

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

**TO:** Mayor and Councilmembers

**FROM/PHONE:** Dennis Andresky/797-1151

**PREPARED BY:** Dennis Andresky/797-1151

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** Townwide

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

**TITLE OF AGENDA ITEM:** CONTRACT - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING JOSEPH KELLJCHIAN TO PROVIDE KARATE INSTRUCTOR SERVICE AND AUTHORIZING THE MAYOR TO EXECUTE A CONTRACT WITH MR. KELLJCHIAN FOR SAID SERVICE. (\$11,250)

**REPORT IN BRIEF:** The Town sent out an RFP for Karate or Martial Arts Program Service to thirteen vendors on May 14, 2008. Mr. Joseph Kelljchian was the only vendor to submit a response to the RFP. The Bid Selection Committee recommends bid award for the specified service to Mr. Kelljchian. A contract has been negotiated with the vendor. The basis of the contract is a percentage of program registration fees as directed by Town Council. This resolution authorizes bid award for Karate of Martial Arts Program Service to Mr. Kellijchian and authorizes the Mayor to execute a contract for said service with Mr. Kellijchian.

**PREVIOUS ACTIONS:** R-99-295, R-2000-277, R-2006-045, R-2006-345, R-2007-361, B-08-26, RFP B-08-73.

**CONCURRENCES:** Parks & Recreation Department and Bid Selection Committee. The contract has been sent to Town Attorney for review.

**FISCAL IMPACT:** Yes

Has request been budgeted? Yes

If yes, expected cost: \$11,250.00

Account Name: Aquatics and Fitness Contractual Services

What account will funds be appropriated from: Annual Revenue to the Town approximately \$15,000.00

Additional Comments: Annual Revenue to the Town approximately \$15,000.00

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

**Attachment(s):** Recommendation from Parks & Recreation, Opening Bid Summary, Procurement Authorization, W-9 form and Vendor/Bidder Disclosure Form from Joseph Kelljchian Contract

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

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING JOSEPH KELLJCHIAN TO PROVIDE KARATE INSTRUCTOR SERVICE AND AUTHORIZING THE MAYOR TO EXECUTE A CONTRACT WITH MR. KELLJCHIAN FOR SAID SERVICE.

WHEREAS, the Town solicited proposals for karate or martial arts program service; and

WHEREAS, the Town Bid Selection Committee has selected Joseph Kelljchian as the instructor best qualified to provide the required service; and

WHEREAS, it is in the Town's best interest to award the bid for the required service to Mr. Kelljchian and to authorize the Mayor to execute a contract with Mr. Kelljchian for said service.

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

SECTION 1. The Town Council of the Town of Davie does hereby accept the selection of Joseph Kelljchian to provide the required service and authorizes the Mayor to execute a contract with Mr. Kelljchian for said service.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008

\_\_\_\_\_  
BER

\_\_\_\_\_  
MAYOR/COUNCILMEM

Attest:

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TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008



PARKS AND RECREATION DEPARTMENT  
6901 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399  
PHONE: 954.797.1145 • FAX: 954.797.1148 • WWW.DAVIE-FL.GOV

## Memorandum

TO: Herb Hyman, Procurement Manager

FROM: Dennis Andresky, Director Parks & Recreation 

SUBJECT: Karate Instructor RFP B-08-73 Award Recommendation

DATE: June 18, 2008

It is recommended that the above referenced bid be awarded to:

Joseph Kelljchian  
5031 SW 160<sup>th</sup> Avenue  
Southwest Ranches, FL 33331

This recommendation is based on:

1. Mr. Kelljchian was the only vendor that submitted a proposal to the RFP. His proposal meets all the requirements of the RFP.
2. Mr. Kelljchian has provided satisfactory Karate Instructor service to the Town for twenty-six years.
3. Classes will be conducted at the Ivanhoe Community Center and Pine Island Park Community Center.
4. Bid award will result in revenue to the Town in the amount of approximately \$15,000.00 per year.

