEN BOTTOM AND TOP Lead Time: 4-5 WEEKS	85.00	15,300.00
180	EACH	* 65G ULINE TRSH CAN GRN & YLW TOP GREEN BTM YELLOW TOP Lead Time: 4-5 WEEKS *Full truck load estimated shipping cost to zip code 33838 is \$4292. Rate applies for both line items shipping together. *180 Quantity minimum per color per manufacturer. *Floor loaded, not on pallets *13 per stack, 28 stacks in a 50' trailer. *Ratchet Strapped in trailer.	85.00	15,300.00

Any comments on Uline and/or our pricing are greatly appreciated.

Kindly contact customer service at 1-800-295-5510.

\*This is a custom item that will be made to your specifications. When you order please confirm size and color as custom items are not returnable.

800-424-0422

Item 6.



[Product Image Feedback](#)

TOTER

# Rollout Trash Can: 64 gal, Rectangle, Brown

Polyethylene, 24-1/4" Wide, with Lid

MSC# 17930082

Mfr# ANA64-00BST

Ships from Supplier  
Expected to ship within 2 weeks  
Lead times are estimates and may vary based on our suppliers' product availability.

Quantity

Web Price

\$314.08 ea.

144

Total

\$45,227.52

Compliance and Restrictions

GIVE FEEDBACK

# Specifications

Item 6.

Includes	Yes
Features	Wheels Included
Graphic	None
Includes Wheels	Yes
Product Type	Trash Can
Container Style	Rollout w/Lid
Container Capacity	64 gal
Color	Brown

∨ Show More



MSC Part #	17930082
Mfr Part #	ANA64-00BST
Country of Origin	Mexico
Country of Origin is subject to change	

[Product Specifications Feedback](#)

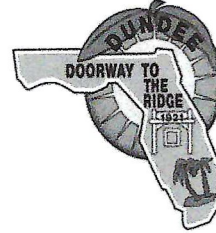


# TOWN COMMISSION MEETING

## February 13, 2024 at 6:30 PM

- 
- AGENDA ITEM TITLE:** DISCUSSION & ACTION, JOHNSON DOG PARK FENCING
- SUBJECT:** Town Commission will consider quotes received for Johnson Dog Park Fencing
- STAFF ANALYSIS:** Included in the FY 2023-2024 budget is a dog park that will be located at Johnson Park at the intersection of Edmund Avenue and 8<sup>th</sup> Street South. Staff has received 3 quotes for the fence and are recommending Walker Fence from Lake Wales for this project. The fence will be black chain link with a walk through gate to allow Public Works access for maintenance. The fence will be a necessity for the safety of our pets.
- FISCAL IMPACT:** \$ 7753.57
- STAFF RECOMMENDATION:** Staff recommends approval
- ATTACHMENTS:** Quote Sheets

**TOWN OF DUNDEE  
PRICE QUOTE SHEET**



DATE: 2/8/2024

DEPARTMENT: Park and Recs Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: purchase and install black coated chain link fence for Dog Park

Vendor Selected:

**VENDOR #1**

COMPANY NAME: Fence Central  
CONTACT NUMBER: 863-353-2633 NAME OF REPRESENTATIVE: Brandon (emailed)  
PRICE: \$11771.64 SHIPPING: included in price  
COMMENTS: purchase and install black coated chain link fence for Dog Park

Vendor Selected:

**VENDOR #2**

COMPANY NAME: summerlins fence & feed inc  
CONTACT NUMBER: 863-422-9579 NAME OF REPRESENTATIVE: Randy (emailed)  
PRICE: \$13,000.00 SHIPPING: included in price  
COMMENTS: purchase and install black coated chain link fence for Dog Park

Vendor Selected:

**VENDOR #3**

COMPANY NAME: walker Fence Company inc  
CONTACT NUMBER: 863-967-7748 NAME OF REPRESENTATIVE: marcus (emailed)  
PRICE: \$7753.57 SHIPPING: included in price  
COMMENTS: purchase and install black coated chain link fence for Dog Park

DEPARTMENT DIRECTOR/SUPERVISOR: *John Vice*

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: *[Signature]*

DATE: 2/8/2024

TOWN MANAGER APPROVAL: *[Signature]*

DATE: 2-8-24

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_

Fence Central  
5880 LUCERNE PARK RD  
WINTER HAVEN, FL 33881



# PROPOSAL

**Presented to:**

**Town of Dundee John Vice**  
202 E Main St  
Dundee, FL 33838

**Customer Contact:**

M: (863) 514-6636  
E: [jvice@townofdundee.com](mailto:jvice@townofdundee.com)

**Job #** 20848  
**Proposal #** P-20848-1  
**Technician** Branden Colton  
**Issue Date** Feb 08 2024

**Service Location:**

202 E Main St  
Dundee, FL 33838

**Your Price: \$11,771.64**

### Description

#### City Dog Park

Fence Central to install 492Lf of balck commercial grade (9G wire) chain link fence with one 5' wide walk gate and one 10' wide double drive gate.

**Your Price** **\$11,771.64**

Review and Sign

#### Customer Approval:

I accept this proposal and agree to the terms and conditions.

#### Contract Terms:

**\*\*\*Quote is Valid For 30 Days\*\*\***

**Customer has right to cancel within 3 days, after that a 10% cancellation fee plus cost of any special order materials and/or permit costs will apply. If paying by cash, check, or any method other than financing, a 50% Deposit is required upon signing the contract. Remaining balance is due within 5 days of fence completion.**

**IRRIGATION ETC:** Fence Central is not responsible for removing, moving, or repairing irrigation or general underground plumbing due to damage that occurs during installation. Every effort will be made by installer to locate and avoid irrigation, pool, septic, and sewage lines. If irrigation heads are placed outside of property line or on line where fence must be installed, Installer is not responsible for relocation. The homeowner assumes all liability and responsibility for irrigation, sewer, and septic lines.

**PROPERTY LINES:** Fence will be placed near but not on property line to protect ownership integrity.

**SURVEY FOR PROPERTY:** Fence Central requires owners to provide an official property survey for evidence of property lines in order to install fencing, whether or not required by local municipalities and code enforcement. This is to ensure that Fence Central is accurate in the installation of fencing and do not impede the property of neighboring plots. The owner may decline to provide the survey if one cannot be found in existing documents and owner does not wish to pay for a professional survey. In this case, the owner understands that Fence Central will make every reasonable effort to

locate property lines accurately, but the lines located may or may not fall into legal description of property. If an official property survey is not provided to Fence Central the property owner assumes all Liability and cost for moving any fence that is errantly placed on a neighboring plot of land outside of owner's property lines. Any and all survey costs at this time will be the responsibility of the owner. Legal fees that my incurred by owner are also owner responsibility. Fence Central is not liable for the owner declining to provide an accurate survey or the results thereof. I agree to hold harmless and release from any liability Fence Central relating to the installation of the fence along property lines if an accurate official property survey is not provided to Fence Central. If the fence is installed off of the property line despite the best efforts of the installer, I agree to incur any cost and fees associated with moving the fence, including (but not limited to) labor for removal and installation, site surveys and legal fees

**PUBLIC UTILITIES:** Public utilities (city water, gas, cable, internet, electrical) will be marked by Utilities Company prior to install. Fence Central will call to schedule with the Utilities Marking Service. **PRIVATE UTILITIES:** Private utilities (non-public gas lines, septic tanks and drain fields, backup power lines from generator, et. al.) are the responsibility of the homeowner and not of Fence Central.

**NEIGHBOR'S FENCE / COMMUNITY FENCE / WALLS:** In the event that homeowner chooses to utilize one or more neighbors' fence(s), Fence Central is not responsible for any gaps between new fence and neighbors' fencing. This also applies to community fences and walls installed next to owner's property. **PAVERS / DRILLING:** Fence Central is not responsible for replacing, cutting, or adding brick or stone pavers. If core drilling is required for install, Fence Central is not responsible for concrete cracking. **UNDERGROUND OBSTRUCTIONS:** In the event that obstacles are located (roots, concrete, metal, etc) underground that prevent install, Fence Central will inform homeowner options that may incur additional cost.

Fence Central, Inc. is not responsible for repairing or moving any underground utilities, wells, septic systems, sprinkler systems, wires, cables or any other obstacle. Customer is responsible for security of premises while fence is being installed, whether an old fence has been removed or any other barrier has been removed in order to construct the new fence. Customer is responsible for the location of fence and property lines, and holds harmless Fence Central, Inc. from any liability caused by an error in the location of the installed fence. Customer is also responsible for grading and clearing the fence line from debris/brush unless otherwise noted in contract. Customer gives Fence Central, Inc. full and free access to the work area of and around the property. Customer represents they have property damage, personal injury, fire and extended coverage insurance. Fence Central represents that they carry all necessary workers compensation insurance and general liability insurance.

Fence Central, Inc. is not responsible for damage to fence caused by people, pets, or creatures. Fence Central, Inc. is not responsible for people, pets or creatures entering or escaping the fence. Fence Central, Inc. is not responsible for loss due to wind, rain, flood or other natural causes. Customer agrees to pay attorney fees and collections costs in the event the Balance Due is not paid at time of completion. Customer gives Fence Central, Inc. the right to take pictures of the work. Fence Central, Inc. is not responsible for color variations, warping, bowing or cracking in wood fences since wood possesses natural characteristics that cause it to potentially warp, bow, and crack.

Any left over material at the jobsite when the job is completed belongs to Fence Central. Customer does not purchase overage that Fence Central provides installers on jobsites.

# Summerlin Fence & Feed Inc.

909 U.S. 17-92 South

P.O. Box 981

Davenport, Florida 33836

Ph: 863-422-4537 Fax: 863-422-9579

<b>Town of Dundee</b>	<b>Date:</b> January 31, 2024
	<b>Terms:</b>
	<b>FOB</b>
<b>We are pleased to quote the following</b>	

Dog Park

Install approx. 499' of 4' commercial black chain link with 1-4' walk gate and 1-7' walk gate.

**Materials**

2 x 6 ga. Chain link Fabric 9 ga core

2 1/2" x 7' SS 40 Terminal posts

2" x 7' SS 40 Line posts

1 5/8" SS 20 Top rail

6 ga Bottom tension wire

1 5/8" SS 20 Gate frames

All post set in concrete

Estimate Total \$13,000.00

Quote valid for 14 days or February 14, 2024



Quote Date Jan 24 2024

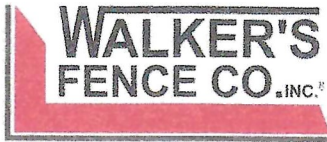
Invoice No. \_\_\_\_\_ / Date \_\_\_\_\_

Completion Date \_\_\_\_\_ Posted \_\_\_\_\_

Proposal To Town of Dundee

Address Dog park - Edmund Ave

City Dundee



1028 Highway 92 West • Auburndale, FL 33823  
Phone: (863) 967-7748 • (863) 666-1330  
Fax: (863) 967-4168 • Email: walkerfence@aol.com

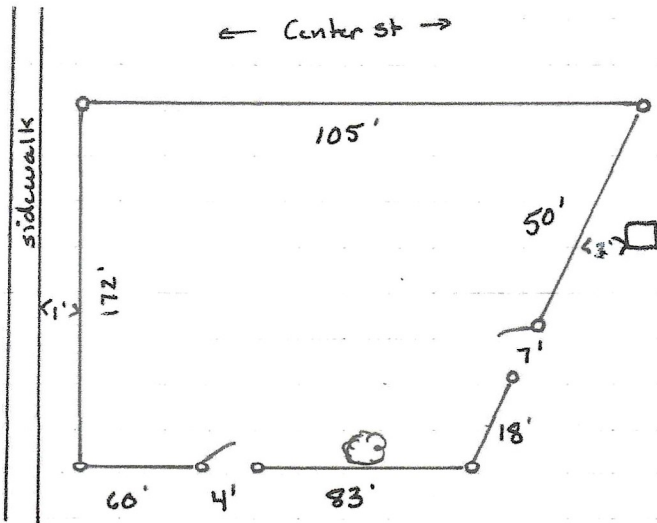
Item 7.

Source of Lead John Vice  
Home/Cell Telephone No. 514-6636

Work No. \_\_\_\_\_

Total Height 4' Top Rail 15/8 Walk Gate Post 2 1/2  
 Post Spaced 10' Line Post 2" Drive Gate Posts 2 1/2 sch 40 Posts set in concrete  Yes  No  
 Gauge  9  11 1/2 End Post 2 1/2 Gate Frames 15/8 Stakes Visible  Yes  No  
 Knuckled  Corner Post 2 1/2 Flagged  Yes  No  
 Safeguard  Fence Type (s) Black c/L Tentative Install Date \_\_\_\_\_

499'	Complete Fence With - Without Top Rail
	Complete Fence With - Without Top Rail
7	2 1/2 Terminal Posts
1	2 1/2 sch Terminal Posts
	Off-Set
	Tie-On
1	4w Gate
1	7w Gate
	Gate
	Gate
Yes	galv Ten Wire only



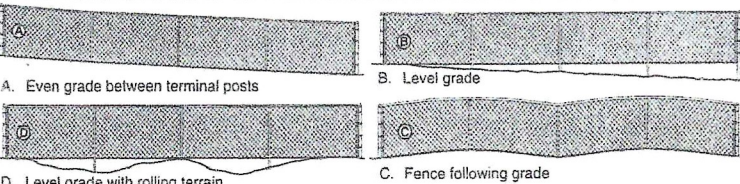
Salesman Marcus

Total Contract Price \$ 7753.57

Deposit \$ \_\_\_\_\_

**BALANCE DUE UPON COMPLETION OF JOB \$**

VISA  MasterCard  DISCOVER



All work will be performed in a professional quality manner in accordance with standard trade practices. **Location of property lines and/or damage to underground objects or utilities not located by the Locating Service are the responsibility of the owner.** Unless specified, quotations **do not** include grading, brushing or jackhammer work, which are charged by the hour as needed. Walker's Fence Co. reserves the right to repossess all material delivered to-or installed on the job, if payment is not made as specified. The customer will be responsible for all materials delivered to job site and/or to customer. The customer agrees to hold the company harmless for all claims arising from questions of survey of said property of location of said lines and

**WALKER'S FENCE NOT RESPONSIBLE FOR IRRIGATION** from claims for personal injury, property damage or trespass from or by means of the installation of said fence material. Not responsible for loss due to wind, rain, flood or other natural causes. This proposal becomes a contract when accepted by both parties. Interest will be charged at 1.5% per month on accounts over 30 days. Costs of collection and attorney fees if any, will be added. **NOTICE TO BUYER: THERE IS 20% CANCELLATION FEE ON THIS CONTRACT WHICH REPRESENTS LIQUIDATED DAMAGES.** Purchasers of cypress wood fences installed by Walker's Fence Co. are informed of the following: Fence wood materials are rough mill-cut pieces. This wood has knots, a rough surface and is of the "rustic" appearance. Cypress is a wood that shrinks in hot weather and small gaps will appear between boards. Cracks in the wood are common and an accepted occurrence. Our guarantee covers workmanship **ONLY** on wood fences. **CUSTOMER IS RESPONSIBLE FOR OBTAINING ALL NECESSARY BUILDING PERMITS UNLESS SPECIFICALLY STATED OTHERWISE IN THIS CONTRACT.**

I have read, understood and accepted the above contract terms and conditions:

Signature of Buyer

Date

White: Office Copy

Yellow: Customer Copy



# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

Item 8.

