

**TOWN OF DAVIE**  
**TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers  
**FROM/PHONE:** Dennis Andresky, 954.797-1151  
**PREPARED BY:** Dennis Andresky, 954.797-1151  
**SUBJECT:** Resolution

**AFFECTED DISTRICT:** Townwide

**ITEM REQUEST:** **Schedule for Council Meeting**

**TITLE OF AGENDA ITEM:** A RESOLUTION OF THE TOWN OF DAVIE,FLORIDA, ACCEPTING THE BID FOR GIRLS FAST PITCH SOFTBALL OFFICIALS AND AWARDING IT TO UNITED UMPIRES OF FLORIDA.

**REPORT IN BRIEF:** A competitive bid was conducted for a girls fast pitch softball officials for use in conducting the Town's sports programs. The bid specification was sent to nine (9) prospective bidders, advertised state-wide in Florida Bid Reporting, nationally in BidNet and posted on the Town's web site. The Town received (1) bid response. Staff recommends bid award to the lowest bidder per specification tabulation. The initial term of the contract is (2) years with an option to extend the contract for one additional two year term by mutual agreement of the parties and approval by Town Council. Staff recommends approval of the resolution as presented.

**PREVIOUS ACTIONS:** Not Applicable

**CONCURRENCES:** Parks and Recreation Dept. and Bid Selection Committee.

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: \$30,030.00

Account Name: Contractual Services/Sports

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

**Attachment(s):** Procurement Form, Department Recommendation Memo dated 8/15/07, Bid Opening Report and Corporate Backup on Vendor.

RESOLUTION \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BID FOR GIRLS FAST PITCH SOFTBALL OFFICIALS AND AWARDING IT TO UNITED UMPIRES OF FLORIDA

WHEREAS, the Town is in need of girls fast pitch softball officials to support its sports programs; and

WHEREAS, the Town solicited sealed bids for girls fast pitch softball officials; and

WHEREAS, after review, the Town Council wishes to accept the lowest bid and award it to United Umpires of Florida.

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

SECTION 1. The Town Council hereby accepts United Umpires of Florida as the sole/lowest bid for girls fast pitch softball officials in the amount of \$30,030.

SECTION 2. The Town Council hereby authorizes the expenditure from the appropriate Parks and Recreation Department – Contractual Services Account.

SECTION 3 The initial term is two (2) years with an option to extend the contract for one (1) additional two year term by mutual agreement of the parties and approval by Town Council.

SECTION 4. 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

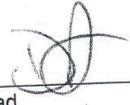
# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER.	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
001-0801-572-0323	Girls Fast Pitch A.S.A Softball Officials	\$25,000 FY07/08 + 08/09

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

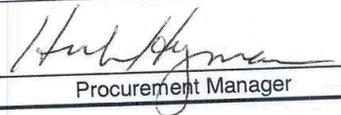
Have Funds been Reserved? N/A MAJORITY OF EXPENDITURE IS NEXT YEAR'S BUDGET

Date 6/21/07 Signed 

Signed Amy Sherman Town Administrator

**BIDS SUBMITTED**

VENDOR	COST
UNITED UMPIRES OF FLORIDA	\$ 30,030.00

Signed  Procurement Manager

**BID SPECIFICATION COMMITTEE'S RECOMMENDATION**

Vendor	Cost
UNITED UMPIRES OF FLORIDA	\$ 30,030.00

## MEMORANDUM

### PARKS & RECREATION DEPARTMENT

TO: Herb Hyman, Procurement Manager

FROM: Dennis Andresky, Parks and Recreation Director 

DATE: 8/15/07

SUBJECT: Girls Fast Pitch Softball Officials Bid Recommendation

It is recommended that the bid award for Girls Fast Pitch Softball Officials be given to:  
United Umpires of Florida  
3088 NW 103<sup>rd</sup> Lane  
Coral Springs FL 33065  
William David Hopper  
954-599-4943

United Umpires of Florida was the only vendor to respond to the bid advertisement.

Projected cost for the required service is \$30,030.

Please advise at your convenience if you should have any questions or need additional information.

BID OPENING REPORT

BID NAME: Girls Fast Pitch Softball  
Officials

TIME: 2:03pm

BID NUMBER: 07-91

DATE: 07/26/07

ESTIMATED COST: \_\_\_\_\_

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	<u>United Umpires of Fl.</u>	<u>\$30,030.00</u>	<u>1</u>
2.			
3.			
4.			
5.			
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: Cuzola Salinas

DATE: 7-26-07

WITNESS: Elena Blackston

DATE: 7-26-07

REFERENCES

Minimum of three business references - (please print)

1. NAME Rising Stars Events (CYD WIENER)  
ADDRESS 6000 SW 19th ST Plantation FLA 33317  
PHONE 954 610 5366
  
2. NAME City of Coral Springs YSACS.  
ADDRESS Betty Stradling Park CS  
PHONE 954 344 - 6151
  
3. NAME JOE Plemaden  
ADDRESS TAMARAC GIRLS SOFTBALL ASSOCIATION  
PHONE 954 383-5212

LIST EXPERIENCE IN MUNICIPAL RECREATION SETTINGS.

