

**TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT**

TO: Mayor and Councilmembers
FROM/PHONE: Bruce Bernard/797-1240 by Keith Pursell/797-1191
SUBJECT: Resolution
AFFECTED DISTRICT: District 1

TITLE OF AGENDA ITEM: A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO ACCEPT THE BID RECOMMENDATION FOR THE “PAVILION FOR THE EAST DAVIE NATURE PARK.”

REPORT IN BRIEF: A competitive bid was conducted for the installation of a pavilion at East Davie Nature Park. The pavilion was discussed with the residents of the area during the design of the park. A picture of the pavilion is part of the attachments enclosed. The bid was sent to sixteen (16) bidders and also posted on the Town’s web site. The Town received five (5) responses (4 bids and 1 “no bid”). The recommendation is for Playspace Services, 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 Playspace Services, Inc.

FISCAL IMPACT:

Has request been budgeted? yes

If yes, expected cost: \$19,563.37

Account Name: Capital Improvement Program-East Davie Nature Park

Account Number 030-3001-572-6358

Additional Comments: Not applicable

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s):

Procurement Authorization
Bid Opening Report
Recommendation memo
Pricing Page
Playspace Services, Inc. W-9
Vendor/Bidder Disclosure Form
Plan and Picture of Pavilion

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE MAYOR TO ACCEPT THE BID RECOMMENDATION FOR THE PAVILION FOR THE EAST DAVIE NATURE 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 Playspace Services, 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 Playspace Services, Inc., for installing a pavilion in the amount of \$19,563.37.

SECTION 2. The Town Council hereby authorizes the expenditure from the Capital Improvement Program-East Davie Nature Park Account Number 030-3001-572-6358.

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

PASSED AND ADOPTED THIS _____ DAY OF _____, 2006

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2006

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER.	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
030-3001-572-6358 <i>EMP - SW 58 AVE PARK</i>	East Davie Nature Park <i>SUPPLY & INSTALL PAVILION</i>	\$20,000.00
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

Signed *Russ Bennis*
Department Head

Have Funds been Reserved PER. 34176

Date 2/13/06 Signed *[Signature]*

Signed _____
Town Administrator

VENDOR	BIDS SUBMITTED	COST
<i>PLAY SPACE SERVICES, Inc.</i>		<i>\$ 19,563.37</i>
<i>CONTRACT CONNECTION</i>		<i>24,599.00</i>
<i>DARCON GROUP</i>		<i>24,930.00</i>
<i>WEST CONSTRUCTION</i>		<i>36,100.00</i>
<i>REP SERVICES</i>		<i>NO BID</i>

Signed *[Signature]*
Procurement Manager

BID SPECIFICATION COMMITTEE'S RECOMMENDATION	
Vendor	Cost
<i>PLAY SPACE SERVICES, Inc.</i>	<i>\$19,563.37</i>

ESTIMATED COST: 820,000

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	DALCON GROUP	\$24,930.00	3
2.	PLAY SPACE SERVICES	\$19,563.37	1
3.	REP SERVICES	\$ no Bid	/
4.	WEST CONSTRUCTION	\$36,100.00	4
5.	CONTRACT CONNECTION	\$24,599.00	2
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: 4/6/06

WITNESS: [Signature]

DATE: 4/6/06

MEMORANDUM

DATE: April 14, 2006

TO: **Herb Hyman**
Procurement Manager

THROUGH: **Bruce Bernard** *BB*
Director of Public Works / Capital Projects

FROM: **Keith Pursell**
Project Manager, Capital Projects

RE: "Construction Pavilion for East Davie Nature Park"

Upon examining the bids received on Thursday, April 6, 2006, it is our recommendation to award this work to the low bidder, **Play Space Services**, with a bid of **\$19,563.37**.

PRICING PAGE
"Supply and Install Pavilion at East Davie Nature Park"
Bid No. B - 06 -39

Item	Description	Labor and Materials
1.	Signed and Sealed Plans	\$ <u>850.00</u>
2.	16' Square Pavilion (including freight and receiving) ^{installed}	\$ <u>13557.65</u>
3.	Concrete Footings and Slab	\$ <u>4755.72</u>
4.	Testing and Surveying	\$ <u>400.00</u>
EAST DAVIE NATURE PARK BID PRICE		\$ <u>19,563.37</u>

Signature: Colley Key

Executed by: Colley Key

Title: CEO, MP

For (Corporation): Play Space Services Inc.