---

---

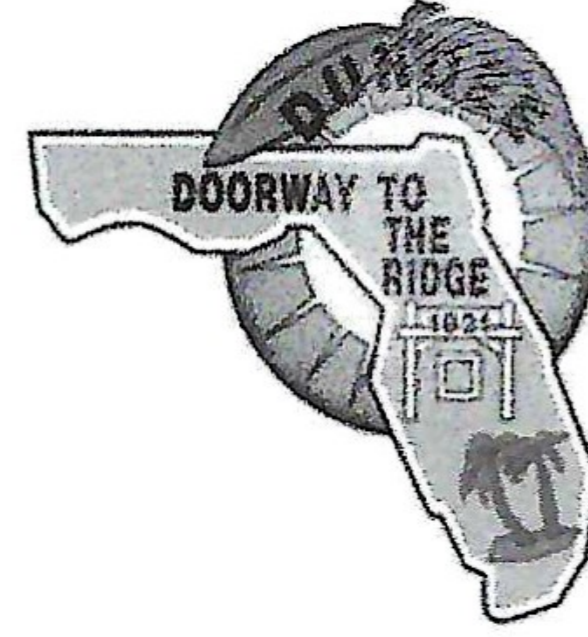
<b>AGENDA ITEM TITLE:</b>	DISCUSSION & ACTION, STREETS DEPARTMENT TRUCK PURCHASE
<b>SUBJECT:</b>	Town Commission will consider quotes received for a truck purchase
<b>STAFF ANALYSIS:</b>	Staff has received quotes for a 2024 F-150 for the Streets Department as approved in the FY 2023-2024 budget. There are 3 options included; single cab, crew cab and super crew cab. Staff is requesting approval for the single cab truck which will put us near or close to the approved budgeted amount. This truck will replace truck #504 in the Streets Department and 504 will be transferred to the Sanitation Department to be used for tote delivery and work orders. This will eliminate the daily use of 504. The estimated lead time on this truck is 4-6 months.
<b>FISCAL IMPACT:</b>	\$38, 299.50 – budget line was \$35,000.00
<b>STAFF RECOMMENDATION:</b>	Staff recommends approval
<b>ATTACHMENTS:</b>	Quote sheets



Option # 1

541-640 Streets

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #1

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$38,299.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #2

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee (emailed)

PRICE: \$39639.00

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #3

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR: 

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_

Quote # 2 Reg Cab



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Town Of Dundee (no name) 202 E Main St Dundee, FL 33838 E: (863) 899-8243		2024 Ford F-150 XL VIN: Stock #: ORDER Mileage: Color:

Purchase Details	
Retail Price:	\$39,925.00
Sales Price:	\$35,782.00
Savings:	\$4,143.00
Accessories:*	\$1,498.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$38,299.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$38,299.50</b>

X

Customer Signature

Date

x *Wayne Aeschliman*

Manager Signature

02/01/24

Date

\* Accessories: BEDLINER SPRAY IN: \$599.00, STROBES: \$899.00

Disclaimer:

Printed 2/1/24 8:04 AM

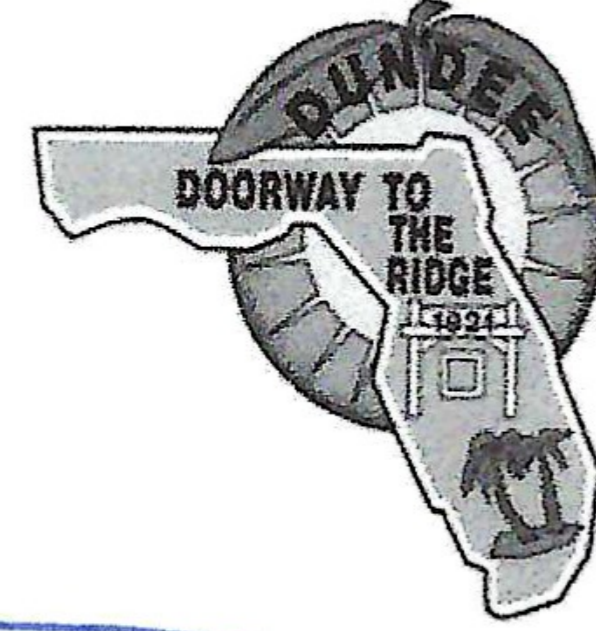
\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.



Option #3

541-640 - Street

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

**VENDOR #1**

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$41,806.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

**VENDOR #2**

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

**VENDOR #3**

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR: Johnnie Vice

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Town Of Dundee (no name) 202 E Main St Dundee, FL 33838 E: (863) 899-8243		2024 Ford F-150 XL VIN: Stock #: ORDER 2 Mileage: Color:

Purchase Details	
Retail Price:	\$43,940.00
Sales Price:	\$38,839.00
Savings:	\$5,101.00
Accessories*:	\$1,948.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$41,806.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$41,806.50</b>

X  
\_\_\_\_\_  
Customer Signature

*Wayne Aeschliman*  
\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

02/05/24  
\_\_\_\_\_  
Date

\* Accessories: BEDLINER SPRAY IN: \$599.00, RUNNING BOARDS: \$450.00, STROBES: \$899.00

Disclaimer:

Printed 2/5/24 10:30 AM

\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.

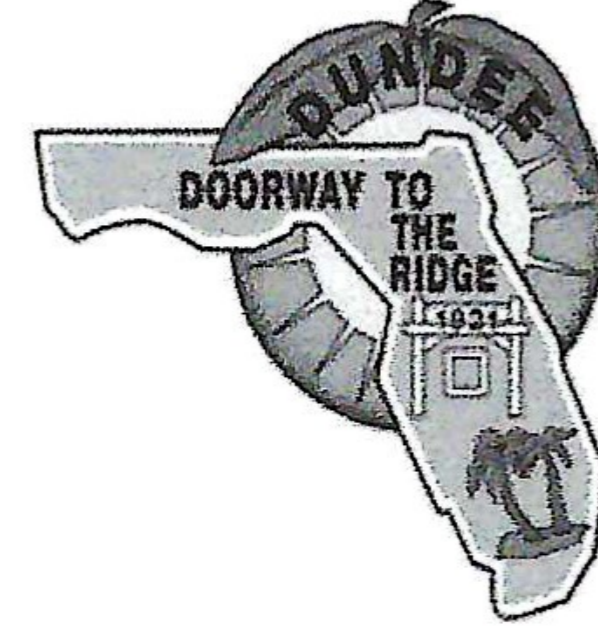




Option #2

541-640 Streets

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #1**

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$44,989.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #2**

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee

PRICE: \$44,245.00

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #3**

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR: Johnnie (Signature)

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_

Quote #2 Super Cab

JARRETT GORDON



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Johnathon Vice 202 E Man S Dundee, FL E: (843) 438-8330		2024 Ford F-150 XL VIN: Stock #: Mileage: Color:

Purchase Details	
Retail Price:	\$52,680.00
Sales Price:	\$42,645.00
Savings:	\$10,035.00
Accessories:*	\$1,325.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$44,989.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$44,989.50</b>

X

Customer Signature

Date

*Wayne Aeschliman*

Manager Signature

01/11/24

Date

\* Accessories: STROBES: \$900.00, TINT: \$425.00

Disclaimer:

Printed 1/11/24 12:09 PM

\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.

Quote #1 Super Cab



Call Us first, for all of your Fleet Automotive, & Light Truck needs.

Quote

PHONE (800) ALANJAY (252-6529)		DIRECT 863-402-4234	WWW.ALANJAY.COM	51548-1
Corporate Office	2003 U.S. 27 South	MOBILE 863-273-1105	Mailing Address	P.O. BOX 9200 Sebring, FL 33871-9200
	Sebring, FL 33870	FAX 863-402-4221		

ORIGINAL QUOTE DATE  
1/9/2024

# QUICK QUOTE SHEET

REVISED QUOTE DATE  
1/9/2024

REQUESTING AGENCY	DUNDEE, TOWN OF		
CONTACT PERSON	JOHN VICE	EMAIL	<a href="mailto:jvice@townofdundee.com">JVICE@TOWNOFDUNDEE.COM</a>
PHONE	863-514-6636	MOBILE	FAX

## CONTRACT NUMBER 5179 - 2024 CITY OF TALLAHASSEE

MODEL	W1K 101A	MSRP	\$45,760.00
	2024 FORD F-150 CREW CAB 2WD XL 5.5' BED 145" WB		
CUSTOMER ID		GOVERNMENT PRICE	\$42,265.00

BED LENGTH 5.5' BED

\*\* All vehicles will be ordered white w/ darkest interior unless clearly stated otherwise on purchase order.

FACTORY OPTIONS	DESCRIPTION	
YZ	Oxford White	\$0.00
AS	Black w/Medium Dark Slate, Vinyl 40/20/40 Front Seat	\$0.00
99P	Engine: 2.7L V6 EcoBoost	\$0.00
44G	Transmission: Electronic 10-Speed Automatic	\$0.00
101A	OPTIONS Equipment Group 101A Standard	\$0.00
153	Front License Plate Bracket	\$0.00
18B	Black Platform Running Boards	\$250.00
64C	Wheels: 17" Silver Steel	\$0.00
X19	3.55 Axle Ratio	\$0.00
	Tires: 245/70R17 BSW A/S	\$0.00
PW PL	Power Windows & Locks (Incl)	\$0.00
BT	BLUE TOOTH (STD)	\$0.00
BUC	Back Up Camera	\$0.00

AFTERMARKET OPTIONS	DESCRIPTION	FACTORY OPTIONS	
			\$250.00
HD SOB SH	HD Scorpion spray on bed liner (short bed) under rail.		\$735.00
FS MPS62U-4	(4) Federal Signal MicroPulse Ultra dual color with (2) mounted in grille and (2) mounted to rear of vehicle.		\$795.00
3BLS	3rd brake light safety pulse (Pulses 3rd brake light (4) times upon application of brake pedal to increase driver awareness behind you when stopping)		\$200.00
EWD	EXTENDED WARRANTY DECLINED		\$0.00
NO-TEMP	TEMP TAG NOT REQUESTED, CUSTOMER WILL HANDLE THEIR OWN TAG WORK.		\$0.00

AFTERMARKET OPTIONS \$1,730.00

TRADE IN	TOTAL COST	\$44,245.00
YES WE TAKE TRADE INS ~~~ ASK ABOUT MUNICIPAL FINANCING ~~~		\$0.00

TOTAL COST LESS TRADE IN(S) QTY 1 \$44,245.00

Estimated Annual payments for 60 months paid in advance: \$9,909.06  
Municipal finance for any essential use vehicle, requires lender approval, WAC.

Comments QUOTE SUBJECT TO FACTORY ORDER ACCEPTANCE or 30 DAYS

VEHICLE QUOTED BY ASHLEE WILSON GOVERNMENT ACCOUNT MANAGER [Ashlee.Wilson@AlanJay.com](mailto:Ashlee.Wilson@AlanJay.com)

"I Want to be Your Fleet Provider"

I appreciate the opportunity to submit this quotation. Please review it carefully. If there are any errors or changes, please feel free to contact me at any time. I am always happy to be of assistance.



# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

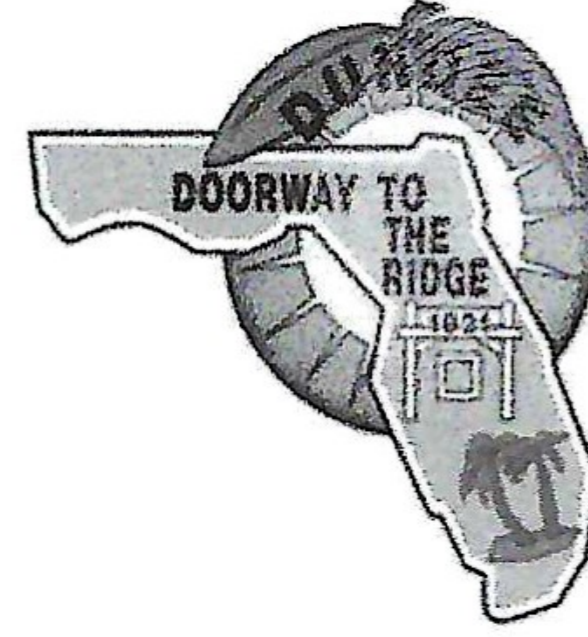
- 
- AGENDA ITEM TITLE:** DISCUSSION & ACTION, PARKS DEPARTMENT TRUCK PURCHASE
- SUBJECT:** Town Commission will consider quotes received for a truck purchase
- STAFF ANALYSIS:** Staff has received quotes for a 2024 F-150 for the Parks Department as approved in the FY 2023-2024 budget. There are 3 options included: single cab, crew cab and super crew cab. Staff is requesting approval for the single cab truck which will put us near or close to the approved budgeted amount. The estimated lead time on this truck is 4-6 months.
- FISCAL IMPACT:** \$38, 299.50 – budget line was \$35,0000.00
- STAFF RECOMMENDATION:** Staff recommends approval
- ATTACHMENTS:** Quote sheets



Option # 1

541-640 Streets

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #1

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$38,299.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #2

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee (emailed)

PRICE: \$39639.00

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #3

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR: 

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_

Quote # 2 Reg Cab



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Town Of Dundee (no name) 202 E Main St Dundee, FL 33838 E: (863) 899-8243		2024 Ford F-150 XL VIN: Stock #: ORDER Mileage: Color:

Purchase Details	
Retail Price:	\$39,925.00
Sales Price:	\$35,782.00
Savings:	\$4,143.00
Accessories:*	\$1,498.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$38,299.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$38,299.50</b>

X

Customer Signature

Date

*x Wayne Aeschliman*

Manager Signature

02/01/24

Date

\* Accessories: BEDLINER SPRAY IN: \$599.00, STROBES: \$899.00

Disclaimer:

Printed 2/1/24 8:04 AM

\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.

