

# TOWN OF DAVIE

## TOWN COUNCIL AGENDA REPORT

**TO:** Mayor and Councilmember's

**FROM/PHONE:** Bruce Bernard, Director, Public Works/Capital Projects  
954-797-1240

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** Town Wide

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO ACCEPT THE BID RECOMMENDATION FOR THE "SHADE STRUCTURES" AT BAMFORD SPORTS COMPLEX.

**REPORT IN BRIEF:** Hurricane Wilma severely damaged the thirty (30) shade structures at Bamford Sports Complex. A competitive bid was conducted for the installation of thirty (30) new structures. The Town received four (4) bids. The recommendation is for Industrial Shadeports as the lowest responsive bidder.

**PREVIOUS ACTIONS:** None

**CONCURRENCES:** The recommended award had been reviewed by the Public Works / Capital Projects Director and the Bid Specification Committee whom concur with the decision to award the bid to Industrial Shadeports.

**FISCAL IMPACT:**

Has request been budgeted? No

If yes, expected cost:

If no, amount needed: \$99,000.00

What account will funds be appropriated from: Funds will come from account # 054-0259-594-04-31. This account is being used for all Hurricane Wilma Damage and both F.E.M.A. and the Towns Insurance Carrier have been advised of the damage for reimbursement.

**RECOMMENDATION(S):** Motion to approve the resolution.

**Attachment(s):** Resolution

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO ACCEPT THE BID RECOMMENDATION FOR THE "SHADE STRUCTURES" AT BAMFORD SPORTS COMPLEX

WHEREAS, Hurricane Wilma severely damaged the thirty (30) shade structures at the Bamford Sports Complex; and

WHEREAS, The Town solicited sealed bids for the replacement of the Shade Structures; and

WHEREAS, after review, the Town Council wishes to accept the bid from Industrial Shadeports.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. That the Town Council hereby accepts the bid from Industrial Shadeports for the installation of thirty (30) in the amount of \$99,000.00

SECTION 2. The Town Council hereby authorizes the expenditures from the Town Wide Building Maintenance Exterior Account Number 054-0259-594-04-31.

SECTION 3. This Resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2006.

\_\_\_\_\_  
MAYOR/COUNCIL MEMBER

ATTEST:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2006.

**PUBLIC WORKS**

**MEMORANDUM**

To: Herb Hyman, Procurement Manager

From: Bruce Bernard, Public Works / Capital Projects Director

Date: April 27, 2006

RE: Bid Recommendation for the Replacement of 30 Shade Structures at Bamford Park due to Hurricane Wilma.

The Public Works Department has reviewed the four (4) bids received for the replacement of the shade structures at Bamford Park due to damage incurred by Hurricane Wilma. After meeting with the apparent low bidder and viewing similar shade structures manufactured by the company, the Public Works Department recommends that the bid be awarded to Industrial Shadeports, the lowest most responsive bidder.

# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

**ACCOUNT NUMBER** 051-0000-5000043 **BUDGET ITEM & DESCRIPTION** WILMA **APPROXIMATE COST** 149,000.00

**METHOD OF PROCUREMENT** (check the one that applies)

- Open Competitive Bidding
- Piggyback on Contract Number \_\_\_\_\_
- Sole Source
- Request For Proposals

**SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED**

Futzyco - Submitted to SERMA? Signed Bruce Bennett  
Department Head

Have Funds been Reserved PER. 34180 WPA

Date 2/1/06 Signed [Signature]

Signed [Signature]  
Town Administrator

VENDOR	BIDS SUBMITTED	COST
INDUSTRIAL SHADES PORTS		899,000.00
PLAY SAFE SERVICES, INC.		114,948.50
DARREN GROUP		115,000.00
BLISS PRODUCTS		137,500.00

Signed [Signature]  
Procurement Manager

**BID SPECIFICATION COMMITTEE'S RECOMMENDATION**

Vendor	Cost
INDUSTRIAL SHADES PORTS	899,000.00

TOWN OF DAVIE, FLORIDA  
BID FORM  
"Furnish and Install Thirty (30) Shade Structures at the  
Robert H. Bamford Sports Complex at Davie Pine Island Park"

Bid No. B-06-34

Unit pricing shall include the cost of materials, labor, transportation, installation, insurance, Engineering fees, and any other items mentioned in the bid documents or specifications.