State: Florida (FEIN 59-3136444)

Address: 109 East 17th Street
St. Cloud, FL 34769

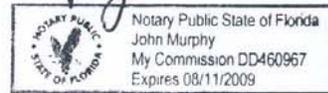
Phone: 407-957-9499

Date: 4/5/06

Notary Signature: John Murphy

Date: 4/5/06

Commission Expiration: 8/11/2009



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.

Print or type
 See Specific Instructions on page 2

NAME (as shown on your income tax return)
Play Space Services 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.)
109 East 17th Street
 City, state, and ZIP code
St Cloud, FL 34769

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.

Social security number
 | | + | | | | |

or

Employer identification number
59+3136444

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

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 **Chrey** Date **4/5/06**

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 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 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, Cally Key, 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: Play Space Services Inc.
 Address: 109 East 17th Street
St. Cloud, FL 34769
 FEIN: 59-313644
 State and date of incorporation: Florida 02/22/92

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):

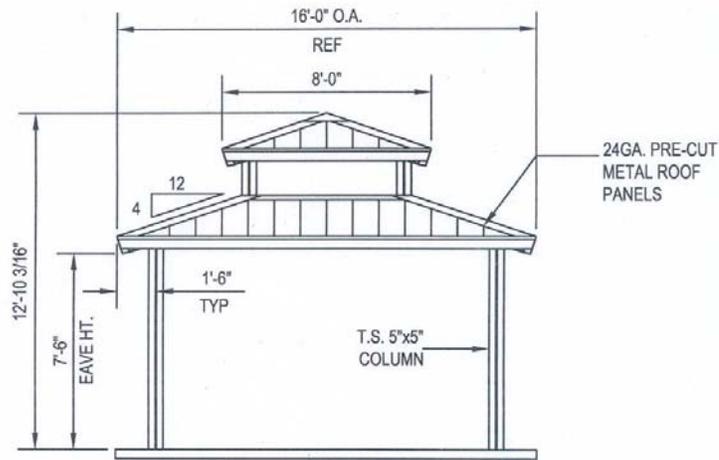
Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>David Antonacci</u>	<u>210 Dogwood Ave. Melbourne Beach, FL 32951</u>	<u>33 1/3 %</u>
<u>Lazaro Gonzalez</u>	<u>440 7th Ave. Indiantonic, FL 32903</u>	<u>33 1/3 %</u>
<u>Colleen Key</u>	<u>3033 Forest Creek Dr. Melbourne, FL 32901</u>	<u>33 1/3 %</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: N/A
 Address: _____



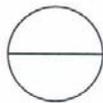


ELEVATION

THIS DRAWING TO BE USED IN
CONJUNCTION WITH 175-101A, 175-101C,
AND 175-101D.

NOTES:

1. INSTALLATION TO BE COMPLETED IN ACCORDANCE WITH MANUFACTURERS SPECIFICATIONS.
2. DO NOT SCALE DRAWINGS.
3. CONTACT LITCHFIELD INDUSTRIES FOR DIMENSIONAL INFORMATION AND SPECIFICATIONS.
4. THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION AND IS NOT TO BE REPRODUCED WITHOUT THE WRITTEN PERMISSION FROM LITCHFIELD INDUSTRIES, INC. AND/OR IS NOT TO BE USED IN ANY MANNER DETRIMENTAL TO THE INTEREST OF LITCHFIELD INDUSTRIES, INC.
5. CONTRACTORS NOTE: FOR PRODUCT AND COMPANY INFORMATION VISIT www.CADdetails.com/info REFERENCE NUMBER 175-101B.