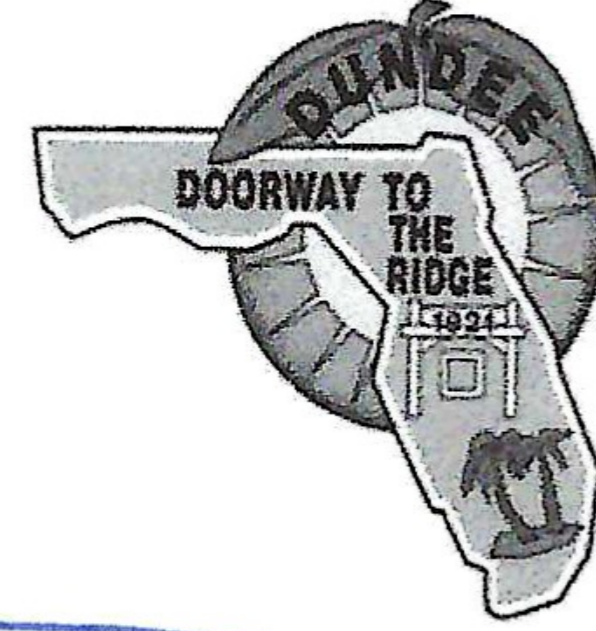




Option #3

541-640 - Street

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

VENDOR #1

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$41,806.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

VENDOR #2

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

VENDOR #3

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR: Johnathan Uno

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Town Of Dundee (no name) 202 E Main St Dundee, FL 33838 E: (863) 899-8243		2024 Ford F-150 XL VIN: Stock #: ORDER 2 Mileage: Color:

Purchase Details	
Retail Price:	\$43,940.00
Sales Price:	\$38,839.00
Savings:	\$5,101.00
Accessories*:	\$1,948.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$41,806.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$41,806.50</b>

X  
\_\_\_\_\_  
Customer Signature

*Wayne Aeschliman*  
\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

02/05/24  
\_\_\_\_\_  
Date

\* Accessories: BEDLINER SPRAY IN: \$599.00, RUNNING BOARDS: \$450.00, STROBES: \$899.00

Disclaimer:

Printed 2/5/24 10:30 AM

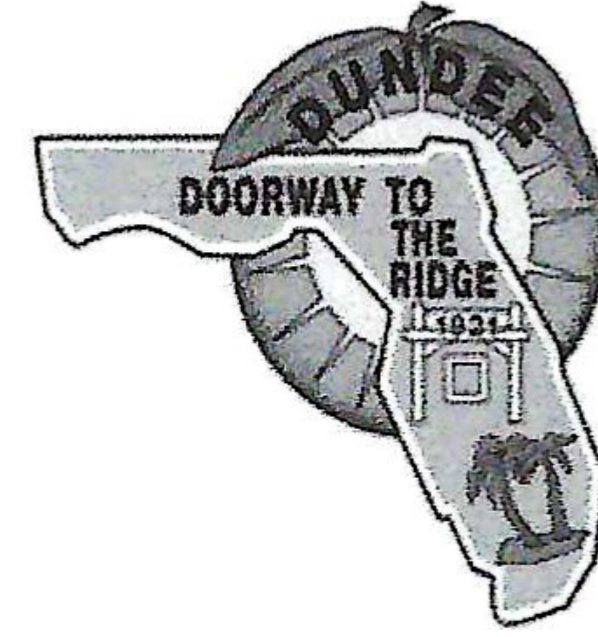
\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.



Option #2

541-640 Streets

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #1**

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$44,989.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #2**

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee

PRICE: \$44,245.00

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #3**

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR: Johnnie (Signature)

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_

Quote #2 Super Cab



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Johnathon Vice 202 E Man S Dundee, FL E: (843) 438-8330		2024 Ford F-150 XL VIN: Stock #: Mileage: Color:

Purchase Details	
Retail Price:	\$52,680.00
Sales Price:	\$42,645.00
Savings:	\$10,035.00
Accessories:*	\$1,325.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$44,989.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$44,989.50</b>

X

Customer Signature

Date

*Wayne Aeschliman*

Manager Signature

01/11/24

Date

\* Accessories: STROBES: \$900.00, TINT: \$425.00

Disclaimer:

Printed 1/11/24 12:09 PM

\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.

Quote #1 Super Cab



Call Us first, for all of your Fleet Automotive, & Light Truck needs.

Quote

PHONE (800) ALANJAY (252-6529)		DIRECT 863-402-4234	WWW.ALANJAY.COM	51548-1
Corporate Office	2003 U.S. 27 South	MOBILE 863-273-1105	Mailing Address	P.O. BOX 9200 Sebring, FL 33871-9200
	Sebring, FL 33870	FAX 863-402-4221		

ORIGINAL QUOTE DATE  
1/9/2024

## QUICK QUOTE SHEET

REVISED QUOTE DATE  
1/9/2024

REQUESTING AGENCY	DUNDEE, TOWN OF		
CONTACT PERSON	JOHN VICE	EMAIL	<a href="mailto:jvice@townofdundee.com">JVICE@TOWNOFDUNDEE.COM</a>
PHONE	863-514-6636	MOBILE	FAX

### CONTRACT NUMBER 5179 - 2024 CITY OF TALLAHASSEE

MODEL	W1K 101A	MSRP	\$45,760.00
	2024 FORD F-150 CREW CAB 2WD XL 5.5' BED 145" WB		
CUSTOMER ID		GOVERNMENT PRICE	\$42,265.00

BED LENGTH 5.5' BED

\*\* All vehicles will be ordered white w/ darkest interior unless clearly stated otherwise on purchase order.

FACTORY OPTIONS	DESCRIPTION	
YZ	Oxford White	\$0.00
AS	Black w/Medium Dark Slate, Vinyl 40/20/40 Front Seat	\$0.00
99P	Engine: 2.7L V6 EcoBoost	\$0.00
44G	Transmission: Electronic 10-Speed Automatic	\$0.00
101A	OPTIONS Equipment Group 101A Standard	\$0.00
153	Front License Plate Bracket	\$0.00
18B	Black Platform Running Boards	\$250.00
64C	Wheels: 17" Silver Steel	\$0.00
X19	3.55 Axle Ratio	\$0.00
	Tires: 245/70R17 BSW A/S	\$0.00
PW PL	Power Windows & Locks (Incl)	\$0.00
BT	BLUE TOOTH (STD)	\$0.00
BUC	Back Up Camera	\$0.00

AFTERMARKET OPTIONS	DESCRIPTION	FACTORY OPTIONS	
			\$250.00
HD SOB SH	HD Scorpion spray on bed liner (short bed) under rail.		\$735.00
FS MPS62U-4	(4) Federal Signal MicroPulse Ultra dual color with (2) mounted in grille and (2) mounted to rear of vehicle.		\$795.00
3BLS	3rd brake light safety pulse (Pulses 3rd brake light (4) times upon application of brake pedal to increase driver awareness behind you when stopping)		\$200.00
EWD	EXTENDED WARRANTY DECLINED		\$0.00
NO-TEMP	TEMP TAG NOT REQUESTED, CUSTOMER WILL HANDLE THEIR OWN TAG WORK.		\$0.00

AFTERMARKET OPTIONS \$1,730.00

TRADE IN	TOTAL COST	\$44,245.00
YES WE TAKE TRADE INS ~~~ ASK ABOUT MUNICIPAL FINANCING ~~~		\$0.00

TOTAL COST LESS TRADE IN(S) QTY 1 \$44,245.00

Estimated Annual payments for 60 months paid in advance: \$9,909.06  
Municipal finance for any essential use vehicle, requires lender approval, WAC.

Comments QUOTE SUBJECT TO FACTORY ORDER ACCEPTANCE or 30 DAYS

VEHICLE QUOTED BY ASHLEE WILSON GOVERNMENT ACCOUNT MANAGER [Ashlee.Wilson@AlanJay.com](mailto:Ashlee.Wilson@AlanJay.com)

"I Want to be Your Fleet Provider"

I appreciate the opportunity to submit this quotation. Please review it carefully. If there are any errors or changes, please feel free to contact me at any time. I am always happy to be of assistance.



# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

- 
- AGENDA ITEM TITLE:** DISCUSSION & ACTION, SHERIFF’S DEPARTMENT TRUCK PURCHASE
- SUBJECT:** Town Commission will consider quotes received for a truck purchase
- STAFF ANALYSIS:** Staff has received quotes for a 2024 F-150 for the Sheriff’s Department as approved in the FY 2023-2024 budget. There are 3 options included: single cab, crew cab and super crew cab. Staff is requesting approval for the single cab truck which will put us near or close to the approved budgeted amount. This truck will be used to pull the message/speed trailers instead of trucks being pulled off of another job. The estimated lead time on this truck is 4-6 months.
- FISCAL IMPACT:** \$38, 299.50 – budget line was \$30,000.00 from restricted funds
- STAFF RECOMMENDATION:** Staff recommends approval
- ATTACHMENTS:** Quote sheets

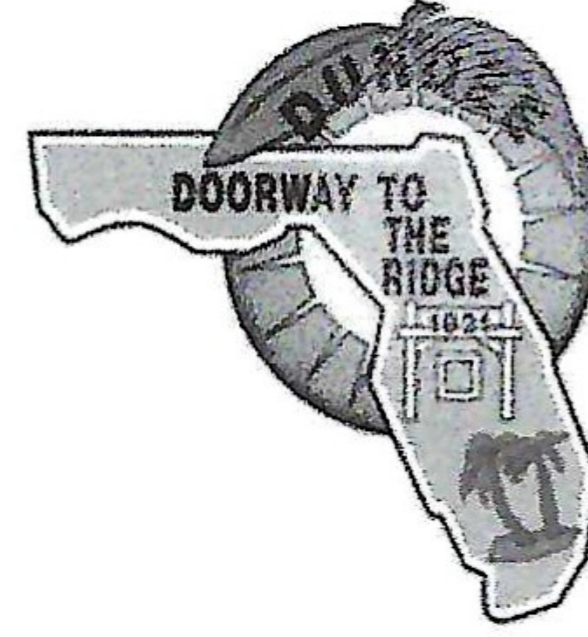




Option # 1

541-640 Streets

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #1

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$38,299.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #2

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee (emailed)

PRICE: \$39639.00

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

Vendor Selected:

VENDOR #3

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 regular cab F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR:

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_

Quote # 2 Reg Cab



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Town Of Dundee (no name) 202 E Main St Dundee, FL 33838 E: (863) 899-8243		2024 Ford F-150 XL VIN: Stock #: ORDER Mileage: Color:

Purchase Details	
Retail Price:	\$39,925.00
Sales Price:	\$35,782.00
Savings:	\$4,143.00
Accessories:*	\$1,498.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$38,299.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$38,299.50</b>

X  
\_\_\_\_\_  
Customer Signature

x *Wayne Aeschliman*  
\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

02/01/24  
\_\_\_\_\_  
Date

\* Accessories: BEDLINER SPRAY IN: \$599.00, STROBES: \$899.00

Disclaimer:

Printed 2/1/24 8:04 AM

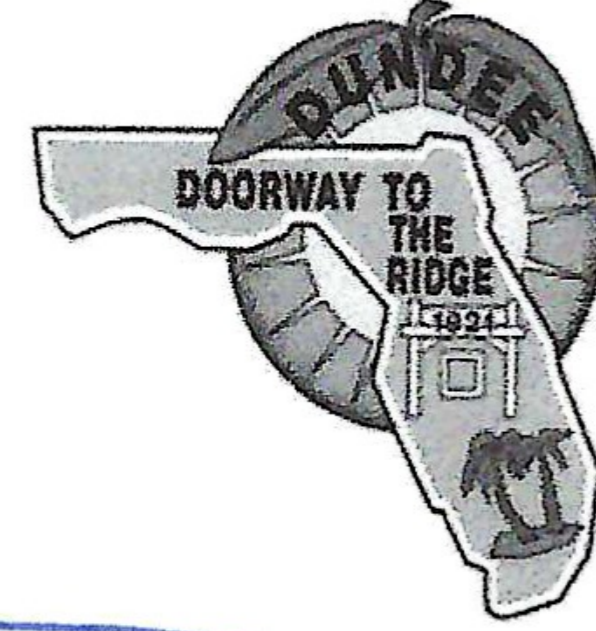
\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.



Option #3

541-640 - Street

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

VENDOR #1

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$41,806.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

VENDOR #2

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

Vendor Selected:

VENDOR #3

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 SUPER CREW CAB F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR: Johnnie Vice

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Town Of Dundee (no name) 202 E Main St Dundee, FL 33838 E: (863) 899-8243		2024 Ford F-150 XL VIN: Stock #: ORDER 2 Mileage: Color:

Purchase Details	
Retail Price:	\$43,940.00
Sales Price:	\$38,839.00
Savings:	\$5,101.00
Accessories*:	\$1,948.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$41,806.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$41,806.50</b>

X  
\_\_\_\_\_  
Customer Signature

*Wayne Aeschliman*  
\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

02/05/24  
\_\_\_\_\_  
Date

\* Accessories: BEDLINER SPRAY IN: \$599.00, RUNNING BOARDS: \$450.00, STROBES: \$899.00

Disclaimer:

Printed 2/5/24 10:30 AM

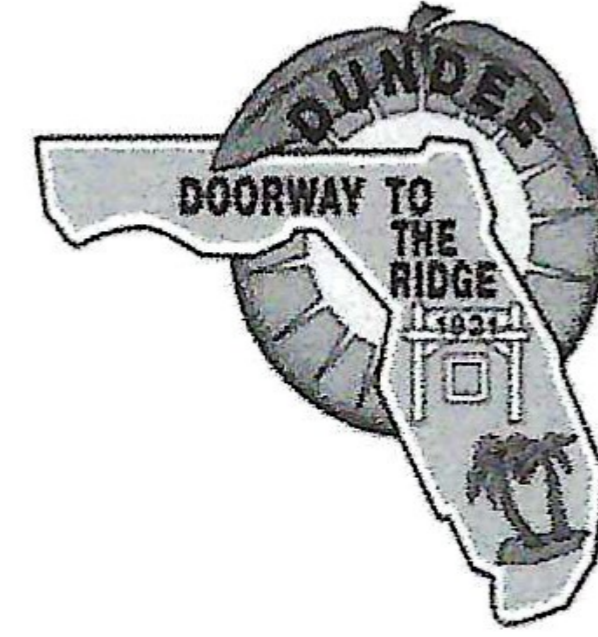
\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.