BID OPENING REPORT

BID NAME: Karate Instructor

TIME: 2:02 PM

BID NUMBER: B-08-73

DATE: 6-12-08

ESTIMATED COST: Revenue to town

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	<u>Joe Kelljchian</u>	<u>75,740 Contractor</u>	
2.		<u>35,740 town</u>	
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

SPECS SENT TO FOURTEEN (14) PROSPECTIVE BIDDERS  
TOWN REC'D ONE (1) PROPOSAL RESPONSE.

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: Angela Salinas

DATE: 6-12-08

WITNESS: E. Bladwin

DATE: 6-12-08

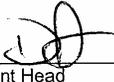
# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

<u>ACCOUNT NUMBER.</u>	<u>BUDGET ITEM &amp; DESCRIPTION</u>	<u>APPROXIMATE COST</u>
001-0804-572-0324 <i>Contractual Svc.</i>	Karate Class Revenue	Revenue To Town

METHOD OF PROCUREMENT (check the one that applies)

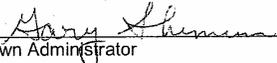
- Open Competitive Bidding
- Piggyback on Contract Number \_\_\_\_\_
- Sole Source or Single Source \_\_\_\_\_
- Request For Proposals \_\_\_\_\_

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

Signed   
Department Head *REVENUE TO*

Have Funds been Reserved *N/A. THE TOWN*

Date *5/13/08* Signed 

Signed   
Town Administrator

<u>VENDOR</u>	<u>BIDS SUBMITTED</u>	<u>COST</u>
<u>JOSEPH KELLICHIAN</u>		<u>RANKED 1<sup>ST</sup></u>

Signed   
Procurement Manager

<u>BID SPECIFICATION COMMITTEE'S RECOMMENDATION</u>	
<u>Vendor</u>	<u>Cost</u>
<u>JOSEPH KELLICHIAN</u>	<u>RANKED 1<sup>ST</sup></u>

## 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)  
**Joseph Kelljchian**

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor     Corporation     Partnership     Other

Address (number, street, and apt. or suite no.)  
**5031 S. W. 160 Ave.**

City, state, and ZIP code  
**Southwest Ranches, FL 33331**

List account number(s) here (optional)

Requester's name and address (optional)

Exempt from backup withholding

**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	

**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 **June 11, 2008**

**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 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.

I, Joseph Kelljchian, 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: Joseph Kelljchian  
Address: 5031 S. W. 160 Ave.  
Southwest Ranches, FL 33331  
FEIN Social Security No.: \_\_\_\_\_  
State and date of incorporation N/A

**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
		%
		%
		%
		%

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: June 4, 2008

Joseph Kelljchian  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 4 day of June 2008, by Joseph Kelljchian, he/she is personally known to me or has presented DL as identification.



Kimberly S. Sovik  
MY COMMISSION# DD412406 EXPIRES  
April 1, 2009

[Signature]  
Notary Public, State of Florida at Large  
Kimberly S. Sovik  
Print or Stamp of Notary

Serial Number

My Commission Expires: 4/1/09

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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Events    No Name History     Entity Name :

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### Detail by Entity Name

#### Florida Profit Corporation

AMERICAN BUSHIDO GOJU, INC.

#### Filing Information

Document Number	P99000098871
FEI Number	261660390
Date Filed	11/09/1999
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	06/22/2004
Event Effective Date	NONE

#### Principal Address

5031 SW 160TH AVENUE  
SOUTHWEST RANCHES FL 33331  
Changed 06/22/2004

#### Mailing Address

1111 BRICKELL AVENUE  
SUITE 1700  
MIAMI FL 33131  
Changed 05/18/2007

#### Registered Agent Name & Address

EHRENSTEIN, MICHAEL  
1111BRICKELL AVENUE  
SUITE 2915  
MIAMI FL 33131 US  
Name Changed: 05/18/2007  
Address Changed: 05/18/2007