SITE SHELTERS

PITTSBURGH ALL-STEEL DUO TOP SERIES, 16 FT. SQUARE: ELEVATION

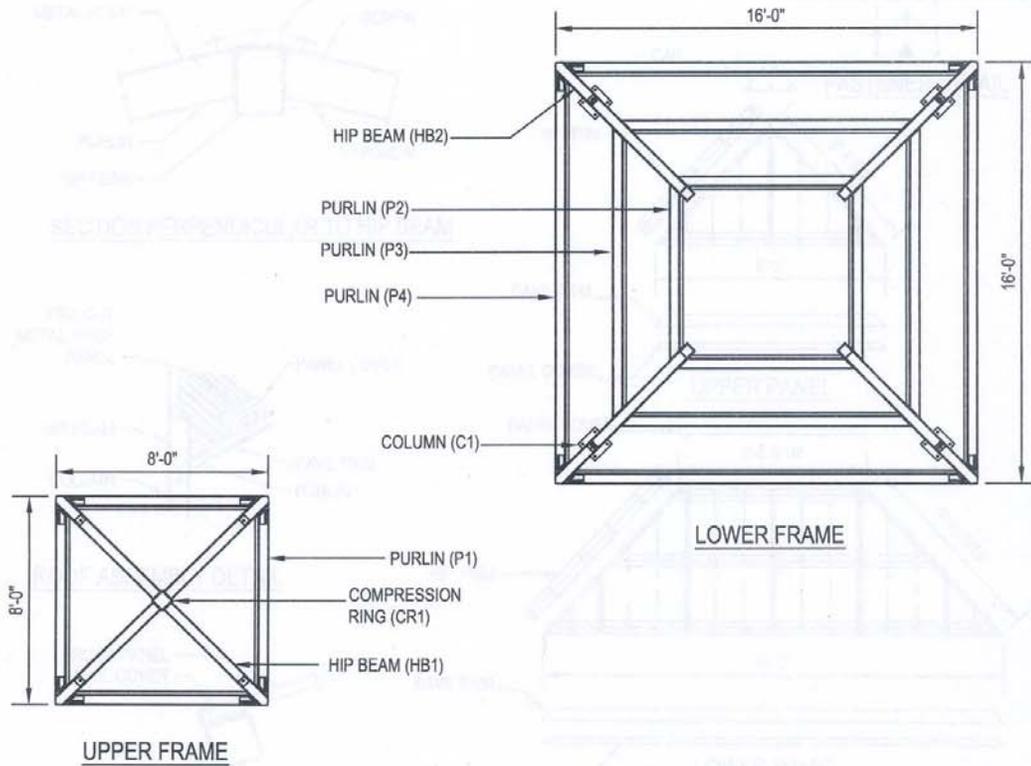
175-101B

PROTECTED BY COPYRIGHT - 04/20/05

www.CADdetails.com



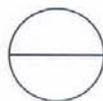
LITCHFIELD INDUSTRIES INC.
 4 INDUSTRIAL DRIVE
 LITCHFIELD, MI 49252
 1 (800) 542-5282
 PHONE: (517) 542-2988
 FAX: (517) 542-3939
 www.litchfieldindustries.com



THIS DRAWING TO BE USED IN CONJUNCTION WITH 175-101A, 175-101B, AND 175-101D.

NOTES:

1. INSTALLATION TO BE COMPLETED IN ACCORDANCE WITH MANUFACTURERS SPECIFICATIONS.
2. DO NOT SCALE DRAWINGS.
3. CONTACT LITCHFIELD INDUSTRIES FOR DIMENSIONAL INFORMATION AND SPECIFICATIONS.
4. ALL MEMBERS MUST BE PROPERLY BRACED UNTIL THE COMPLETE STRUCTURAL SYSTEM HAS BEEN CONSTRUCTED.
5. THIS BUILDING HAS BEEN DESIGNED AS A FREE STANDING, OPEN STRUCTURE.
6. THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION AND IS NOT TO BE REPRODUCED WITHOUT THE WRITTEN PERMISSION FROM LITCHFIELD INDUSTRIES, INC. AND/OR IS NOT TO BE USED IN ANY MANNER DETRIMENTAL TO THE INTEREST OF LITCHFIELD INDUSTRIES, INC.
7. CONTRACTORS NOTE: FOR PRODUCT AND COMPANY INFORMATION VISIT www.CADdetails.com/info REFERENCE NUMBER 175-101C.