Option #2

541-640 Streets

TOWN OF DUNDEE  
PRICE QUOTE SHEET



DATE: 2/8/2024

DEPARTMENT: Streets Department

NAME OF PERSON SECURING THE QUOTE: John Vice

GENERAL DESCRIPTION OF ITEM: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #1**

COMPANY NAME: Jarrett Gordon Ford of Davenport

CONTACT NUMBER: 863-450-0080

NAME OF REPRESENTATIVE: Wayne (emailed)

PRICE: \$44,989.50

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #2**

COMPANY NAME: Alan Jay Fleet sales

CONTACT NUMBER: 863-402-4234

NAME OF REPRESENTATIVE: Ashlee

PRICE: \$44,245.00

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

Vendor Selected:

**VENDOR #3**

COMPANY NAME: Bartow Ford

CONTACT NUMBER: 863-533-0425

NAME OF REPRESENTATIVE: Jacob Kendrick

PRICE: NO QUOTE

SHIPPING: included in price

COMMENTS: to purchase of a 2024 CREW CAB F-150 XL

DEPARTMENT DIRECTOR/SUPERVISOR: Johnnie (Signature)

DATE: 2/8/2024

FINANCE DIRECTOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

TOWN MANAGER APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

SOLE SOURCE JUSTIFICATION: \_\_\_\_\_



Quote #2 Super Cab



I-4 & 27

Davenport, FL

# Purchase Agreement

Wayne Aeschliman  
Jarrett Gordon Ford - Davenport  
2600 Access RD NW  
Davenport, FL 33897

Buyer	Co-Buyer	Vehicle
Johnathon Vice 202 E Man S Dundee, FL E: (843) 438-8330		2024 Ford F-150 XL VIN: Stock #: Mileage: Color:

Purchase Details	
Retail Price:	\$52,680.00
Sales Price:	\$42,645.00
Savings:	\$10,035.00
Accessories:*	\$1,325.00
Service Contract:	\$0.00
GAP:	\$0.00
Government Fees:	\$220.50
Doc Fees:	\$799.00
Total Taxes:	\$0.00
<b>Total Sales Price:</b>	<b>\$44,989.50</b>
Trade Allowance:	\$0.00
Trade Payoff:	\$0.00
Trade Equity:	\$0.00
Rebate:	\$0.00
Cash Down:	\$0.00
<b>Cash Price:</b>	<b>\$44,989.50</b>

X

Customer Signature

Date

*Wayne Aeschliman*

Manager Signature

01/11/24

Date

\* Accessories: STROBES: \$900.00, TINT: \$425.00

Disclaimer:

Printed 1/11/24 12:09 PM

\*Interest rates are based on the stores average APR. True APR is determined by personal credit and approval by lending institution. Current APR exposed is for general payment purpose only and in no way means you are approved.

Quote #1 Super Cab



Call Us first, for all of your Fleet Automotive, & Light Truck needs.

Quote

PHONE (800) ALANJAY (252-6529)		DIRECT 863-402-4234	WWW.ALANJAY.COM	51548-1
Corporate Office	2003 U.S. 27 South	MOBILE 863-273-1105	Mailing Address	P.O. BOX 9200 Sebring, FL 33871-9200
	Sebring, FL 33870	FAX 863-402-4221		

ORIGINAL QUOTE DATE  
1/9/2024

# QUICK QUOTE SHEET

REVISED QUOTE DATE  
1/9/2024

REQUESTING AGENCY	DUNDEE, TOWN OF		
CONTACT PERSON	JOHN VICE	EMAIL	<a href="mailto:JVICE@TOWNOFDUNDEE.COM">JVICE@TOWNOFDUNDEE.COM</a>
PHONE	863-514-6636	MOBILE	FAX

## CONTRACT NUMBER 5179 - 2024 CITY OF TALLAHASSEE

MODEL	W1K 101A	MSRP	\$45,760.00
	2024 FORD F-150 CREW CAB 2WD XL 5.5' BED 145" WB		
CUSTOMER ID		GOVERNMENT PRICE	\$42,265.00

BED LENGTH 5.5' BED

\*\* All vehicles will be ordered white w/ darkest interior unless clearly stated otherwise on purchase order.

FACTORY OPTIONS	DESCRIPTION	
YZ	Oxford White	\$0.00
AS	Black w/Medium Dark Slate, Vinyl 40/20/40 Front Seat	\$0.00
99P	Engine: 2.7L V6 EcoBoost	\$0.00
44G	Transmission: Electronic 10-Speed Automatic	\$0.00
101A	OPTIONS Equipment Group 101A Standard	\$0.00
153	Front License Plate Bracket	\$0.00
18B	Black Platform Running Boards	\$250.00
64C	Wheels: 17" Silver Steel	\$0.00
X19	3.55 Axle Ratio	\$0.00
	Tires: 245/70R17 BSW A/S	\$0.00
PW PL	Power Windows & Locks (Incl)	\$0.00
BT	BLUE TOOTH (STD)	\$0.00
BUC	Back Up Camera	\$0.00

AFTERMARKET OPTIONS	DESCRIPTION	FACTORY OPTIONS	
			\$250.00
HD SOB SH	HD Scorpion spray on bed liner (short bed) under rail.		\$735.00
FS MPS62U-4	(4) Federal Signal MicroPulse Ultra dual color with (2) mounted in grille and (2) mounted to rear of vehicle.		\$795.00
3BLS	3rd brake light safety pulse (Pulses 3rd brake light (4) times upon application of brake pedal to increase driver awareness behind you when stopping)		\$200.00
EWD	EXTENDED WARRANTY DECLINED		\$0.00
NO-TEMP	TEMP TAG NOT REQUESTED, CUSTOMER WILL HANDLE THEIR OWN TAG WORK.		\$0.00

AFTERMARKET OPTIONS \$1,730.00

TRADE IN	TOTAL COST	\$44,245.00
YES WE TAKE TRADE INS ~~~ ASK ABOUT MUNICIPAL FINANCING ~~~		\$0.00

TOTAL COST LESS TRADE IN(S) QTY 1 \$44,245.00

Estimated Annual payments for 60 months paid in advance: \$9,909.06  
Municipal finance for any essential use vehicle, requires lender approval, WAC.

Comments QUOTE SUBJECT TO FACTORY ORDER ACCEPTANCE or 30 DAYS

VEHICLE QUOTED BY ASHLEE WILSON GOVERNMENT ACCOUNT MANAGER [Ashlee.Wilson@AlanJay.com](mailto:Ashlee.Wilson@AlanJay.com)

"I Want to be Your Fleet Provider"

I appreciate the opportunity to submit this quotation. Please review it carefully. If there are any errors or changes, please feel free to contact me at any time. I am always happy to be of assistance.



# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

- 
- AGENDA ITEM TITLE:** DISCUSSION & ACTION, RFP 24-04 COMMUNITY CENTER RENOVATIONS
- SUBJECT:** Town Commission will consider bids received for RFP 24-04
- STAFF ANALYSIS:** Staff has received two bids for RFP 24-04. After review, staff is recommending JCR Construction. They supplied a complete scope of work for each area of the building. Staff is recommending approval of the project for the entire amount with the condition that we negotiate with the contractor to split the project into two phases. This would allow the restrooms to be phase one and take place in the current fiscal year. Phase two would be the main foyer, main hall, stage and kitchen areas and would take place next fiscal year.
- FISCAL IMPACT:** \$ 40,000.00
- STAFF RECOMMENDATION:** Staff recommends approval with conditions
- ATTACHMENTS:** Bid Packet - JCR Construction  
Bid Packet - SEMCO



BID FORM

FY 2023-2024 RFP 24-04 RENOVATIONS TO DUNDEE COMMUNITY CENTER

RETURN DATE: January 31, 2024 by 4 PM
RETURN TO: Office of the Town Clerk
Attn: RFP 24-04
Town of Dundee
P.O. Box 1000
202 East Main Street
Dundee, Florida 33838

Table with 5 columns: ITEM, QTY, UNIT, UNIT COST (\$), TOTAL COST (\$). Row 1 contains handwritten text 'See attached'.

Bid Alternate

Table with 5 columns: ITEM, QTY, UNIT, UNIT COST (\$), TOTAL COST (\$). Rows 1 and 2 are empty.

ALL BID FORMS SHOULD INCLUDE THE FOLLOWING INFORMATION:

Company Submitting Bid: JCR Construction & Services, LLC
Company Address: 3804 Block Pine Rd
Company City: Lakeland State: FL Zip: 33810
Company Phone Number: (813) 660-4704 Fax Number:
Authorized Representative: Jarold Payan
Signature: [Signature] Date: 1-4-24
Print Name: Jarold Payan Phone Number: (813) 660-4704
Title: President

NOTE: THE FAILURE TO FOLLOW THE BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIME FRAMES PRESCRIBED HEREIN AS ESTABLISHED BY THE TOWN OF DUNDEE, FLORIDA, SHALL CONSTITUTE A WAIVER OF BIDDERS PROTEST AND ANY RESULTING CLAIMS.

**JCR Construction & Services LLC.**  
 3804 Block Prine Rd  
 FL 33810  
 jcrconstructionservices@gmail.com

Item 11.



**ADDRESS**

Town Of Dundee Community  
 Center  
 603 Lake Marie Drive, Dundee,  
 FL,

**ESTIMATE # 4149**

**DATE 01/10/2024**

ACTIVITY	QUANTITY	RATE	AMOUNT
<b>Service</b> WOMEN BATHROOM.	1	0.00	0.00
<b>Service</b> Remove 348 Lf of tile in the bathroom walls.	348	3.00	1,044.00
<b>Service</b> Remove an dispose the existing partitions, toilets, Countertops and sinks. Remove existing mirrors and toilet paper dispenser as well as sanitary napkins dispensers. Remove existing Fluorescent lights in preparation to install LED Lights.	1	652.00	652.00
<b>Service</b> Remove existing quarry tile in the floor and thin set in preparation to install VCT floor.	142	4.00	568.00
<b>Service</b> Install new light switch and exhaust fan in the bathroom at least 150 CFM.	1	620.00	620.00
<b>Service</b> Install Purple board in the walls, Compound and texture it and paint the entire bathroom.	348	11.4942529	4,000.00
<b>Service</b> Self-level the floor in Preparation install nw 12x24 ceramic tile in the floor. We calculate we may need 5 bags per bathroom.	5	100.00	500.00
<b>Service</b> Install 12x24 ceramic tile in the floor over concrete. INCLUDING THE BACK WALL IN THE BATHROOM.	142	10.00	1,420.00
<b>Service</b> Installation of new granite level#1 (same cost as formica countertops) handicap countertop with two sinks and touch-less faucets.	1	2,500.00	2,500.00
<b>Service</b>	2	650.00	1,300.00

ACTIVITY	QUANTITY	RATE	
Conversion of the fluorescent lights into LED lights			
<b>Service</b> installation of new 3 toilets, 3 new flush valves and sensors.	3	589.00	1,767.00
<b>Service</b> Install new 6" Black VCT cove base.	65	5.00	325.00
<b>Service</b> Remove existing front door, remove the metal plates, door knob and self close door arm. Sand down and urethane the door to match the rest of the doors in the building. NOTE: THIS PRICE INCLUDES THE ARM AND THE NEW DOOR KNOB.	1	520.00	520.00
<b>Material &amp; service</b> New powder coating black matte partition . materials and installation.	1	3,200.00	3,200.00
<b>Material &amp; service:Materials</b> miscelaneous Materials and labor	1	2,890.00	2,890.00
			Subtotal: 21,306.00
<b>Service</b> MEN BATHROOM.	1	0.00	0.00
<b>Service</b> MEN BATHROOM. PRICE FOR THE MEN BATHROOM IS A BIT CHEAPER BECAUSE ALTHOUGH WE ARE DOING THE SAME JOB WE ONLY HAVE 2 TOILETS AND PARTITIONS ARE SMALLER.	1	19,520.00	19,520.00
			Subtotal: 19,520.00
<b>Service</b> LOBBY AREA	1	0.00	0.00
<b>Service</b> Remove and dispose existing tile and Thin set in preparation to install VCT floor	819	4.00	3,276.00
<b>Service</b> Self-level the floor in Preparation install new VCT floor. We calculate we may need 15 bags per this area	15	100.00	1,500.00
<b>Material &amp; service</b> Install VCT floor over concrete.	819	5.50	4,504.50
<b>Material</b> NOTE: IF CUSTOMER CHOOSES GLUE DOWN LUXURY VINYL PLANKING TH EPRICE WILL INCREASED 1700 DOLLARS T6O VOCER THE EXTRA COST OF THE MATERIALS	1	0.00	0.00
<b>Material &amp; service</b> Install new 6" Black VCT cove base.	148	5.00	740.00
			Subtotal: 10,020.50
<b>Service</b> CAFETERIA FLOOR & STAGE AND CLOSETS	1	0.00	0.00
<b>Service</b> Removè and dispose the existing VCT tile. NOTE: UNFORTUNATELY IS NOT ADVISABLE TO INSTALL VCT FLOOR ON TOP OF THE OTHER ONE. THIS	3,397	2.00	6,794.00

ACTIVITY	QUANTITY	RATE	
<p>CREATES A SLIPPING EFFECT AND THE FLOOR WILL BE LOOSE IN 3 MONTHS TIMES.NOTE: Please be aware that installing VCT and Premium VCT over existing flooring may reduce its excellent indentation resistance.</p>			
<p><b>Service</b> Install LVP floor over concrete.</p>	3,397	5.50	18,683.50
<p><b>Material</b> NOTE: IF CUSTOMER CHOOSES GLUE DOWN LUXURY VINYL PLANKING TH EPRICE WILL INCREASED 1700 DOLLARS T60 VOCER THE EXTRA COST OF THE MATERIALS</p>	1	0.00	0.00
<p><b>Service</b> Install new 6" Black VCT cove base.</p>	452	5.00	2,260.00
			Subtotal: 27,737.50
<p><b>Service</b> KITCHEN</p>	1	0.00	0.00
<p><b>Service</b> CITY TO REMOVE REINSTALL AND CONNECT THE APPLIANCES FOR US TO WORK.</p>	1	0.00	0.00
<p><b>Service</b> Remove and dispose the quarry tile and thinnest.</p>	396	3.00	1,188.00
<p><b>Service</b> Install tile over concrete 12x24 is suggest for this area non slippery and price range of 3.50--5.50 dollars. NOTE: THIS PRICE INCLUDES MATERIALS AND LABOR. TILE IN THAT PRICE RANGE</p>	396	10.00	3,960.00
<p><b>Service</b> Install tile base boards to prevent water intrusion on the walls.</p>	115	8.00	920.00
			Subtotal: 6,068.00
<p><b>Overhead</b> 15% of overhead I think you should also considering cover the 32 fluorescent lights into this scope of work at least on the main hall. I counted at least 5 out completely and 6 flickering. the cost since they are so high up there will be 250per lights you have 37</p>	1	12,633.90	12,633.90
TOTAL			<b>\$97,285.90</b>

Accepted By

Accepted Date

# THE AMERICAN INSTITUTE OF ARCHITECTS

AIA Document A310

## Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we  
**JCR Construction and Services LLC**  
4822 Joyce Dr,  
Lakeland, FL 33805

as Principal, hereinafter called the Principal, and  
**The Ohio Casualty Insurance Company**  
9721 Executive Center Drive, Suite 105  
St. Petersburg, FL 33702

a corporation duly organized under the laws of the State of NH  
as Surety, hereinafter called the Surety, are held and firmly bound unto  
**The Town of Dundee**  
202 East Main Street  
Dundee, FL 33838

as Obligee, hereinafter called the Obligee, in the sum of **Five Percent of Amount Bid in U.S. Dollars (\$5%)** for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS the Principal has submitted a bid for  
**Renovations at Dundee Community Center; Bid No. 24-04**  
**Renovate ADA Restrooms & Remove/Replace All Flooring Throughout Building**  
603 Lake Marie Blvd., Dundee, FL 33838

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

*Signed and sealed January 31, 2024*

JCR Construction and Services LLC

(Witness)

The Ohio Casualty Insurance Company

(Witness)

David B. Shick, Attorney-In-Fact and  
Licensed FL Resident Agent #A241176



Seal No. 7503

SURETY BONDS

Performance Bonds | Contract Bonds | License Bonds | Court Bonds







This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Item 11.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205203-969456

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Brandy Baich, David B. Shick

all of the city of Tampa state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 5th day of April, 2021.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 5th day of April, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1128044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 31 day of January, 2024.