MUNICIPALITY: DAVIS FALL BALL LEAGUE 2005, 2006,  
DATES: 2005, 2006  
CONTACT NAME AND PHONE NUMBER: Dennis Andresky

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 26-0577999 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested United Umpires of Florida					
2 Trade name of business (if different from name on line 1) United Umpires of Florida			3* Executor, trustee, "care of" name William David Hopper		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 3068 NW 103rd Lane			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code Coral Springs FL 33065 -			5b City, state, and ZIP code		
6* County and state where principal business is located County Broward State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor			7b SSN, ITIN, EIN		
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Umpire Association <input type="checkbox"/> Other (specify) ▶			Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC Group Exemption NO. (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated			State	Foreign country	
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Umpiring Assigning <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶			<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶		
10* Date business started or acquired (month, day, year) JAN 2 2007			11 Closing month of accounting year SEP 10 2007		
12 First date wages or annuities were paid or will be paid (month, day, year) <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ..... ▶ SEP 10 2007					
13 Highest number of employees expected in the next twelve months <b>Note:</b> If the applicant does not expect to have any employees during the period, enter "-0-" ..... ▶					
14* Check box that best describes the principal activity of your business					
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Transportation & warehousing	
<input type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Finance & insurance	
<input checked="" type="checkbox"/> Other (specify) Umpiring Assigning		<input type="checkbox"/> Health care & social assistance		<input type="checkbox"/> Wholesale-agent/broker	
		<input type="checkbox"/> Accommodation & food service		<input type="checkbox"/> Wholesale-other	
		<input type="checkbox"/> Retail			
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Umpires services as contractors					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Note:</b> If "Yes" please complete lines 16b and 16c					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.					
Legal name ▶ Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.					
Approximate date when filed (month, day, year)			City and state where filed		Previous EIN
					-
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee	Designee's name		Designee's telephone number (include area code)		( ) -
	Address and ZIP code		Designee's fax number (include area code)		( ) -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code)		( 954 ) 599 - 4943
Name and title (type or print clearly) ▶ William David Hopper			Applicant's fax number (include area code)		( ) -
Signature ▶ <b>Not Required</b>			Date ▶ July 24, 2007 GMT		

**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)  
**UNITED UMPIRES OF FLORIDA**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other **NON-PROFIT**  Exempt from backup withholding

Address (number, street, and apt. or suite no.)  
**3088 NW 18th Lane**

City, state, and ZIP code  
**COPAL SPRINGS FLA 33065**

Requester's name and address (optional)

List account number(s) here (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.

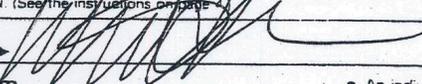
Social security number  
 | | | + | | | | | |  
 or  
 Employer identification number  
**26-05177999**

**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 **07/24/07**

**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,

Town of Davie  
Vendor/Bidder Disclosure

I, WILLIAM DAVID HOPPER, 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: UNITED UMPIRES OF FLORIDA  
Address: 3088 NW 103rd Lane  
Coral Springs FLA

FEIN \_\_\_\_\_

State and date of incorporation \_\_\_\_\_

**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>William D Hopper</u>	<u>3088 NW 103rd Lane</u>	<u>51</u> %
<u>Rod Wetzel</u>	<u>4547 NW 90th Ave</u>	<u>49</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):

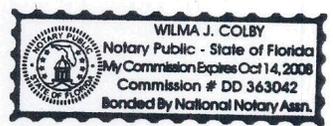
Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By: [Signature]  
Signature of Affiant

Date: 9/25/07

William D Hopper  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 25 day of July 2007, by William D Hopper he/she is personally known to me or has presented Drivers License as identification.



[Signature]  
Notary Public, State of Florida at Large

Print or Stamp of Notary

DD 363042  
Serial Number

My Commission Expires: 10/14/2008

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## **Detail by Entity Name**

### **Florida Non Profit Corporation**

UNITED UMPIRES OF FLORIDA, INC

### **Filing Information**

**Document Number** N07000008332

**FEI Number** NONE

**Date Filed** 08/24/2007

**State** FL

**Status** ACTIVE

**Effective Date** 08/20/2007

### **Principal Address**

3088 NW 103RD LANE  
CORAL SPRINGS FL 33065 US

### **Mailing Address**

3088 NW 103RD LANE  
CORAL SPRINGS FL 33065 US

### **Registered Agent Name & Address**

HOPPER, WILLIAM D  
3088 NW 103RD LANE  
CORAL SPRINGS FL 33065 US

### **Officer/Director Detail**

#### **Name & Address**

Title P

HOPPER, WILLIAM D  
3088 NW 103RD LANE  
CORAL SPRINGS FL 33065 US

Title VP

WETZEL, RODNEY  
4547 NW 90TH AVE  
SUNRISE FL 33320 US

### **Annual Reports**



**No Annual Reports Filed**

**Document Images**

08/24/2007 -- Domestic Non-Profit

**Note:** This is not official record. See documents if question or conflict.

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