Item	Price
1. Remove remaining Thirty (30) shade structures including footings	\$ <u>18,000</u>
2. Furnish and Install Thirty (30) Shade Structures	\$ <u>81,000</u>
TOTAL	\$ <u>99,000 -</u>
3. If additional Shade Structures are required cost per each	\$ <u>1,700 -</u>

Executed by: CHRIS JACOBS  
(Type / Print Name)

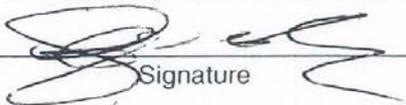
Title: Pres

For (Company): INDUSTRIAL SHADE PORTS

Address: 3591 NW 120 AVE  
CORAL SPRINGS FL 33065

Telephone number: 754 755-0661

Fax number: 754 755-0686

By: 

Signature

Date: 4/3/06

You must submit a completed W-9 form and a completed Vendor/Bidder Disclosure form with your bid.

By: [Signature]  
Signature of Affiant

Date: 4/3/06

CHRISTO D. JACOBS  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 3 day of April 2006, by Christo D. Jacobs, he/she is personally known to me or has presented \_\_\_\_\_ as identification.

Patricia B. Harrington  
Notary Public, State of Florida at Large  
Patricia B. Harrington  
Print or Stamp of Notary

Serial Number \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



**Request for Taxpayer  
 Identification Number and Certification**

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)  
**SUN Shade Inc. DBA Industrial Shadeports USA**

Business name, if different from above

Check appropriate box  Individual/ Sole proprietor  Corporation  Partnership  Other  Exempt from backup withholding

Address (number, street, and apt. or suite no.)  
**3591 NW 120 Avenue**

City, state, and ZIP code  
**CORAL SPRINGS, FL 33065**

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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
 | | + | | | | |  
 or  
 Employer identification number  
**6501705512**

**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. person (including a U.S. resident alien).

**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 on page 4.)

**Sign Here**

Signature of U.S. person

Date

**4/3/06**

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

AC# 1470822

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L04070201379

DATE	BATCH NUMBER	LICENSE NBR
07/02/2004	040006418	CGC057343

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2006

JACOBS, CHRISTO DAN  
SUN SHADE INC  
1625 SW 1ST WAY #C 10  
DEERFIELD BEACH FL 33441

JEB BUSH  
GOVERNOR



DIANE CARR  
SECRETARY

NOT VALID WITHOUT SIGNATURE

**Town of Davie  
Vendor/Bidder Disclosure**

I, CHRISTO JACOBS, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: INDUSTRIAL SHADPOITS  
A DIVISION OF FSW SHAD INC  
 Address: 3591 NW 120 AVE  
CORAL SPRINGS FL 33065  
 FEIN: \_\_\_\_\_ X  
 State and date of incorporation: Florida, 1992

**OWNERSHIP DISCLOSURE AFFIDAVIT**

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>CHRISTO D JACOBS</u>	<u>3591 NW 120 AVE</u>	<u>100%</u>
	<u>CORAL SPRINGS FL 33065</u>	
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name: [Signature] Address: same

BID OPENING REPORT

BID NAME: SITING STRUCTURES @ BIRNFOID

TIME: 2:30 PM

BID NUMBER: 15-06-37

DATE: 4/4/06

ESTIMATED COST: \$149,000

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	Darcon group.	\$115,000.00	3
2.	Industrial Shadports	\$ 99,000.00	1
3.	Play Day Services, Inc.	\$114,948.50	2
4.	<del>Domestic for products</del>	<del>\$0.00</del>	
5.	Bliss products	\$137,500.00	4
6.			
7.			
8.			
9.			
10.			

REMARKS

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: [Signature]

DATE: 4/4/06

WITNESS: [Signature]

DATE: 4/4/06