By: Renee C. Llewellyn, Assistant Secretary



Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

EXHIBIT - A

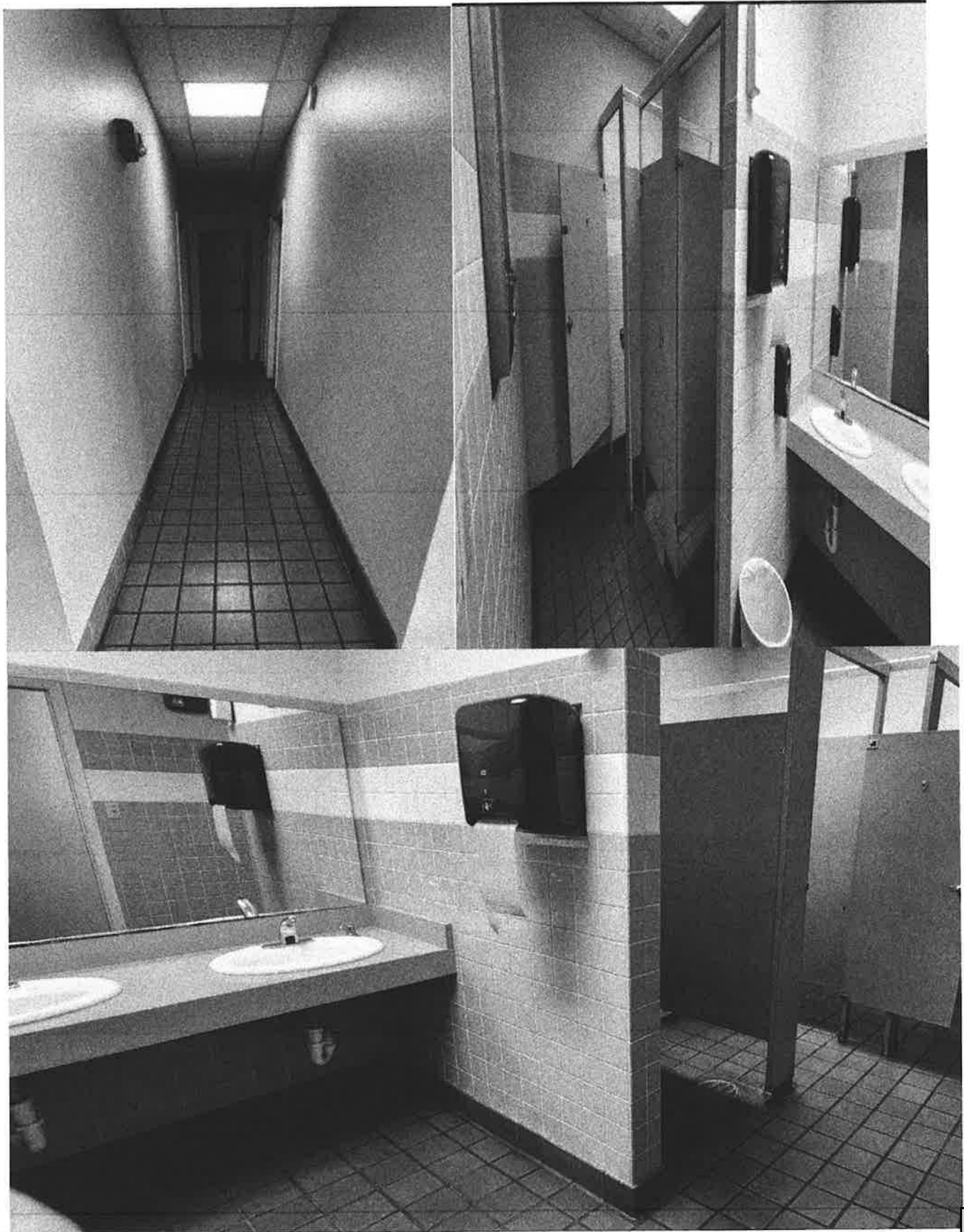


EXHIBIT - B



EXHIBIT - C



**AFFIDAVIT CERTIFICATION**  
**IMMIGRATION LAWS**

THE TOWN OF DUNDEE, FLORIDA, WILL NOT INTENTIONALLY AWARD TOWN CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) AND/OR SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

THE TOWN OF DUNDEE, FLORIDA, MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY THE TOWN OF DUNDEE.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name ICR Construction & Services, LLC

Signature [Handwritten Signature]

Date: 1-4-24

Printed Name Jarold Payan

Title President

PRIVATE PROVIDER FIRM \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:**

STATE OF Florida COUNTY OF Polk

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4 DAY OF January, 20 24

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME  Produced I.D. \_\_\_\_\_

TYPE OF ID PRODUCED \_\_\_\_\_

SIGN: [Handwritten Signature: Tammy Raulerson McCue]

PRINT: Tammy Raulerson McCue



**Tammy Raulerson McCue**  
Notary Public  
State of Florida  
Comm# HH434617  
Expires 8/16/2027

**NONCOLLUSION AFFIDAVIT OF BIDDER**

**State of Florida**

**County of Polk**

I Arbold Ryan ("Affiant"), being first duly sworn, deposes and says that:

- (1) Affiant is President (insert job title) of JCR Construction & Services LLC (insert name of company) the bidder that submitted the attached bid;
- (2) Affiant is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
- (3) Such bid is genuine and is not a collusive or sham bid;
- (4) Neither the said Affiant nor any of his/her/its officers, partners, owners, agents, representatives, employees or parties in interest, including Affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person to submit a collusive or sham bid in connection with the Contract for which the attached bid has been submitted or has refrained from bidding in connection with such Contract; nor in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm or person to fix the price or prices in the attached bid or of any other bidder; nor has fixed any overhead, profit or cost element of the bid price, or the bid price of any other bidder; nor has secured through any collusion, conspiracy, connivance or unlawful agreement, any advantage against the Town of Dundee or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Affiant or any of its agents, representatives, owners, employees, or parties in interest.

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:**

STATE OF Florida COUNTY OF Polk

SWORN TO AND SUBSCRIBED BEFORE ME THIS 4 DAY OF January, 2024

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME  Produced I.D. \_\_\_\_\_

TYPE OF ID PRODUCED \_\_\_\_\_

SIGN: Tammy Raulerson McCue

PRINT: Tammy Raulerson McCue



**Tammy Raulerson McCue**  
Notary Public  
State of Florida  
Comm# HH434617  
Expires 8/16/2027

**CERTIFICATION OF DRUG-FREE WORKPLACE**

Harold Ryan ("Undersigned"), certify that:

- (1) Undersigned is President (insert job title) and duly authorized to act on behalf of the Contractor JCR Construction & Services LLC that submitted the attached bid.
- (2) Undersigned acknowledges that Preference shall be given to businesses with drug-free workplace programs.
- (3) Undersigned acknowledges that whenever two (2) or more bids which are equal with respect to price, quality, and service are received by the Town for the Purchasing of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process.
- (4) In order to have a drug-free workplace program, a business shall:
  - (a) 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.
  - (b) 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.
  - (c) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (a).
  - (d) In the statement specified in subsection (a), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, 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 of the 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.
  - (e) 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.
  - (f) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

The Undersigned, as the person authorized to sign this CERTIFICATION OF DRUG-FREE WORKPLACE, does hereby certify that the Contractor, Jarold Payan, acknowledges, understands, and complies fully with the above requirements.

DATE: 1-4-2024 NAME OF ENTITY: JCR Construction & Services LLC

PHONE/FAX: (863) 660-4704

ADDRESS: 3804 Black Pine Rd  
Leheland, FL 33810

SIGNATURE: 

PRINT NAME: Jarold Payan



### SALES TAX SAVINGS FORM

CONTRACT NUMBER: RFP 24-04

NAME OF PROJECT: Renovations to Dundee Community Center

MATERIALS	(1) Amount in Contract	(2) Sales Tax	(3) Net Amount

- (1) This is the amount to be deducted from contract by change order.
- (2) The amount of the sales tax included in the material purchase line item supplied by the Contractor.
- (3) The amount to be used by the Town to make the material purchase per the Contractor's stated quantities.

The approximate timeline for completion of RFP24-04 Dundee Community Center Renovation will be 9 weeks.



# CERTIFICATE OF LIABILITY INSURANCE

DATE 06/0 Item 11.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> (855) 222-5919 <b>E-MAIL ADDRESS:</b> support@nextinsurance.com <b>FAX (A/C No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> JCR Construction & Services LLC 3804 Block Prine Rd Lakeland, FL 33810	<b>INSURER A:</b> State National Insurance Company, Inc.
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 996080083      **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <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 OTHER:	X		NXT3J3FXLR-00-GL	05/27/2023	05/27/2024	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Errors and Omissions	X		NXT3J3FXLR-00-GL	05/27/2023	05/27/2024	Each Occurrence: \$25,000.00 Aggregate: \$50,000.00

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

The Certificate Holder is Town of Dundee. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

## CERTIFICATE HOLDER      CANCELLATION

Town of Dundee 202 E Main St Dundee, FL 33838	<b>LIVE CERTIFICATE</b>  Click or scan to view	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 
---	---	--



# CERTIFICATE OF LIABILITY INSURANCE

DATE: Item 11.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SUNZ Insurance Solutions, LLC. ID:(Alliance HR) c/o Alliance HR, LLC 169 Tequesta Drive, Ste 21E Tequesta, FL 33469	<b>CONTACT NAME:</b> Arthur Scott <b>PHONE (A/C, No, Ext):</b> 561-972-4449 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> certs@alliancehrllc.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A : United Wisconsin Insurance Company 29157 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
---	---

**INSURED**  
Alliance HR, LLC  
169 Tequesta Drive, Ste 21E  
Tequesta FL 33469

**COVERAGES** **CERTIFICATE NUMBER:** 74724327 **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
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC524-00001-023-SZ WC524-00001-022-SZ	6/30/2023 6/30/2022	6/30/2024 6/30/2023	<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

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
  
Coverage provided for all leased employees but not subcontractors of: JCR Construction & Services LLC Client Effective: 9/3/2018

<b>CERTIFICATE HOLDER</b>  Town of Dundee 202 East Main Street Dundee FL 33838	<b>CANCELLATION</b>  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   Rick Leonard
--	--



CERTIFICATE OF LIABILITY INSURANCE

Item 11.

DATE (MM/DD/YYYY) 11/15/2023

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Barfield Insurance and Financial Services Inc, 141 5th St NW Ste 302, Winter Haven, FL 33881. CONTACT NAME: James W Barfield III, PHONE: (863)845-2878, E-MAIL ADDRESS: jwb3@insurewithbarfield.com. INSURER(S) AFFORDING COVERAGE: Progressive Express Insurance Company.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability (Policy # 01132238), Umbrella Liab, and Workers Compensation.

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

CERTIFICATE HOLDER CANCELLATION

CERTIFICATE HOLDER: Polk County A Political Subdivision of the State of Florida, 330 West Church Street, Bartow, FL 33830. CANCELLATION: 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: James W Barfield III.



**PURCHASING & STORES  
DIVISION**

<b>VENDOR</b> JCR CONSTRUCTION & SERVICES LLC 3804 BLOCK PRINE RD LAKELAND, FL 33810 United States		<b>SHIP TO</b> Lakeland Linder International Airport 3900 Don Emerson Drive, Suite 210 Lakeland, FL 33813 United States		<b>Purchase Order</b> ORDER NUMBER 293586 REVISION 0 PAGE NUMBER 1	
<b>BILL TO</b> City of Lakeland City Hall Accounts Payable 228 South Massachusetts Ave Lakeland, FL 33801 Email: cityhallAP@lakelandgov.net		<b>Reply To:</b> Purchasing & Stores Division 1140 E. Parker Street Lakeland, Florida 33801 Phone: 863.834.6780 Fax: 863.834.6777 TDD: 863.834.8333 Email: purch@lakelandgov.net			
<b>QUESTIONS? CONTACT:</b> Herber, Sharon A		<b>REVISD DATE/BUYER</b> 27-MAR-23 L Alspaugh		<b>F.O.B. Destination</b>	
<b>VENDOR #</b> 136239		<b>FREIGHT TERMS</b> Prepay & Add		<b>CONFIRM TO/TELEPHONE ( )</b>	
<b>PAYMENT TERMS</b> Net 30		<b>SHIP VIA BEST WAY</b>			

ITEM	PART NUMBER/DESCRIPTION	PROMISED BY	QUANTITY	UNIT	UNIT PRICE	LINE TOTAL
1	Interior Office Repairs at 3240 Flightline Drive -BID# 3060			LOT		78,413.05
					<b>TOTAL</b>	<b>78,413.05</b>

No federal excise or state sales tax shall be included in price.  
 State-Sales Tax Certificate # 95-9012621615C-3  
 Federal Exemption # 59-8000354

This purchase order is subject to City of Lakeland's standard terms and conditions contained on the Purchasing Division's website at [www.lakelandgov.net/departments/purchasing/](http://www.lakelandgov.net/departments/purchasing/), which are hereby incorporated by reference and made a part hereof.

Mark D. Railford, Purchasing Manager

d. Exhibit "D", City's Cost Proposal

If there is a conflict between the terms of this Agreement and the above referenced documents, then the conflict shall be resolved as follows: the terms of this Agreement shall prevail over the other documents, and the terms of the remaining documents shall be given preference in their above listed order.

19. **NOTICES.** All Notices pursuant to this Agreement shall be deemed sufficiently given when in writing when (i) personally served on a party to be notified, (ii) delivery by overnight express courier, or (iii) three (3) business days following deposit in the United States mail, postage prepaid certified delivery, directed to the party to be notified at the following address:

Contractor:

JCR Construction & Services, LLC  
3804 Black Pine Road  
Lakeland, Florida 33810

As to City:

Lakeland Linder International Airport  
3900 Don Emerson Drive, Suite 210  
Lakeland, FL 33811

IN WITNESS WHEREOF, the parties herein have executed this Agreement for interior office repairs pursuant to ITB No.3060 as of the day and year first written above.

