

ITB 2021-20

**INVITATION TO BID
HENDRY COUNTY HOUSINGREHABILITATION PROGRAM
REHABILITATION OF **TEN (10)** HOMES AT VARIOUS
LOCATIONS
IN HENDRY COUNTY, FL**

BID No. 2021-20

OPENING DATE AND TIME: JULY 13, 2021, AT 2:00P.M.



Prepared by: Hendry County Housing Department
Dated: June 08, 2021

**HENDRY COUNTY
BOARD OF COUNTY COMMISSIONERS
LABELLE, FL 33975**

Bid No. 2021-20

**EMMA BYRD
DARRELL R. HARRIS
RAMON IGLESIAS
MITCHELL WILLS, CHAIRMAN
KARSON TURNER**

**JENNIFER DAVIS, COUNTY ADMINISTRATOR
MARK F. LAPP, COUNTY ATTORNEY**

**INVITATION TO BID
HENDRY COUNTY HOUSING REHABILITATION PROGRAM,
Rehabilitation of Ten (10)
Homes BID No. 2021-20**

Hendry County invites interested contractors to submit bids to furnish all labor and materials to rehabilitate ten (10) single family homes for its Community development Block Grant (CDBG) and State Housing Initiative Partnership (SHIP) Housing Rehabilitation Program. Home locations below:

SHIP:

- 780 W Lincoln Ave. Labelle, FL (Ned)
- 889 W Lincoln Ave, LaBelle, FL (Williams)
- 545 S Fronda St. Clewiston, FL (McClaskey)
- 650 Evans Rd. Clewiston, FL (Hudson)
- 475 Evans Rd. Clewiston, FL (Sisler)
- 1217 Mississippi Ave. Clewiston, FL (Morris)-Re-Bid
- 330 W Arcade Ave. Clewiston, FL (Oliver)
- 1213 Davidson Rd. Clewiston, FL (Gordon)
- 1023 Gratton Rd. Clewiston, FL (Herrera)

CDBG:

- 801 Della Tobias Ave. Clewiston, FL (Busby)

Sealed Bids will be received by the Board of County Commissioners of Hendry County, Florida, for "Hendry County Housing Rehabilitation Program, Rehabilitation of Ten (10) Homes, BID No. 2021-20. In order to be considered, bids must be received by the Board of County Commissioners, c/o the Clerk of the Circuit Court, Attn: Kimberley Barrineau, at the C.E. Hall Building, Room A-226, Hendry County Courthouse Complex, 25 E. Hickpochee Avenue, LaBelle, Florida by **July 13, 2021 at 2:00 p.m.**, at which time all responses to this request will be recorded in the presence of one or more witnesses in accordance with all applicable local, state, and federal requirements.

A copy of the Instructions and Bid Documents can be obtained online at www.hendryfla.net under the Public Information tab, or from the Hendry County Housing Department, located at 1100 S. Olympia Street Clewiston, Florida 33440 (for pick up), or by calling (863) 675-5297.

A Mandatory Pre-Bid Conference will be held on **June 25, 2021 at 10:00 am** at the Hendry County Housing Office Parking Lot located at 1100 S. Olympia Street Clewiston, FL 33440. This meeting will be followed by a **Mandatory Walk-Through of each location.**

This solicitation does not commit Hendry County to award any contracts, to pay any costs incurred in the preparation of a response to this Bid, or to contract for any services. The County reserves the right to reject any or all submittals received as a result of this solicitation for any or no reason, or to cancel in part or in its entirety this Bid, if it is in the best interests of the County to do so. The County May re-procure at the discretion of the Board.

Persons with disabilities needing assistance to participate in any of the proceedings should contact the Hendry County Housing Manager: Sabrina Gadson at: (863) 675-5297. All requests shall be made at least forty-eight (48) hours in advance.

Hendry County is an equal opportunity provider and employer. Hendry County shall seek out and encourage its approved contractors to employ W/MBE and Section 3 businesses and individuals.

SECTION I

GENERAL INFORMATION

All responses which comply with the requirements of this procurement will be considered.

