

# 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 SPEED HUMPS AND SPEED PILLOWS

**REPORT IN BRIEF:** Traffic related conditions within residential neighborhoods, has prompted the request for speed humps or speed pillows by homeowner associations within the Town. Each residential subdivision must meet the guidelines imposed by the Town Engineering Dept. prior to installation. Construction of this traffic calming procedure is meant to lower mean speed within the subdivision for safety related issues.

**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 Colonna Asphalt.

**FISCAL IMPACT:**

Has request been budgeted? Yes

If yes, expected cost: \$25,000.00

If no, amount needed

What account will funds be appropriated from: Funds will come from the Public Works Roadway Maintenance Account.

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

**Attachment(s):** Resolution, Bid Recommendation, Tabulation Sheet, Bid Sheet, W-9 Form, Vendor/Bidder Disclosure

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

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO ACCEPT THE BID RECOMMENDATION FOR SPEED HUMPS AND SPEED PILLOWS

WHEREAS, The Town of Davie solicited formal sealed bids from 17 vendors for the installation of Speed Humps and Speed Pillows; and

WHEREAS, The Town received two sealed bids; and

WHEREAS, after review, by the Public Works Department and Bid Specification Committee, the Town Council wishes to accept the bid from Colonna Asphalt.

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 Colonna Asphalt for the installation of Speed Humps and Speed Pillows.

SECTION 2. The Town Council hereby authorizes the expenditures from the Public Works Roadway Maintenance Account number 001-0705-541-0511.

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: May 11, 2006

Re: Bid Recommendation for Speed Humps & Pillows

The Public Works Department has reviewed bids for Speed Humps & Pillows and recommends that the bid be awarded to Colonna Asphalt.

	A	B	C
1			
2			
3		SPEED HUMPS & PILLOWS	
4		COLONNA	FLORIDA
5		ASPHALT	BLACKTOP
6			
7			
8	22 FT. SPEED HUMPS	\$3,500.00	\$3,550.00
9	39 FT. SPEED HUMPS	\$4,000.00	\$5,000.00
10	SPEED PILLOW	\$4,500.00	\$5,000.00

BID SHEET

COST PER 22 FOOT SPEED HUMP \$ 3,500.00 INSTALLED  
COST PER 39 FOOT SPEED HUMP \$ 4,000.00 INSTALLED  
COST PER SPEED PILLOW DESIGN \$ 4,500.00 INSTALLED

BIDDER: Colonn Asphalt Restoration, Inc.

ADDRESS: 2201 W Sample Road  
Bld. 9, Suite 2B  
Poppono Beach, FL 33073

TELEPHONE: (954) 973-6448

BY: 

Jerry M. Toledo  
(PLEASE TYPE OR PRINT SIGNATURE NAME HERE)

TITLE: Vice - President

DATE: 5/5/2006

Our company  will, will not \_\_\_\_\_ accept the Town of Davie VISA Credit card for payment.

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

**Request for Taxpayer  
Identification Number and Certification**

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

Name (as shown on your income tax return)  
Coleman Asphalt Restoration, Inc.

Business name, if different from above  
Coleman Asphalt Restoration, Inc.

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

Address (number, street, and apt. or suite no.)  
2241 W. Sample Rd., Bldg 9, Ste 2B

City, state, and ZIP code  
Pompano Beach, FL 33073

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  
6503194962

**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 [Signature] V. Pres. Date 5/5/2006

**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 for 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 partner 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.

**Town of Davie  
Vendor/Bidder Disclosure**

I, Linda M. Toledo, 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: Colonna Asphalt Resurfacing, Inc.  
Address: 2201 W. Sample Rd.  
Box 9, Suite 2B  
Pompano Beach, FL 33073  
FEIN: 65-0344462  
State and date of incorporation: Florida, 1992 - July

**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):

Full Legal Name	Address	Ownership
<u>Linda M. Toledo</u>	<u>16211 Andalusia Ln.</u> <u>Delray Beach, FL 33446</u>	<u>100</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	Address
_____	_____
_____	_____
_____	_____
_____	_____

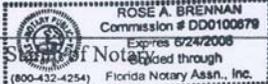
By: Linda M. Toledo  
Signature of Affiant

Date: 5/5/2006

Linda M. Toledo  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 5 day of May 2006, by Linda M. Toledo, he/she is personally known to me or has presented \_\_\_\_\_ as identification.

Rose A. Brennan  
Notary Public, State of Florida at Large

Print or Stamp of Notary  
  
ROSE A. BRENNAN  
Commission # DD0100679  
Expires 6/24/2008  
Florida Notary Assn., Inc.  
(800-432-4254)

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

My Commission Expires: 6/24/2008