CITY OF LAKELAND, FLORIDA

JCR CONSTRUCTION & SERVICES, LLC

\_\_\_\_\_  
H. William Mutz, Mayor

\_\_\_\_\_  
President (Signature)

JAROLD PUGH  
\_\_\_\_\_  
President (Printed Name)

ATTEST:

ATTEST:

By: \_\_\_\_\_  
Kelly S. Koos, City Clerk

By: \_\_\_\_\_  
(Attesting Witness' name/title)

[Corporate Seal]



# Experience History Work Sheet

## Builder

**Applicants Name:** Jarold Payan

Provide 4 years/ (48 mths) of commercial project experience.

Minimum of 1 year / (12 mths) supervisory experience is required on new commercial or multi-dwelling construction of a habitable structure. Building Contractors must have structural experience in 4 or more of the following 6 areas gained. Please use one page per project. If project dates overlap, you will be notified upon review from our office, of any shortfall on experience provided.

*\*College Credits, Degrees or Military Service can be substituted for up to 3 years of field experience*

Employer Name and Address: Medeiros Construction LLC 7243 Donna Dr, New Port Ritchey, FL 34652	Dates Employed (mm/yyyy to mm/yyyy): 10/2020-06/2021 Employer Phone Number: 727-484-2897
Name of qualifying contractor for employer: Jason Medeiros	License number of qualifying contractor: CGC1510383
Email: g.jason.medeiros@gmail.com	Dates on Project (mm/yyyy to mm/yyyy): 10/2020-06/2021

- Foundation/Slabs greater than 20k sqft.  Masonry walls  Steel erection
- Column erection  Formwork for structural reinforced concrete  Elevated slabs

Was this experience as a:  Worker OR  Foreman

Project Name: Grove Plaza

Complete Project Address: 5617 Wesley Grove Blvd

Your job title on the project:

Your duties on the project: (Brief description of your day-to-day responsibility)

Supervise labor to form structural concrete foundations with steel cages and plates. Supervise steel column erection, welding to plates.

New Construction OR  Renovation

Project Type: Project Description: (Include number of stories & sqft of project.)

New commercial retail plaza, single story, steel structure on concrete foundation, 31,000 sq ft.

I certify that the experience I am providing is completely & truthful to the best of my knowledge. I understand that my signature on this written worksheet has the same legal effect as an oath or affirmation. Under penalties of perjury, I understand that falsification of any experience on my application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

Signature: \_\_\_\_\_



Date: 02/08/2023

Please use as many worksheets as needed to meet the minimum requirement for your experience. Use one page per project.



# Experience History Work Sheet

## Builder

**Applicants Name:** Jarold Payan

Provide 4 years/ (48 mths) of commercial project experience.

Minimum of 1 year / (12 mths) supervisory experience is required on new commercial or multi-dwelling construction of a habitable structure. Building Contractors must have structural experience in 4 or more of the following 6 areas gained. Please use one page per project. If project dates overlap, you will be notified upon review from our office, of any shortfall on experience provided.

*\*College Credits, Degrees or Military Service can be substituted for up to 3 years of field experience*

Employer Name and Address: Medeiros Construction LLC 7243 Donna Dr, New Port Ritchey, FL, 34652	Dates Employed (mm/yyyy to mm/yyyy):  Employer Phone Number: 7274842897
Name of qualifying contractor for employer: Jason Medeiros	License number of qualifying contractor: CGC1510383
Email: G.jason.Medeiros@gmail.com	Dates on Project (mm/yyyy to mm/yyyy):

- Foundation/Slabs greater than 20k sqft.  Masonry walls  Steel erection
- Column erection  Formwork for structural reinforced concrete  Elevated slabs

Was this experience as a:  Worker OR  Foreman

Project Name: Twin lakes apartment complex

Complete Project Address: 330 Twin Lakes Blvd, Lake Wales , FL, 33853

Your job title on the project:

Your duties on the project: (Brief description of your day-to-day responsibility)

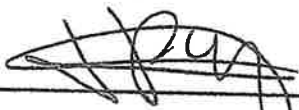
Supervising the day and day operation ordering inspections and managing the entire project with inspectors and working crews. Report back to the GC on timely matter and make sure job was on schedule.

New Construction OR  Renovation

Project Type: Project Description: (Include number of stories & sqft of project.)

Jason hired my company to perform this job as a subcontractor. I was the project manager during the length of the project. Project duration was 6 months from planning to completion. The project consisted on an two stories apartment building demolition and prepare the lot for an new building to be on site.

I certify that the experience I am providing is completely & truthful to the best of my knowledge. I understand that my signature on this written worksheet has the same legal effect as an oath or affirmation. Under penalties of perjury, I understand that falsification of any experience on my application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

Signature:  Date: 02/08/2023

Please use as many worksheets as needed to meet the minimum requirement for your experience. Use one page per project.

# Experience History Work Sheet

## Builder

**Applicants Name:** Jarold Payan

Provide 4 years/ (48 mths) of commercial project experience.

Minimum of 1 year / (12 mths) supervisory experience is required on new commercial or multi-dwelling construction of a habitable structure. Building Contractors must have structural experience in 4 or more of the following 6 areas gained. Please use one page per project. If project dates overlap, you will be notified upon review from our office, of any shortfall on experience provided.

*\*College Credits, Degrees or Military Service can be substituted for up to 3 years of field experience*

Employer Name and Address: <b>Medeiros Construction LLC</b>	Dates Employed (mm/yyyy to mm/yyyy):
<b>7243 Donna Dr, New Port Ritchey, FL, 34652</b>	Employer Phone Number: <b>7274842897</b>
Name of qualifying contractor for employer: <b>Jason Medeiros</b>	License number of qualifying contractor: <b>CGC1510383</b>
Email: <b>G.jason.Medeiros@gmail.com</b>	Dates on Project (mm/yyyy to mm/yyyy):

- Foundation/Slabs greater than 20k sqft.  Masonry walls  Steel erection
- Column erection  Formwork for structural reinforced concrete  Elevated slabs

Was this experience as a:  Worker OR  Foreman

Project Name: Auburndale Warehouse

Complete Project Address: 615 McKean St, Auburndale FL, 33823

Your job title on the project:

Your duties on the project: (Brief description of your day-to-day responsibility)


Supervising the day and day operation ordering inspections and managing the entire project with inspectors and working crews. Report back to the GC on timely matter and make sure job was on schedule.

- New Construction OR  Renovation

Project Type: Project Description: (Include number of stories & sqft of project.)

Jason hired my company to perform this job as a subcontractor. I was the project manager during the length of the project. Project duration was 6 months from planning to completion. The project consisted on building an office addition (6k) and erecting a 180 ft 2h raftering fire proof wall. This project included columns, footing and erecting a net to avoid insects going from one side to the other in the existing warehouse.

I certify that the experience I am providing is completely & truthful to the best of my knowledge. I understand that my signature on this written worksheet has the same legal effect as an oath or affirmation. Under penalties of perjury, I understand that falsification of any experience on my application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

Signature:  Date: 08/08/2021

Please use as many worksheets as needed to meet the minimum requirement for your experience. Use one page per project.

CLIENT REFERENCES

City of Lakeland

Lakeland Linder International Airport

3900 Don Emerson Drive Suite 210

Lakeland, FL 33813

Linda Alsbaugh 863-834-6780

Interior Office Repairs 3240 Flightline Dr Bid #3060

Medeiros Construction, LLC

7243 Donna Dr

New Port Richey, FL 34652

Jason Medeiros 727-484-2897

Auburndale Warehouse 615 McKean St, Auburndale

Medeiros Construction, LLC

7243 Donna Dr

New Port Richey, FL 34652

Jason Medeiros 727-484-2897

Twin Lakes Apartments 330 Twin Lakes Blvd., Lake Wales

Medeiros Construction, LLC

7243 Donna Dr

New Port Richey, FL 34652

Jason Medeiros 727-484-2897

Grove Plaza 5617 Wesley Grove Blvd, New Port Richey

**\*\*Please see attached Purchase Order and Experience History Work Sheets\*\***

**DLK COUNTY LOCAL BUSINESS TAX RECEIPT**

**EXPIRES: 09/30/2024**

**CLASS: B+**

**ACCOUNT NO. 175316**

**LOCATION**

**1508 STACY DR  
LAKELAND**

**OWNER NAME**

**JAROLD PAYAN**

**ACTIVITY TYPE**

**CONTRACTOR BUILDING  
CONTRACTOR BUILDING**

**CODE**

**230080  
230080**

**BUSINESS NAME AND MAILING ADDRESS**

**JCR CONSTRUCTION & SERVICES LLC**

**JCR CONSTRUCTION & SERVICES "LLC"**

**1508 STACY DR  
LAKELAND, FL 338012759**

**PROFESSIONAL LICENSE (IF APPLICABLE)  
DBPR CBC1265799**

**THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY  
DISPLAYED AT THE BUSINESS LOCATION**

**OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR**

**LSC 57.75**

**PAID - 1679768 08/02/2023 LCH**

**JCR CONSTRUCTION & SERVICES LLC**

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**JCR CONSTRUCTION & SERVICES LLC**

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

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.

Other (see instructions) ▶ \_\_\_\_\_

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**3804 BLOCK PRINE RD**

6 City, state, and ZIP code  
**LAKELAND FL 33810**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific instructions on page 3.

## 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

		-							

or

Employer identification number

4	6	-	4	8	4	3	0	0	3
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 ▶ \_\_\_\_\_

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

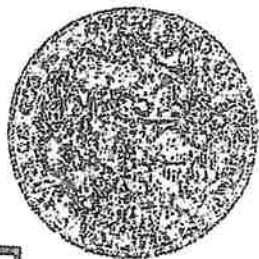
**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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)

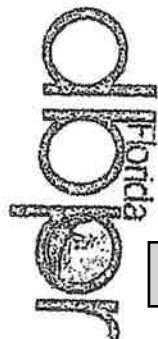
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - 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.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary

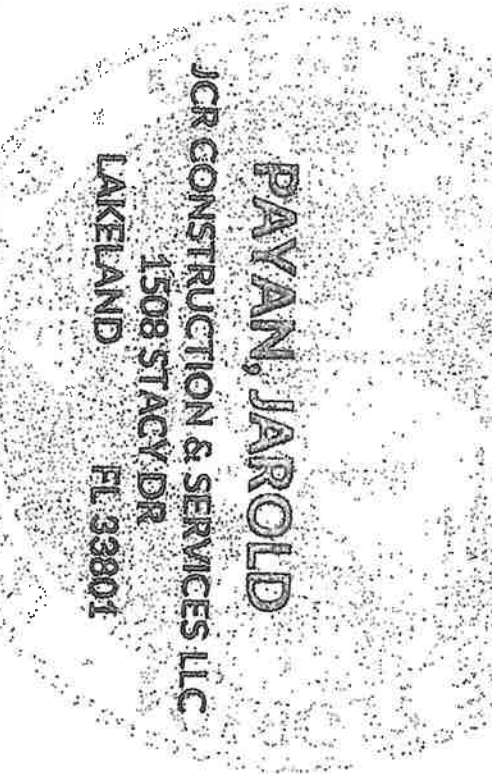
STATE OF FLORIDA



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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



PAYAN, JAROLD

JCR CONSTRUCTION & SERVICES LLC

1508 STACY DR

LAKELAND FL 33801

LICENSE NUMBER: CBC1265799

EXPIRATION DATE: AUGUST 31, 2024

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.





Company ID Number: 2151601



Item 11.

# THE E-VERIFY MEMORANDUM OF UNDERSTANDING FOR EMPLOYERS

## ARTICLE I PURPOSE AND AUTHORITY

The parties to this agreement are the Department of Homeland Security (DHS) and JCR CONSTRUCTION SERVICES LLC (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee’s eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, “Employment Eligibility Verification” and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

## ARTICLE II RESPONSIBILITIES

### A. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
  - a. Notice of E-Verify Participation
  - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives’ contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee’s E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

**Company ID Number:** 2151601

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.

- a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.

6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.

**Note:** Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.

7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the anti-discrimination requirements of section 274B of the INA with respect to Form I-9 procedures.

- a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly



Company ID Number: 2151601

employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status

**Company ID Number: 2151601**

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at [E-Verify@uscis.dhs.gov](mailto:E-Verify@uscis.dhs.gov). Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon



Company ID Number: 2151601

reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see M-795 (Web)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

## **B. RESPONSIBILITIES OF FEDERAL CONTRACTORS**

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.



**Company ID Number:** 2151601

b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin

E-Verify verification of all existing employees within 180 days after the election.

e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:

- i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
- ii. The employee's work authorization has not expired, and
- iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).

f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:

- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
- ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
- iii. The Form I-9 contains no SSN or is otherwise incomplete.

**Note:** If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with



Company ID Number: 2151601

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

### C. RESPONSIBILITIES OF SSA

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.
2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.
4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

**Note:** If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

### D. RESPONSIBILITIES OF DHS

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

- a. Automated verification checks on alien employees by electronic means, and

Company ID Number: 2151601

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **ARTICLE III REFERRAL OF INDIVIDUALS TO SSA AND DHS**

#### **A. REFERRAL TO SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case.



Company ID Number: 2151601

The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

**B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the



Company ID Number: 2151601

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.
6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:
  - a. Scanning and uploading the document, or
  - b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).
7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.
8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

#### **ARTICLE IV SERVICE PROVISIONS**

##### **A. NO SERVICE FEES**

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

#### **ARTICLE V MODIFICATION AND TERMINATION**

##### **A. MODIFICATION**

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.
2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.



Company ID Number: 2151601

## B. TERMINATION

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

## ARTICLE VI PARTIES

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.



**Company ID Number:** 2151601

E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.

Company ID Number: 2151601

**Approved by:**

<b>Employer</b> JCR CONSTRUCTION SERVICES LLC	
<b>Name (Please Type or Print)</b> JAROLD PAYAN	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 05/17/2023
<b>Department of Homeland Security - Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 05/20/2023

Company ID Number: 2151601

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	JCR CONSTRUCTION SERVICES LLC
Company Facility Address	3804 BLOCK PRINE ROAD LAKELAND, FL 33810
Company Alternate Address	
County or Parish	POLK
Employer Identification Number	464843003
North American Industry Classification Systems Code	236
Parent Company	
Number of Employees	5 to 9
Number of Sites Verified for	1 site(s)



Company ID Number: 2151601



Item 11.

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

FL 1



**Company ID Number:** 2151601

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name JAROLD PAYAN  
Phone Number 8636604704  
Fax  
Email icrconstructionservices@gmail.com

Name Tammy L McCue  
Phone Number 8635955533  
Fax  
Email tammvmccue@gmail.com



Company ID Number: 2151601



This list represents the first 20 Program Administrators listed for this company.