Submittals must be made in the official name of the firm or individual under which business is conducted (showing official business address) and must be signed in ink by a person duly authorized to legally bind the person, partnership, company, or corporation submitting the response.

Proposals must be submitted in triplicate (1- original signed in blue ink and 2-copies) in a separate sealed envelope marked "ITB # 2021-20", with the home address that the bid is for written clearly on each sealed envelope. A single copy of the contractor's license and proof of insurance must accompany the bid package.

Submittals will be received by the Clerk's Office until **2:00 p.m. on July 13, 2021!**

Submittals are to be mailed to:

Clerk of Circuit Court,
Attn. Kimberley Barrineau, Hendry County
Administration Building
PO Box 1760
LaBelle, Florida 33975

Or hand-delivered and/or Express Mailed to:

Hendry County Complex,
Clerk of Circuit Court, Attn. Kimberley Barrineau,
C. E. Hall Bldg., Administration Wing, 2nd Floor, Room A-226,
25 E. Hickpochee Avenue
LaBelle, Florida 33935

Submittals received after the date and time specified above shall be returned to the sender unopened and will not be considered. Facsimile submissions will not be accepted.

All Submittals shall remain in effect for a period of One Hundred Twenty (120) days after submittal deadline.

Respondents shall be fully acquainted with the conditions relating to the execution of work required in this procurement. Failure of the respondent to become acquainted with existing conditions and the scope of services will in no way relieve the respondent of any obligation with respect to its submittal.

SECTION II

SCOPE OF WORK

The scope of work consists of the rehabilitation of ten (10) homes in accordance the SHIP rehabilitation program. Each home has a separate Bid Form with a Scope of Work (SOW). Bidders may bid on one or more homes. Bid Forms are provided in Section IV.

SECTION III

SUBMITTALS

3.1 PREPARATION OF SUBMITTALS

Submittals will be prepared in accordance with the following:

- A. The attached Bid Forms must be used.
- B. All information required by the Bid Form shall be furnished.
- C. Unit price shall be shown, and where there is an error in extension of price, the unit price shall prevail.
- D. Alternate bids will not be considered, unless authorized by the specifications.
- E. Respondents shall make all investigations necessary to thoroughly inform themselves regarding the requirements described in the Bid documents. No pleas of ignorance by the respondent of conditions that may hereafter exist as a result of failure or omission on the part of the respondent to make prudent examinations and investigations will be accepted as a basis for varying the requirements of the Contract or compensation to the respondent.
- F. Respondents must submit one (1) complete original bid per SOW and three (3) complete copies of the original bid.
- G. A Mandatory Pre-Bid Conference will be held on June 25, 2021, at 10:00am at the Hendry County Housing Office Parking Lot located at 1100 S. Olympia Street Clewiston, FL 33440. This meeting will be followed by a Mandatory Walk-Through of each location.

- H. In addition to the Bid Forms provided in Section V, the following Forms, attached at back of this bid packet, are to be completed, as appropriate, and submitted as part of Bidder's bid package:

Attachment 1 – Contractor's Certification;
Attachment 2 – Contractor's Qualification Questionnaire;
Attachment 3 – Completed Projects;
Attachment 4 – Current Projects;
Attachment A – No Lobbying Affidavit;
Attachment B – Anti-Collusion & No Gifts Affidavit;
Attachment C – Public Entity Crime Affidavit;
Attachment D – Conflict of Interest Disclosure Form;
Attachment E – Immigration Law Certification;
Attachment F – Drug-Free Workplace Certification;
Attachment G – Exceptions to Solicitation (if needed)

- I. Bidders shall not take advantage of any apparent error or omission discovered in the Procurement Documents but shall immediately notify the County of such discovery. The County will then make such corrections and interpretations as necessary to reflect the actual spirit and intent of the Bid Documents.
- J. Bids shall be reviewed in accordance with Section 1-2-185(a)(3) Hendry County Code of Ordinances.
- K. Any questions are to be directed first to Sabrina Gadson at 863-675-5297 or sabrina.gadson@hendryfla.net, Hendry County Housing and Social Services Manager, 133N. Bridge Street, LaBelle, Florida 33975 or to the County's agent:

Antonio Jenkins
Guardian CRM, Inc.
863-899-669

3-2. EXCEPTIONS

Any exceptions, substitutions, deletions, or deviations from these specifications shall be explained in detail on the Exceptions to Solicitation Form ("**Attachment G**"). Bidders must show proof that any exceptions are equal or superior to those specified.

