

TOWN OF DAVIE

TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Keith Pursell/797-1191

PREPARED BY: Keith Pursell/797-1191

SUBJECT: Resolution

AFFECTED DISTRICT: District 3

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO ACCEPT THE BID RECOMMENDATION FOR THE "PAVILION AT MATH IGLER PARK."

REPORT IN BRIEF: A competitive bid was conducted for the installation of a pavilion at Math Iglar Park. The bid was sent to fifteen (15) bidders and also posted on the Town's web site. The Town received six (6) responses (3 bids and 3 "no bid"). The recommendation is for Hunter Knepshield, Inc. as the lowest responsive and responsible bidder for the base bid.

PREVIOUS ACTIONS: None

CONCURRENCES: The recommended award has been reviewed by the Public Works/Capital Projects Director and the Bid Specification Committee who concur with the decision to award to Hunter Knepshield, Inc.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: \$30,353.00

Account Name: Capital Improvement Program-Math Iglar Park

If no, amount needed: \$

What account will funds be appropriated from: 030-3105-572-6310

Additional Comments: Not applicable

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s):

Procurement Authorization

Bid Opening Report

Recommendation memo

Pricing Page

Hunter Knepshield, Inc. W-9

Vendor/Bidder Disclosure Form

Sunbiz Organization Report

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO ACCEPT THE BID RECOMMENDATION FOR THE PAVILION FOR THE MATH IGLER PARK.

WHEREAS, the Town is in need of the pavilion; and

WHEREAS, the Town solicited sealed bids for such services; and

WHEREAS, after review, the Town Council wishes to accept the bid from Hunter Knepshield, Inc.

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

SECTION 1. The Town Council hereby accepts the bid from Hunter Knepshield, Inc., for installing a pavilion in the amount of \$30,353.00.

SECTION 2. The Town Council hereby authorizes the expenditure from the Capital Improvement Program-Math Iglar Park Account Number 030-3105-572-6310.

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

PASSED AND ADOPTED THIS _____ DAY OF _____, 2007

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2007

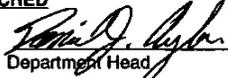
TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER. BUDGET ITEM & DESCRIPTION APPROXIMATE COST
 030-3105-572-6310 Math Iglar Picnic Shelter \$30,000.00
 MATH IGLAR PICNIC SHL

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

Signed 
 Department Head

Have Funds been Reserved PGA. 35193

Date 10/24/06 Signed 

Signed 
 Town Administrator

VENDOR	BIDS SUBMITTED	COST
HUNTER KNEPSHIELD		830353.00
PLAY IT SAFE		34312.00
NO EQUAL DESIGN Co.		48,425.00
REP SERVICES	No Bid	
AMERICAN PARK & PLAY	No Bid	
SWARTZ ASSOCIATES	No Bid	

Signed 
 Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION

Vendor	Cost
HUNTER KNEPSHIELD	830,353.00

BID OPENING REPORT

BID NAME: MATH JONES Picnic Shelter

TIME: 2:08 pm

BID NUMBER: B-07-02

DATE: 11/16/06

ESTIMATED COST: \$30,000

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	REP SERVICES	No Bid	
2.	AMERICAN PARK + PLAY	No Bid	
3.	SWARTZ ASSOCIATES	No Bid	
4.	HUNTER KNEESHIELD	\$30,353.00	
5.	NO EQUAL DESIGN CO.	\$58,425.00	
6.	PLAY IT SAFE	\$34,318.00	
7.			
8.			
9.			
10.			

REMARKS

BID SPECS SENT TO 15 PROSPECTIVE BIDDERS
SIC(6) RESPONSES - 2 BIDS + 3 "NO BIDS"

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: 11/16/06

WITNESS: Angela Salinas

DATE: 11/16/06

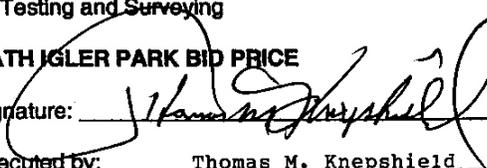
MEMORANDUM

DATE: December 1, 2006
TO: Herb Hyman
Procurement Manager
FROM: Keith Pursell *KP 12/1/06*
Project Manager, Capital Projects
RE: "Construction of Pavilion for Math Iglar Park"

Upon examining the bids received on Thursday, November 16, 2006, it is our recommendation to award this work to the low bidder, **Hunter Knepschild Co., Inc.**, with a bid of **\$30,353.00**.