**SEMCO**  
CONSTRUCTION, INC.

January 31, 2024

Trevor Douthat  
Town Clerk  
Town of Dundee, FL  
202 East Main Street  
Dundee, FL 33838

**RE: RFP #24-04 Renovations to Dundee Community Center**

SEMCO Construction, Inc. is pleased to submit our qualifications and experience for the above RFP to the Town of Dundee.

We have reviewed the scope of services and firmly believe that **SEMCO Construction, Inc. is the most qualified firm** to provide services for this project. As you review our proposal, you will find that our past experience with government contracts, our history of successful projects, and our ability to meet accelerated project schedules will prove our Project Team to be the best value for this contract.

SEMCO has been a family-owned company and a State Certified General Contractor since our incorporation in 1975. Through diversification involving key areas of Commercial, Public, Industrial (phosphate, citrus, and co-generation plants), Historic Restoration, Design/Build, and Construction Management, coupled with established long-term management, the company has remained competitive in all economic situations.

Our main office is located at 205 Century Blvd. in Bartow, Florida and will be responsible for all work.

In our 50 year history, SEMCO Construction, Inc. has completed over 7,500 projects. We maintain approximately 30 full-time employees and have over 25 employees that have been with the company over 20 years. Our solid construction experience has given us opportunities to develop great relationships with over 300 subcontractors and 450 suppliers who provide quality work and material, encompassing all phases of construction.

We understand the scope of work for this project and are committed to performing the work in a timely fashion. We have a clear understanding of the Town's requirements in the RFP and are fully prepared to perform the necessary scopes for the successful completion of this project.

We look forward to the opportunity to work with The Town of Dundee on the Community Center Renovations project. Thank you for your consideration.

Sincerely,

Jennifer Hall  
Executive Vice President





**BID FORM**

**FY 2023-2024 RFP 24-04 RENOVATIONS TO DUNDEE COMMUNITY CENTER**

RETURN DATE: January 31, 2024 by 4 PM  
 RETURN TO: Office of the Town Clerk  
 Attn: RFP 24-04  
 Town of Dundee  
 P.O. Box 1000  
 202 East Main Street  
 Dundee, Florida 33838

ITEM	QTY	UNIT	UNIT COST (\$)	TOTAL COST (\$)
1. Main Level	1	LF/EA./SF	Lump Sum	\$2,345.97
2. Main Dance Hall	1	LF/EA./SF	Lump Sum	\$26,761.14
3. Kitchen	1	LF/EA./SF	Lump Sum	\$8,623.33
4. Rear Hall	1	LF/EA./SF	Lump Sum	\$1,037.52
5. Foyer/Entry	1	LF/EA./SF	Lump Sum	\$5,016.31
6. Women's Restroom	1	LF/EA./SF	Lump Sum	\$25,321.03
7. Entry Hall	1	LF/EA./SF	Lump Sum	\$832.17
8. Men's Restroom	1	LF/EA./SF	Lump Sum	\$28,755.48
<i>Per attached take-off</i>				
			<b>TOTAL (\$)</b>	<b>\$98,692.95</b>

**Bid Alternate**

ITEM	QTY	UNIT	UNIT COST (\$)	TOTAL COST (\$)
1. All wall tile in bathroom	600	SF	\$12.00/SF	\$7,200.00
2.				

**ALL BID FORMS SHOULD INCLUDE THE FOLLOWING INFORMATION:**

Company Submitting Bid: SEMCO Construction, Inc.

Company Address: 205 Century Blvd.

Company City: Bartow State: FL Zip: 33830

Company Phone Number: 863-533-7193 Fax Number: 863-533-3376

Authorized Representative: Jennifer Hall

Signature: *Jennifer Hall* Date: JANUARY 31, 2024

Print Name: Jennifer Hall Phone Number: 863-533-7193

Title: Executive Vice President

**NOTE: THE FAILURE TO FOLLOW THE BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIME FRAMES PRESCRIBED HEREIN AS ESTABLISHED BY THE TOWN OF DUNDEE, FLORIDA, SHALL CONSTITUTE A WAIVER OF BIDDERS PROTEST AND ANY RESULTING CLAIMS.**



**SEMCO Construction, Inc.**

---

205 Century Blvd  
Bartow, FL 33830  
(863) 533-7193

Client: Dundee Community Center  
Property: 603 Lake Marie Blvd  
Dundee, FL 33838

Operator: SEMCOXAC

Estimator: Steve Anderson  
Position: Estimator  
Company: Semco Construction  
Business: 205 Century Blvd  
Bartow, FL 33830

Business: (863) 533-7193  
E-mail: sanderson@semco.cc

Reference:  
Company: SEMCO Construction, Inc.  
Business: 205 Century Blvd  
Bartow, Fla 33830

Business: (863) 533-7193

Type of Estimate: Other  
Date Entered: 1/9/2024

Date Assigned: 1/4/2024

Price List: FLWH8X\_DEC23  
Labor Efficiency: Restoration/Service/Remodel  
Estimate: DUNDEE\_COMUNITY\_C  
File Number: 24074


**SEMCO Construction, Inc.**

205 Century Blvd  
Bartow, FL 33830  
(863) 533-7193

**DUNDEE\_COMUNITY\_C**
**Main Level**
**Main Level**

DESCRIPTION	QTY
18. PERMITS AND FEES	1.00 EA
19. Commercial Supervision / Project Management - per hour	25.00 HR

**Main Dance Hall**
**Height: 8'**

DESCRIPTION	QTY
1. Remove FLOOR COVERING - VINYL	3,135.89 EA
2. R&R Cove base molding - rubber or vinyl, 4" high	241.00 LF
4. Vinyl plank flooring	3,135.89 SF
33. Drywall - Labor Minimum	1.00 EA

**Kitchen**
**Height: 8'**

DESCRIPTION	QTY
14. R&R Tile floor covering	424.13 SF
16. Content Manipulation charge - per hour	8.00 HR
34. Drywall - Labor Minimum	1.00 EA
93. R&R Tile base	89.83 LF
94. Floor leveling cement - Average	424.13 SF

**rear Hall**
**Height: 8'**

DESCRIPTION	QTY
5. Remove FLOOR COVERING - VINYL	97.50 EA
6. R&R Cove base molding - rubber or vinyl, 4" high	43.00 LF
7. Vinyl plank flooring	97.50 SF

**Foyer/Entry**
**Height: 8'**

DESCRIPTION	QTY
8. Remove FLOOR COVERING - VINYL	559.63 EA
9. R&R Cove base molding - rubber or vinyl, 4" high	95.83 LF


**SEMCO Construction, Inc.**

205 Century Blvd  
Bartow, FL 33830  
(863) 533-7193

**CONTINUED - Foyer/Entry**

<b>DESCRIPTION</b>	<b>QTY</b>
10. Vinyl plank flooring	559.63 SF
92. Drywall - Labor Minimum	1.00 EA

<b>Women</b>	<b>Height: 8'</b>
<b>DESCRIPTION</b>	<b>QTY</b>
20. Remove Ceramic tile - Standard grade	693.00 SF
22. R&R 5/8" drywall - hung, taped, floated, ready for paint	376.00 SF
24. Vinyl plank flooring	133.00 SF
25. Cove base molding - rubber or vinyl, 4" high	47.00 LF
26. Paint the walls - two coats	376.00 SF
35. R&R Handicap grab bar - Stainless steel, 1 1/2" x 30"	3.00 EA
37. R&R Bathroom mirror - w/metal frame - surface mtd - Commercial	3.00 SF
38. R&R Paper towel dispenser	2.00 EA
39. R&R Soap/hand sanitizer dispenser - wall mounted	2.00 EA
40. R&R Toilet partition (plastic laminate or baked enamel steel)	3.00 EA
41. R&R Toilet paper dispenser - double roll	3.00 EA
42. R&R Waste receptacle - semi-recessed	1.00 EA
43. R&R Sink - single	2.00 EA
45. R&R Sink faucet	2.00 EA
46. R&R P-trap assembly - ABS (plastic)	2.00 EA
47. R&R Angle stop valve	4.00 EA
48. R&R Toilet	3.00 EA
49. Add-on for pressure Flush Valve	3.00 EA
50. Countertop - flat laid laminate - laminate only	5.00 LF
52. R&R Backsplash - plastic laminate	7.00 SF
53. Floor leveling cement - Average	133.00 SF
54. R&R Outlet or switch	2.00 EA
56. R&R Bathroom ventilation fan, light,	1.00 EA
57. Fluorescent light fixture -LED	2.00 EA
58. R&R Interior door, 8' - solid alder - paneled - slab only	1.00 EA
60. R&R Door closer - Commercial grade	1.00 EA
62. R&R Door knob - interior	1.00 EA
63. R&R Door kick plate - 16 gauge, 8" x 34"	1.00 EA
64. Paint door slab only - 2 coats (per side)	2.00 EA

<b>Entry Hall</b>	<b>Height: 8'</b>
<b>DESCRIPTION</b>	<b>QTY</b>
11. Remove FLOOR COVERING - VINYL	69.67 EA


**SEMCO Construction, Inc.**

205 Century Blvd  
Bartow, FL 33830  
(863) 533-7193

**CONTINUED - Entry Hall**

DESCRIPTION	QTY
12. R&R Cove base molding - rubber or vinyl, 4" high	45.33 LF
13. Vinyl plank flooring	69.67 SF

Men	Height: 8'
DESCRIPTION	QTY
28. Remove Ceramic tile - Standard grade	693.00 SF
29. R&R 5/8" drywall - hung, taped, floated, ready for paint	376.00 SF
30. Vinyl plank flooring	133.00 SF
31. Cove base molding - rubber or vinyl, 4" high	47.00 LF
32. Paint the walls - two coats	376.00 SF
65. R&R Handicap grab bar - Stainless steel, 1 1/2" x 30"	3.00 EA
66. R&R Bathroom mirror - w/metal frame - surface mtd - Commercial	3.00 SF
68. R&R Soap/hand sanitizer dispenser - wall mounted	2.00 EA
69. R&R Toilet partition (plastic laminate or baked enamel steel)	3.00 EA
91. R&R Urinal partition (plastic laminate or baked enamel steel)	1.00 EA
70. R&R Toilet paper dispenser - double roll	3.00 EA
71. R&R Waste receptacle - semi-recessed	1.00 EA
72. R&R Sink - single	2.00 EA
73. R&R Sink faucet	2.00 EA
74. R&R P-trap assembly - ABS (plastic)	2.00 EA
75. R&R Angle stop valve	4.00 EA
76. R&R Toilet	2.00 EA
89. R&R Urinal - wall hung	1.00 EA
90. Plumber - per hour	16.00 HR
77. Add-on for pressure Flush Valve	3.00 EA
78. Countertop - flat laid laminate - laminate only	5.00 LF
79. R&R Backsplash - plastic laminate	7.00 SF
80. Floor leveling cement - Average	133.00 SF
81. R&R Outlet or switch	2.00 EA
82. R&R Bathroom ventilation fan, light,	1.00 EA
83. Fluorescent light fixture -LED	2.00 EA
84. R&R Interior door, 8' - solid alder - paneled - slab only	1.00 EA
85. R&R Door closer - Commercial grade	1.00 EA
86. R&R Door knob - interior	1.00 EA
87. R&R Door kick plate - 16 gauge, 8" x 34"	1.00 EA
88. Paint door slab only - 2 coats (per side)	2.00 EA
67. R&R Paper towel dispenser	2.00 EA



**SEMCO Construction, Inc.**

205 Century Blvd  
 Bartow, FL 33830  
 (863) 533-7193

Grand Total

\$98,692.95

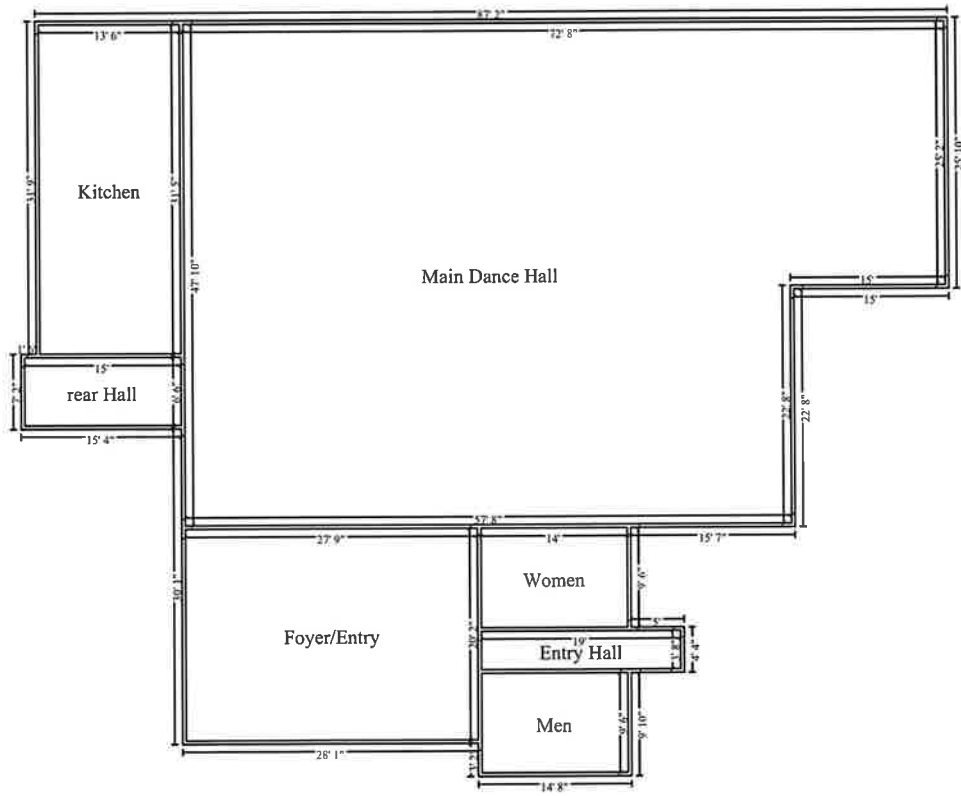
---

Steve Anderson  
 Estimator

**Grand Total Areas:**

4,872.00 SF Walls	4,552.81 SF Ceiling	9,424.81 SF Walls and Ceiling
4,552.81 SF Floor	505.87 SY Flooring	609.00 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	609.00 LF Ceil. Perimeter
4,552.81 Floor Area	4,710.25 Total Area	4,872.00 Interior Wall Area
2,985.00 Exterior Wall Area	331.67 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	

Main Level



Main Level



Town of Dundee, FL

RFP #24-04

Renovations to Dundee Community Center

Contractor References

Owner	Contact Name	Telephone #	Email Address
City of Wauchula	Jessica Newman	863-773-3535	<a href="mailto:jnewman@cityofwauchula">jnewman@cityofwauchula</a>

Owner	Contact Name	Telephone #	Email Address
Polk County Board of County Commissioners	Steve McMillen	863-534-5527	<a href="mailto:stevencmillan@polk-county.net">stevencmillan@polk-county.net</a>

Owner	Contact Name	Telephone #	Email Address
City of Bartow	James Hargrove	863-534-0165	<a href="mailto:jhargrove@cityofbartow.net">jhargrove@cityofbartow.net</a>

Owner	Contact Name	Telephone #	Email Address
City of Lake Wales, FL	James Slaton	863-678-4182 x230	<a href="mailto:jslaton@lakewalesfl.gov">jslaton@lakewalesfl.gov</a>

Owner	Contact Name	Telephone #	Email Address
City of Haines City, FL	James Keene	863-421-9954 x5954	<a href="mailto:jkeene@hainescity.com">jkeene@hainescity.com</a>





# Bid Bond

**CONTRACTOR:**  
*(Name, legal status and address)*

SEMCO Construction, Inc.  
  