3-3. REJECTION OF BIDS

The County Administrator may cancel the Invitation to Bid or reject any or all of the responses, as set forth in Ordinance No. 2016-14, Section 5.3.3.

- A. The Bid is conditional, except that the Bidder may qualify the Bid for acceptance by the County on an "All or None" basis. Bid must include all items upon which Bids are invited.
- B. The County reserves the right to cancel the award of any contract at any time before the execution of the contract by all parties, with no compensation due to the respondent.

3-5. CORRECTION OR WITHDRAWAL OF RESPONSES; MATERIAL MISTAKES; CANCELLATION OF AWARDS.

- A. Mistakes discovered before the Competitive Procurement opening may be modified or withdrawn by written notice by the respondent received in the office designated in the procurement notice prior to the time set for opening.
- B. After the Competitive Procurement opening, corrections of mistakes shall be permitted only to the extent that the vendor can show by clear and convincing evidence that a Material Mistake of a factual or mathematical nature was made, the nature of the mistake, and the price actually intended. The assigned unit price, when applicable, will be the determining factor when an extension price is in error. In place of correction, a low bidder establishing a Material Mistake of a factual or mathematical nature may be permitted to withdraw its bid if:
 - 1. The response was submitted in good faith;
 - 2. The magnitude of the error made would make enforcement a severe hardship;
 - 3. The miscalculation was not the result of gross negligence;
 - 4. The error was reported immediately to the County; and

It is not later than twenty-four (24) hours after the Competitive Procurement opening, except that if the following day is not a business day for the County. In such case, a withdrawal may be made until 12:00 noon the next County business day.

All decisions to permit the correction or withdrawal of responses, or to cancel awards or contracts based on Material Mistakes, shall be supported by a written determination by the County Administrator.

3-6. COMPETITIVE PROCUREMENT DISPUTE RESOLUTION PROCEDURE.

- A. Any Competitive Procurement award decision may be challenged on the grounds of material irregularities in the procurement procedure or material irregularities in the evaluation of the response. To initiate a challenge, the vendor must file a notice of intent to challenge the procurement in writing with the Purchasing

Manager within three (3) business days of posting of the notice of intent to award in accordance with Section 5.3.7 of the Procurement Ordinance. A formal written procurement challenge shall be filed in the County Administrator's Office within ten (10) calendar days of the notice of intent to award. Failure to file a timely notice of intent to challenge or failure to file a timely formal written procurement challenge shall constitute a waiver of procurement challenge proceedings.

- B. The notice of intent to challenge shall contain at a minimum: the name of the vendor, the vendor's address, e-mail address, fax number and phone number, the name of the vendor's representative to whom notices may be sent, the name and procurement number of the Competitive Procurement, and a brief factual summary of the basis of the intended challenge.
- C. The formal written procurement challenge shall contain at a minimum: the vendor and the Competitive Procurement involved, a clear statement of the grounds on which the challenge is based, reference to the statutes, laws, ordinances or other legal authorities which the vendor deems applicable to such grounds, and the specific relief to which the vendor deems itself entitled by application of such authorities to such grounds. The vendor shall mail a copy of the notice of intent to challenge and the formal written procurement challenge to the selected vendor. The County Administrator shall, within ten (10) calendar days of receipt of the formal written procurement challenge, investigate the challenge claim. If the challenge is found to be lacking in legitimate legal grounds, or if the challenge is incorrect factually, the County Administrator shall inform the vendor of such finding. If the challenge is found to be meritorious, the County Administrator shall inform all vendors who submitted responses of such finding. In the event the challenge is not resolved to all affected parties' satisfaction, the Board shall, within a reasonable time, be presented with the written challenge and the County Administrator's findings. The procurement which is the subject of the protest shall not proceed until a final decision has been made, unless the Board makes a determination that the contract must proceed without delay to protect the substantial interests of the County. The Board's decision on the challenge shall be final.
- D. Nothing herein relinquishes the County's rights to waive irregularities and formalities in accordance with the procurement package and instructions. Further, nothing herein shall create any rights in the unsuccessful vendor.