SITE SHELTERS

PITTSBURGH ALL-STEEL DUO TOP SERIES, 16 FT. SQUARE: FRAME LAYOUT

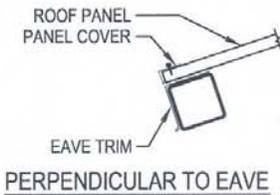
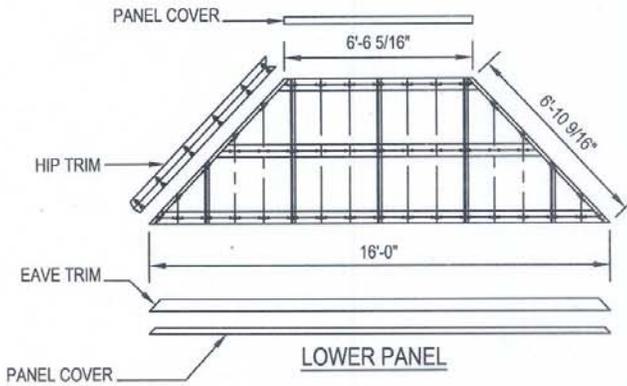
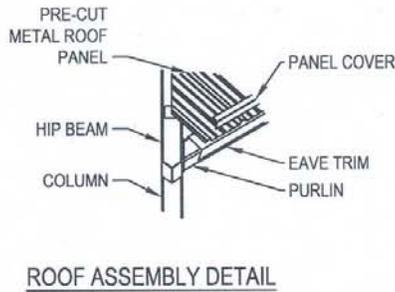
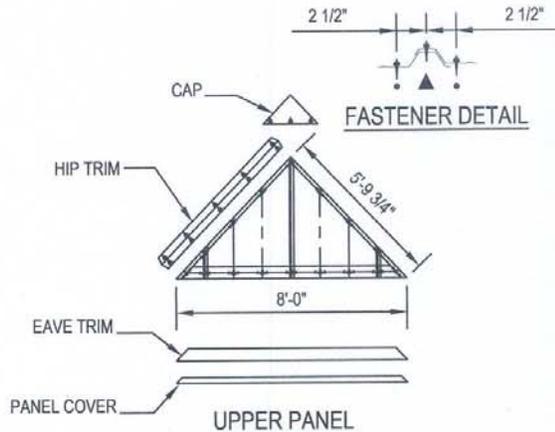
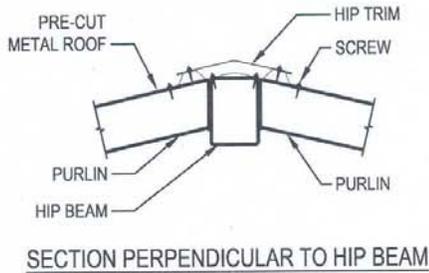
175-101C

PROTECTED BY COPYRIGHT - 04/20/05

www.CADdetails.com



LITCHFIELD INDUSTRIES INC.
 4 INDUSTRIAL DRIVE
 LITCHFIELD, MI 49252
 1 (800) 542-5282
 PHONE: (517) 542-2988
 FAX: (517) 542-3939
 www.litchfieldindustries.com

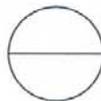


THIS DRAWING TO BE USED IN CONJUNCTION WITH 175-101A, 175-101B, AND 175-101C.

- 1-1/4" IMPAX SCREWS (ROOF PANEL-TO-STRUCTURAL STEEL)
- ▲ 14GA 7/8" LAP/TEK SCREWS (TRIM & OVERLAPPING RIBS)

NOTES:

1. INSTALLATION TO BE COMPLETED IN ACCORDANCE WITH MANUFACTURERS SPECIFICATIONS.
2. DO NOT SCALE DRAWINGS.
3. CONTACT LITCHFIELD INDUSTRIES FOR DIMENSIONAL INFORMATION AND SPECIFICATIONS.
4. THIS DOCUMENT CONTAINS PROPRIETARY INFORMATION AND IS NOT TO BE REPRODUCED WITHOUT THE WRITTEN PERMISSION FROM LITCHFIELD INDUSTRIES, INC. AND/OR IS NOT TO BE USED IN ANY MANNER DETRIMENTAL TO THE INTEREST OF LITCHFIELD INDUSTRIES, INC.
5. CONTRACTORS NOTE: FOR PRODUCT AND COMPANY INFORMATION VISIT www.CADdetails.com/info REFERENCE NUMBER 175-101D.



SITE SHELTERS

PITTSBURGH ALL-STEEL DUO TOP SERIES, 16 FT. SQUARE: ROOF PANEL DETAIL

175-101D

PROTECTED BY COPYRIGHT - 04/20/05

www.CADdetails.com