205 Century Blvd.  
Bartow, FL 33830

**SURETY:**  
*(Name, legal status and principal place of business)*

Liberty Mutual Insurance Company  
175 Berkley Street  
Boston, MA 02116

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

**OWNER:**  
*(Name, legal status and address)*

Town of Dundee  
  
202 E. Main Street  
Dundee, FL, 33838

**MAILING ADDRESS FOR NOTICES:**

Liberty Mutual Surety Claims  
P.O. Box 34526  
Seattle, WA 98124

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**BOND AMOUNT:** 5% Five Percent of Bid Amount

**PROJECT:**  
*(Name, location or address, and Project number, if any)*

Renovations to Dundee Community Center RFP #24-04

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.


When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be considered a statutory bond and not as a common law bond.


Signed and sealed this 24 day of January, 2024.

  
\_\_\_\_\_  
*(Witness)*

SEMCO Construction, Inc.  
*(Contractor as Principal)*  
  
\_\_\_\_\_  
*(Title) PRESIDENT*



  
\_\_\_\_\_  
*(Witness) Daniel F. Wagner, Secretary*

Liberty Mutual Insurance Company  
*(Surety)*  
  
\_\_\_\_\_  
*(Title) Taylor Wagner, Attorney-in-Fact*



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Item 11.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8201369

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Daniel F. Wagner, Taylor Wagner

all of the city of Lakeland state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 5th day of June, 2019.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 5th day of June, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 24 day of January, 2024.



By: Renee C. Llewellyn, Assistant Secretary

**NONCOLLUSION AFFIDAVIT OF BIDDER**

**State of Florida**

**County of Polk**

**I Jennifer Hall ("Affiant"), being first duly sworn, deposes and says that:**

- (1) Affiant is Executive VP (insert job title) of SEMCO Construction, Inc. (insert name of company) the bidder that submitted the attached bid;
- (2) Affiant is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
- (3) Such bid is genuine and is not a collusive or sham bid;
- (4) Neither the said Affiant nor any of his/her/its officers, partners, owners, agents, representatives, employees or parties in interest, including Affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person to submit a collusive or sham bid in connection with the Contract for which the attached bid has been submitted or has refrained from bidding in connection with such Contract; nor in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm or person to fix the price or prices in the attached bid or of any other bidder; nor has fixed any overhead, profit or cost element of the bid price, or the bid price of any other bidder; nor has secured through any collusion, conspiracy, connivance or unlawful agreement, any advantage against the Town of Dundee or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Affiant or any of its agents, representatives, owners, employees, or parties in interest.

*DeBeck*

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:**

STATE OF Florida COUNTY OF Polk

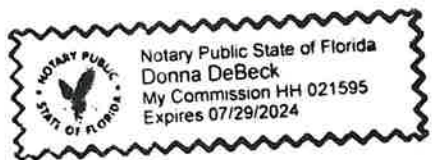
SWORN TO AND SUBSCRIBED BEFORE ME THIS 31<sup>ST</sup> DAY OF JANUARY, 20 24

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME X Produced I.D. \_\_\_\_\_

TYPE OF ID PRODUCED N/A

SIGN: *Donna DeBeck*

PRINT: Donna DeBeck



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**SEMCO Construction, Inc.**

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**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.

Other (see instructions) ▶ \_\_\_\_\_

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) \_\_\_\_\_

*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.) See instructions.  
**205 Century Blvd**

6 City, state, and ZIP code  
**Bartow, FL 33830**

7 List account number(s) here (optional)

Requester's name and address (optional)

## 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 *How to get a TIN*, later.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

OR

Employer identification number

5	9	-	1	5	7	0	0	6	7
---	---	---	---	---	---	---	---	---	---

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 ▶ **3-15-23**

## 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](http://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.

Ron DeSantis, Governor



Melanie S. Griffin, Secretary



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

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

**LOCKE, CARL EDWARD JR**

SEMCO CONSTRUCTION INC  
205 CENTURY BLVD  
BARTOW FL 33830

**LICENSE NUMBER: CGC040492**

**EXPIRATION DATE: AUGUST 31, 2024**

Always verify licenses online at [MyFloridaLicense.com](http://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.

**POLK COUNTY LOCAL BUSINESS TAX RECEIPT**

**ACCOUNT NO. 11320**

**CLASS: B+**

**EXPIRES:**

**09/30/2024**

<b>OWNER NAME</b>	<b>LOCATION</b>
CARL EDWARD SR - CERT LOCKE	205 CENTURY BLVD BARTOW

**BUSINESS NAME AND MAILING ADDRESS**

**SEMCO CONSTRUCTION INC**  
SEMCO CONSTRUCTION INC  
CARL E LOCKE SR - ST CERT  
205 CENTURY BLVD  
BARTOW, FL 338307705

**CODE    ACTIVITY TYPE**

230250    CONTRACTOR ROOFING  
230150    CONTRACTOR GENERAL

**PROFESSIONAL LICENSE (IF APPLICABLE)**

-



**OFFICE OF JOE G. TEDDER, CFC \* TAX COLLECTOR**

THIS POLK COUNTY LOCAL BUSINESS TAX RECEIPT MUST BE CONSPICUOUSLY DISPLAYED AT THE BUSINESS LOCATION

**PAID - 1658382 07/19/2023 OPY**

**OLP 57.75**

**SEMCO CONSTRUCTION INC**



# CERTIFICATE OF LIABILITY INSURANCE

Item 11.

DATE (MM)

9/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> Baldwin Krystyn Sherman Partners LLC 1115 Bartow Rd Lakeland FL 33801  License# 1002281 SEMCCON-01	<b>CONTACT NAME:</b> Angel.McGhee@Bks-Partners.com <b>PHONE (A/C, No, Ext):</b> 863-686-2113 <b>E-MAIL ADDRESS:</b> Angel.McGhee@BKS-Partners.com	<b>FAX (A/C, No):</b> 863-682-6292													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Westfield Insurance Company</td> <td>24112</td> </tr> <tr> <td>INSURER B : Travelers Property Casualty Co</td> <td>25674</td> </tr> <tr> <td>INSURER c : Bridgefield Employers Insuranc</td> <td>10701</td> </tr> <tr> <td>INSURER D : Indian Harbor Insurance Compan</td> <td>36940</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Westfield Insurance Company	24112	INSURER B : Travelers Property Casualty Co	25674	INSURER c : Bridgefield Employers Insuranc	10701	INSURER D : Indian Harbor Insurance Compan	36940	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Westfield Insurance Company	24112														
INSURER B : Travelers Property Casualty Co	25674														
INSURER c : Bridgefield Employers Insuranc	10701														
INSURER D : Indian Harbor Insurance Compan	36940														
INSURER E :															
INSURER F :															

**COVERAGES** **CERTIFICATE NUMBER: 2081013665** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$500 PD Ded  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y		CMM5025462	10/1/2023	10/1/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							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
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> PIP	Y		CMM5025462	10/1/2023	10/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							PIP	\$ 10,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP7S00355023NF	10/1/2023	10/1/2024	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	83034747	10/1/2023	10/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
A	Rented or Leased Equipment			CMM5025462	10/1/2023	10/1/2024	\$300,000 Limit	\$500 Deductible
D	Professional/Pollution Liability			PEC005848702	10/1/2023	10/1/2024	\$1,000 Limit	\$25K/\$10K Ded
A	Builders Risk - Reporting			CMM5025462	10/1/2023	10/1/2024	\$2,745,000 Limit	\$2,500 Deductible

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Certificate Holder The Town of Dundee its Affiliates and or Assigns are included as Additional Insured with respect to general liability and auto liability on a primary and non-contributory basis as required by written contract and subject to terms, conditions and exclusions of the policy. 30 days notice of cancellation applies except 10 for non payment of premium.

<b>CERTIFICATE HOLDER</b>  The Town of Dundee, Florida 202 E. Main Street Dundee FL 33838	<b>CANCELLATION</b>  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 
---	--

**AFFIDAVIT CERTIFICATION**  
**IMMIGRATION LAWS**

THE TOWN OF DUNDEE, FLORIDA, WILL NOT INTENTIONALLY AWARD TOWN CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) AND/OR SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

THE TOWN OF DUNDEE, FLORIDA, MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY THE TOWN OF DUNDEE.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name SEMCO Construction, Inc.

Signature 

Date: 1-31-2024

Printed Name Jennifer Hall

Title Executive Vice President

PRIVATE PROVIDER FIRM \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:**

STATE OF Florida COUNTY OF Polk

SWORN TO AND SUBSCRIBED BEFORE ME THIS 31<sup>ST</sup> DAY OF JANUARY, 2024

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME X Produced I.D. \_\_\_\_\_

TYPE OF ID PRODUCED N/A

SIGN: 

PRINT: Donna DeBeck





**CERTIFICATION OF DRUG-FREE WORKPLACE**

I Jennifer Hall (“Undersigned”), certify that:

- (1) Undersigned is Executive VP (insert job title) and duly authorized to act on behalf of the Contractor SEMCO Construction, Inc. that submitted the attached bid.
- (2) Undersigned acknowledges that Preference shall be given to businesses with drug-free workplace programs.
- (3) Undersigned acknowledges that whenever two (2) or more bids which are equal with respect to price, quality, and service are received by the Town for the Purchasing of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process.
- (4) In order to have a drug-free workplace program, a business shall:
  - (a) 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.
  - (b) 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.
  - (c) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (a).
  - (d) In the statement specified in subsection (a), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, 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 of the 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.
  - (e) 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.
  - (f) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

The Undersigned, as the person authorized to sign this CERTIFICATION OF DRUG-FREE WORKPLACE, does hereby certify that the Contractor, Jennifer Hall, acknowledges, understands, and complies fully with the above requirements.

DATE: 1-31-2024 NAME OF ENTITY: SEMCO Construction, Inc.

PHONE/FAX: 863-533-7193 / 863-533-3376

ADDRESS: 205 Century Blvd.  
Bartow, FL 33830

SIGNATURE: 

PRINT NAME: Jennifer Hall

## SALES TAX SAVINGS FORM

**CONTRACT NUMBER:** RFP 24-04

**NAME OF PROJECT:** Renovations to Dundee Community Center

<b>MATERIALS</b>	<b>(1) Amount in Contract</b>	<b>(2) Sales Tax</b>	<b>(3) Net Amount</b>
<i>Material list will be provided upon award.</i>			

- (1) This is the amount to be deducted from contract by change order.
- (2) The amount of the sales tax included in the material purchase line item supplied by the Contractor.
- (3) The amount to be used by the Town to make the material purchase per the Contractor's stated quantities.



# TOWN COMMISSION MEETING

## February 13, 2024 at 6:30 PM

- AGENDA ITEM TITLE:** DISCUSSION, GET OUT AND VOTE CAMPAIGN
- SUBJECT:** Staff is creating a “Get out and Vote Campaign” for April 2024 Election
- STAFF ANALYSIS:** Staff has been working with Boss Motives Marketing Group to get a campaign started to encourage residents to get out and vote. The Campaign will include residents creating a slogan for the change from Town of Dundee to City of Dundee. Examples: “The City of Dundee, the City of Beauty” – “The Big City of Dundee, with a Small Town feel” Dundee has 3,268 registered voters, last election we had a 3.68% turnout. Only 116 registered voters turned out to the polls. We want more participation when it comes to the major decision of making the Town a City. This will encourage people to get involved. This campaign will be advertised by our social media, website and yard signs with a QR Code to help manage the promotion. Staff will bring back the finalist of the slogan campaign at our April 1<sup>st</sup> 2024 meeting for the commission to make the final selection and we can provide the winner with a gift token at our 2<sup>nd</sup> Commission meeting in April 2024, if the change is made via election.
- FISCAL IMPACT:** 2-sided signs \$480.00  
Campaign set up \$150.00
- STAFF RECOMMENDATION:** Staff recommends approval
- ATTACHMENTS:** Examples of voter yard signs

GET OUT AND VOTE  
APRIL 2 ,2024  
DUNDEE  
COMMUNITY  
CENTER



# CITY OF DUNDEE SLOGAN CAMPAIGN

SCAN THE QR  
CODE TO  
CREATE YOUR  
NEW CITY  
SLOGAN





# TOWN COMMISSION MEETING

February 13, 2024 at 6:30 PM

---

**AGENDA ITEM TITLE:** DISCUSSION, DUNDEE FOOD TRUCK PARK

**SUBJECT:** Bring new ideas and businesses to Dundee

**STAFF ANALYSIS:** Town Staff has been working with Mr. and Mrs. Rascon, owners of Surf's Up Ice cream about bringing a Food Truck Park for multiple truck to provide varies food options. You make have seen this on FB but staff is excited that we are concluding the site plan review process and hoping to have food truck business pulling permits soon.

**FISCAL IMPACT:** None

**STAFF RECOMMENDATION:** None at this time

**ATTACHMENTS:** Photos of the park area  
Photos of the current food truck  
Photos of the Entrance Signage

DUNDEE  
FOOD TRUCK  
FOOD PARK









# TOWN COMMISSION MEETING

## February 13, 2024 at 6:30 PM

- AGENDA ITEM TITLE:** DISCUSSION & ACTION, BUILDING CLOSURE FOR LUNCH
- SUBJECT:** Town Staff is requesting that all town building be closed for 2 hours
- STAFF ANALYSIS:** Town Staff is requesting that the commission recognize National Employee Appreciate Day, which is Friday, March 1, 2024, this year. The Town Directors are planning to host a lunch at the Fire Department from 11:30 am – 1:30 pm. During that time, we are asking that all staff report to the firehouse for a company luncheon. Closing all the buildings will allow all staff to come together to enjoy lunch together as a team. This collaboration will encourage unity and fellowship amongst co-workers.
- FISCAL IMPACT:** None at this time
- STAFF RECOMMENDATION:** At the will of the Commission
- ATTACHMENTS:** Town Hall Lunch Closing Flyer

**TOWN OF DUNDEE**

**PRESENTS**

**EMPLOYEE APPRECIATION DAY**

# **BBOQ**

**FRIDAY - MARCH 1ST**

**FROM**

**11:30 AM - 1:30 PM**