SECTION IV

SCOPES OF WORK BEGIN ON THE FOLLOWING PAGES

**ATTACHMENT 1
CONTRACTOR'S CERTIFICATION**

I have carefully examined this Invitation to Bids (BID), which includes scope, requirements for submission, general information and the evaluation and award process.

I acknowledge receipt of the following addenda.

Addendum	#	Date:	Addendum	#	Date:
Addendum	#	Date:	Addendum	#	Date:
Addendum # _____		Date: _____	Addendum # _____		Date: _____

I hereby propose to provide the services requested in the subject procurement and, if awarded the project, to enter into a contract with the County. I agree that the terms and conditions of the County's procurement document shall take precedence over any conflicting terms and conditions submitted with my response and agree to abide by all conditions of the procurement document, unless a properly completed Exceptions to Solicitation form is submitted. I acknowledge that the County may not accept the response due to any exceptions.

I certify that all information contained in my response is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this response on behalf of the company as its agent and that the company is ready, willing and able to perform if awarded a contract.

Name of Business

Mailing Address

City, State & Zip Code

Authorized Signature

Telephone Number/Fax Number

Name & Title, Printed

Email Address

State of Florida
County of _____

This foregoing instrument was acknowledged before me this _____ day of _____, 2021, by _____, who is personally known to me or produced _____ as identification.

Signature of Notary Public – State of Florida

**ATTACHMENT 2
CONTRACTOR'S QUALIFICATION QUESTIONNAIRE**

Contractor must be certified/licensed by the State of Florida prior to submitting the type of work required by this project.

SUBMITTED BY: _____ () Individual
Company
_____ () Partnership
Street or PO Box
_____ () Corporation
City, State & Zip Code
_____ () Joint Venture
Phone/Fax/Email

The undersigned guarantees the truth and accuracy of all statements and all answers to questions hereinafter made.

1. Person to Contact _____ Title _____
Telephone # _____ Fax # _____ Email _____

2. How many years has your organization been in business as a licensed Contractor under your present name: _____ Year established: _____

3. Under what other names has your organization operated? _____

4. List below the names, titles and addresses of officers, owners and partners:

5. Prepare a list as indicated on Table 1-Completed Projects (attached) of the last five (5) projects of this type your organization has completed.

6. Prepare a list as indicated on Table II – Current Projects (attached) of projects of this type that your organization is currently engaged in. Have you ever failed to complete any work awarded to you? _____

When? _____

Where? _____

Why? _____

**ATTACHMENT 3
COMPLETED PROJECTS**

1. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

2. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

3. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

**ATTACHMENT 3
COMPLETED PROJECTS
(Continued)**

4. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

5. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

**ATTACHMENT 4
CURRENT PROJECTS**

1. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

2. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

3. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

**ATTACHMENT 4
CURRENT PROJECTS
(Continued)**

4. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

5. Project Title and Location _____

Your Contract Amount _____

Contractor or Sub _____

Required Completion Date _____

Actual Completion Date _____

Owner's Contact's Name, Address & Phone Number _____

**ATTACHMENT A
NO LOBBYING AFFIDAVIT**

STATE OF FLORIDA
COUNTY OF _____

This _____ day of _____, 2021, _____
being first duly sworn, deposes and says that he/she is the authorized representative of
_____ (Name of contractor, firm or individual),
respondent to the attached invitation to bid, proposal or qualifications and/or any other
solicitation issued by Hendry County, and that the respondent and any of its agents
agrees to abide by the Hendry County no lobbying restrictions in regard to this
solicitation.

Affiant

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
2021, by _____.

Signature of Notary Public
State of Florida

Print, Type or Stamp Commissioned
Name and expiration date

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

**ATTACHMENT B
ANTI-COLLUSION & NO GIFTS AFFIDAVIT**

STATE OF FLORIDA
COUNTY OF _____

_____ being first duly sworn deposes and says that he/she is the authorized representative of _____ (Name of respondent) and certifies as true the following statements.