PRICING PAGE
"Supply and Install Pavilion at Math Iglar Park"
Bid No. B -- 07-02

Item	Description	Labor and Materials
1.	Signed and Sealed Plans	\$ 1,150.00
2.	20' Octagon Pavilion (including freight and receiving)	\$ 15,703.00
2A.	Erection of Shelter	9,300.00
3.	Concrete Footings and Slab	\$ 3,800.00
4.	Testing and Surveying	\$ 400.00
MATH IGLER PARK BID PRICE		\$ 30,353.00

Signature: 

Executed by: Thomas M. Knepshield

Title: President

For (Corporation): Hunter Knepshield Co., Inc.

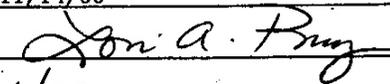
State: Kentucky

Address: PO Box 499, 10 Hunters Trail

LaGrange, KY 40031

Phone: 800/626-6530

Date: 11/14/06

Notary Signature: 

Date: 11/14/06

Commission Expiration: 12/6/09

Bidders must submit a completed W-9 Form and a completed Bidder/Vendor Disclosure Form.

**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
Hunter Kneppshield Co., Inc.

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.)
PO Box 499, 10 Hunters Trail

City, state, and ZIP code
LaGrange, KY 40031

List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

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								
6	1	0	6	6	8	6	0	7

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]* Date *11-13-06*

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.
- 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 partner's 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.

Vendor/Bidder Disclosure

I, Thomas M. Knepshield 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: Hunter Knepshield Co., Inc.
Address: PO Box 499, 10 Hunters Trail
LaGrange, KY 40031
FEIN 61-0668607
State and date of incorporation Kentucky, 1967

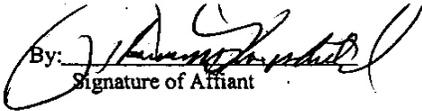
OWNERSHIP DISCLOSURE AFFIDAVIT

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>Thomas M. Knepshield, Sr.</u>		<u>100 %</u>
_____		<u>%</u>
_____		<u>%</u>
_____		<u>%</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):

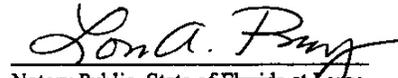
Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By: 
Signature of Affiant

Date: 11/14/06

Thomas M. Knepschild
Print Name

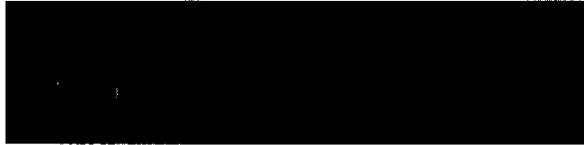
SUBSCRIBED AND SWORN TO or affirmed before me this 14 day of November 2006, by Thomas M. Knepschild, he/she is personally known to me or has presented personally known as identification.


Notary Public, State of ~~Florida~~ Kentucky

Print or Stamp of Notary

Serial Number

My Commission Expires : 12/6/09



Foreign Profit

HUNTER-KNEPSHIELD COMPANY

PRINCIPAL ADDRESS
 10 HUNTERS TRAIL
 LAGRANGE KY 40031 US
 Changed 12/30/1999

MAILING ADDRESS
 P.O. BOX 499
 LAGRANGE KY 40031 US
 Changed 12/30/1999

Document Number 829861	FEI Number 610668607	Date Filed 04/09/1973
State KY	Status ACTIVE	Effective Date NONE
Last Event CANCEL ADM DISS/REV	Event Date Filed 10/21/2004	Event Effective Date NONE

Registered Agent

Name & Address
GRINSTEAD, CHARLIE 26 SAIL FISH DRIVE PONTE VEDRA FL 32082
Name Changed: 10/16/1998
Address Changed: 10/16/1998

Officer/Director Detail

Name & Address	Title
KNEPSHIELD, THOMAS M 902 SHADY LANE ANCHORAGE KY	P
KNEPSHIELD, THOMAS M. II 7719 CAMBRIDGE COURT	V

CRESTWOOD KY

Annual Reports

Report Year	Filed Date
2004	10/21/2004
2005	05/31/2005
2006	07/14/2006

Print this Page

Print this Page

Print this Page

[View Events](#)

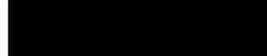
No Name History Information

Document Images

Listed below are the images available for this filing.

07/14/2006 -- ANN REP/UNIFORM BUS REP
05/31/2005 -- ANN REP/UNIFORM BUS REP
10/21/2004 -- REINSTATEMENT
02/13/2003 -- COR - ANN REP/UNIFORM BUS REP
02/04/2002 -- ANN REP/UNIFORM BUS REP
02/20/2001 -- ANN REP/UNIFORM BUS REP
07/28/2000 -- ANN REP/UNIFORM BUS REP
12/30/1999 -- REINSTATEMENT
10/16/1998 -- ANNUAL REPORT
05/01/1997 -- ANNUAL REPORT
05/14/1996 -- 1996 ANNUAL REPORT

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT



* * * * *

THIS PAGE
INTENTIONALLY
LEFT BLANK

* * * * *