#### Officer/Director Detail

##### Name & Address

Title P

KELLJCHIAN, JOSEPH  
5031 SW 160TH AVE  
SW RANCHES FL 33331

Title D

EHRENSTEIN, MICHAEL  
1111 BRICKELL AVENUE, SUITE 2915  
MIAMI FL 33131

**Annual Reports**

**Report Year Filed Date**

2005 08/16/2005  
2006 07/25/2006  
2007 05/18/2007

**Document Images**

05/18/2007 -- ANNUAL REPORT	<a href="#">View image in PDF format</a>
07/25/2006 -- ANNUAL REPORT	<a href="#">View image in PDF format</a>
08/16/2005 -- ANNUAL REPORT	<a href="#">View image in PDF format</a>
06/22/2004 -- REINSTATEMENT	<a href="#">View image in PDF format</a>
05/19/2002 -- ANNUAL REPORT	<a href="#">View image in PDF format</a>
09/06/2001 -- ANNUAL REPORT	<a href="#">View image in PDF format</a>
05/05/2000 -- ANNUAL REPORT	<a href="#">View image in PDF format</a>
11/09/1999 -- Domestic Profit	<a href="#">View image in PDF format</a>

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

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**Entity Name**

Town of Davie  
Parks and Recreation Instructor's Contract

CLASS TITLE: Karate

CONTRACTORS NAME: Joseph Kelljchian

INITIAL CONTRACT TERM: August 7, 2008 - August 6, 2012 (Four year term)

CLASS FEE: Resident Youth \$30 Resident Adult \$40 Non Resident Youth \$40/month Non Resident Adult \$50

NUMBER OF PARTICIPANTS IN CLASS: Maximum of thirty per site.

CLASS SITES: Davie Pine Island Multipurpose Center / Palm 1, 2, & 3 / 6:30p.m.-9:45 p.m. / Mondays & Wednesdays

Ivanhoe Community Center / Community Room / 6:30-9:45 p.m. / Mondays & Thursday

All Terms and Conditions of the RFP B-08-73 and Bid Award are made a part of this agreement by reference

Classes will NOT be held on: Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, New Years Eve, New Years Day and Memorial Day. Contractor will notify students if he needs to cancel class and will reschedule missed classes. The Town reserves the right to cancel class(s) as deemed necessary. In the event the Town needs to cancel a class, the Town will allow for the scheduling of a make up class based on mutual agreement between the Contractor and the Town or provide a substitute area, if available.

Contractor shall collect program registration fees from participants during the first seven to fourteen days or each month and must submit same to the Town by the fourteenth day of each month. The Town will pay the Contractor 75 % of all program registration fees received on a monthly basis net thirty days after receipt of the Town's Contractual Monthly Payment Report (if the fourteenth day falls on a Saturday, Sunday, or legal holiday, then the fees will be due on the following business day).

Contractor must comply with and pay for Town required FDLE background screening for himself and any additional class instructor(s) utilized for classes prior to the start of the class. FDLE background screening must be redone on an annual basis.

Contractor is actually self-employed and using Town of Davie facilities, and is responsible for handling any and all income taxes derived from the Instructor's fees, insurance such as personal health care or workers compensation insurance (if applicable) which is not provided by the Town.

Contractor is to provide the Town certificates of insurance for One Million Dollars of Commercial General Liability and (\$100,000/\$300,000) of Automobile Liability Insurance with the Town of Davie listed as Additional Insured. The certificates must be valid the entire length of the contract.

Instructor agrees to support the Town's Scholarship Program (one scholarship participant by Town for every ten paid students).

The agreement may be extended for one additional four year term by written mutual agreement of the parties and approval of the Town of Davie Town Council.

The Town of Davie (Town) and Joseph Kelljchian (Contractor) enter into this agreement on August 6, 2008.

TOWN OF DAVIE

INSTRUCTOR:

Parks and Recreation Department

Kelljchian

6901 Orange Drive

Avenue

Davie, FL 33314

Ranches, FL 33331

By: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

Print Name: Tom Truex, Mayor

Approved Date: \_\_\_\_\_

Full Name (print): Joseph

Address: 5031 SW 160

Southwest

Signature: \_\_\_\_\_

Phone: 954 434-7087 Cell: \_\_\_\_\_

Social Security Number:

FIN#: \_\_\_\_\_