Anti-collusion statement: The respondent has not divulged to, discussed, or compared his/her/its submission with other respondents and has not colluded with any other respondent or parties to the solicitation whatsoever.

No gifts statement: The respondent understands that no rebates, gifts, gratuities or offers of employment are permitted with, prior to, or after the submission. Any such violation will result in rejection of the submission and removal from the procurement list(s).

Affiant

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 2021, by _____.

(seal)

Signature of Notary Public
State of Florida

Print, Type, or Stamp Commissioned
Name and expiration date

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

ATTACHMENT C
PUBLIC ENTITY CRIME AFFIDAVIT

Public Entity Crime Affidavit: As provided in Florida Statute 287.133(2)(a), a person or affiliate who has been placed on the convicted vendor list following a conviction for a Public Entity Crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.

SWORN STATEMENT PURSUANT TO FLORIDA STATUTE 287.133 ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to HENDRY COUNTY, FLORIDA

by: _____

(print individual's name and title)

for: _____

(print name of entity submitting sworn statement) whose business address is:

2. I understand that a "Public Entity Crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a Public Entity Crime, with or without an adjudication of guilt, in any federal or state trial court of record

relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

A. A predecessor or successor of a person convicted of a Public Entity Crime; or

B. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a Public Entity Crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a Public Entity Crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of a Public Entity Crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, has been charged with and convicted of a Public Entity Crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, has been charged with and convicted of a Public Entity Crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Signature

Sworn to and subscribed before me this _____ day of _____, 2021.

Personally known _____ OR Type of Identification Produced:

Notary Public – State of Florida
My Commission Expires: _____

SEAL OR STAMP

**ATTACHMENT D
CONFLICT OF INTEREST DISCLOSURE FORM**

For purposes of determining any possible conflict of interest, all respondents must disclose if any Hendry County Board of County Commissioners' employee(s), elected official(s), or any of its agents is also an owner, corporate officer, director, employee, agent, etc., of their business.

Indicate either "yes" (a county employee, elected official or agent is associated with your business) or "no". If yes, give person(s) name(s) and position(s) with your business.

YES _____

NO _____

Name(s)

Position(s)

Firm Name: _____

By (Printed): _____

By (Signature): _____

Title: _____

Address: _____

Phone Number: _____

**ATTACHMENT E
IMMIGRATION LAW CERTIFICATION**

Hendry County will not intentionally award county 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) (Section 274a(e) of the Immigration and Nationality Act (“INA”).

Hendry County 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 Hendry County.

Respondent attests that it is fully compliant with all applicable immigration laws, specifically relating to the INA and subsequent amendments.

Company Name

Signature

Title

Date

STATE FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 2021, by _____ who is personally known _____ or has produced _____ as identification.

Notary Public – State of Florida

(stamp)

**ATTACHMENT F
DRUG-FREE WORKPLACE CERTIFICATION**

THE BELOW SIGNED respondent CERTIFIES that it has implemented a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the work place and specifying the actions that will be taken against employees for violation of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services associated with this project a copy of the statement specified in subsection 1.
4. In the statement specified in subsection 1, notify the employees that, as a condition of working on the commodities or contractual services associated with this project, the employee will abide by the terms of the statement and will notify the employer of any conviction or plea of guilty or nolo contendere to any violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in, drug abuse assistance or rehabilitation program if such is available in the employee's community, by an employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

Date: _____ Signature: _____

Company: _____ Name: _____

Address: _____ Title: _____

Phone Number: _____

**ATTACHMENT G
EXCEPTIONS TO SOLICITATION**

Each respondent may copy this form, as necessary, to sufficiently list all exceptions and variations from specifications. Please list, as shown, by page and item, if respondent is unable to supply the specified item or chooses to provide the specified item in an alternative manner. The County shall be the sole judge of a proposed substitution equivalency.

<u>Specification</u>	<u>Page</u>	<u>Item</u>	<u>Not Available/Explanation</u>
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