

City of Apalachicola Required Forms and Certifications

RFP2026-010

HL268 Ave H Pervious Parking Lot

Form 1: Proposal Form

City of Apalachicola

1 Bay Avenue

Apalachicola, Florida 32320

Date: _____

Commissioners:

The undersigned Company, which herein may be referred to as “Proposer,” “Contractor” or “Firm,” having reviewed the scope of services requested and familiarized himself with the local conditions, nature of the work, and having carefully developed an acceptable method of providing services as described herein, and having carefully examined the terms of this RFP, shall furnish all materials, labor, services, and any other items for the proper execution of contract number RFP 2026-005.

(TO BE COMPLETED BY PROPOSER)

ADDENDA

Acknowledgment is hereby made of receipt of the following addenda issued during the proposal period:

Addendum No. ____ Date: _____

Addendum No. ____ Date: _____

SEAL IF PROPOSAL IS BY CORPORATION

State of Florida (or other State) Department of State Certificate – Document Number:

Proposer: _____

By: _____

Occupational License No.: _____

Signature: _____

NOTE: By signing and submitting this Proposal for consideration by the City Commissioners of the City of Apalachicola, the vendor acknowledges that they have read, understand, and agree to all aspects of the specifications as presented without reservation, exception, or alteration.

Form 2: Transactions and Conveyances of Corporate Identification

The following information will be provided to the City Attorney for incorporation in legal documents.

(Please Circle One)

Is this a Florida Corporation: Yes / No _____

If not a Florida Corporation, in what state was it created:

Name as spelled in that State: _____

What kind of corporation is it: "For Profit" / "Not for Profit"

Is it in good standing: Yes / No _____

Authorized to transact business in Florida: Yes / No

State of Florida Department of State or other State Certificate of City Document No.:

Does it use a registered fictitious name: Yes / No

Names of Officers:

President: _____

Vice President: _____

Name of Corporation (As used in Florida):

Corporate Address: _____

Post Office Box: _____

City, State, Zip: _____

Street Address: _____

City, State, Zip: _____

Corporate Identification

Federal Identification Number: _____

(For all instruments to be recorded, taxpayer's identification is needed)

Name of individual who will sign the instrument on behalf of the company:

(Upon Certification of Award, the Contract shall be signed by the President or Vice-President. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. The Awarded Firm shall submit a copy of the resolution together with the executed contract to the City Attorney's Office.)

(Spelled exactly as it would appear on the instrument)

Title of the individual named above who will sign on behalf of the company:

Form 3: Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crimes

This sworn statement is submitted to the City of Apalachicola.

By (print name of individual submitting sworn statement):

Whose business address is: _____

And (if applicable) its Federal Employer Identification Number (FEIN) is:

If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____

1. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
3. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - A predecessor or successor of a person convicted of a public entity crime; or
 - An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
4. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the

United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, partners, shareholders, employees, members, and agents who are active in management of an entity.

5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting sworn statement. (Indicate applicable statement.)

☐ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings, and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

STATE OF: _____

COUNTY OF: _____

Subscribed and sworn to before me this ____ day of _____, 20____, by _____ who personally appeared before me at the time of notarization, and who is personally known to me or who has produced _____ as identification.

Notary Public Signature and Date: _____

Form 4: Drug-Free Work Place Certification

CITY OF APALACHICOLA Drug-Free Workplace

Preference will be given to businesses with drug-free workplace programs. Whenever two or more submittals, which are equal with respect to price, quality, and service, are received by the County for the procurement of commodities or contractual services, a submittal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process.

Established procedures for processing tie bids will be followed if none of the tied firms have a drug-free workplace program. To have a drug-free workplace program, a business shall: Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition. Inform employees about the dangers of drug abuse in the workplace, the business policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1). In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employees will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction. Impose a sanction on or require satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by an employee who is so convicted.

Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. As the person authorized to sign the statement, I certify the following: (Check one and sign in the space provided.)

☐ This firm complies fully with the above requirements.

☐ This firm does not have a drug free workplace program currently.

Name of Firm: _____

Authorizing Official Signature: _____

Date: _____

Form 5: E-Verify Compliance

Please use this format to certify compliance with E-Verify Program.

(Company Letterhead)

(Current Date)

City of Apalachicola
1 Bay Avenue
Apalachicola, FL 32320

Re: Compliance with E-Verify Program

Project No.: _____

Project Name: _____

To the City of Apalachicola:

Please accept this letter as certification that (Company Name) does not knowingly employ or contract with any workers without authorization and has not or will not knowingly enter into a contract with any subcontractor that fails to certify to us that they do not knowingly employ or contract with any workers without authorization.

(Company Name) participates in or has applied for participation in the E-Verify Program created by Public Law 208, 104th Congress, as administered by the United States Department of Homeland Security.

Regards,

Company's Authorized Signature

Signer's Title (Must be Managing Member for LLC or President, Secretary, Vice President for Corporation)

Form 6: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

By signing and submitting this proposal, the prospective provider/vendor certifies to the best of its knowledge and belief that neither it, nor its principals:

1. Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal, State, or Local department or agency.
2. Has not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. Is not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification.
4. Has not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Where the prospective provider is unable to certify any of the statements in this certification, such prospective provider shall attach an explanation to this proposal.

SIGNATURE BLOCK

Respondent / Company Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

Form 7: Certification of Non-Segregated Facilities

CERTIFICATION OF NON-SEGREGATED FACILITIES

Project Name / RFP Number: HL268 2026-010 Ave H Pervious Parking Lot

Company Name: [Insert Company Legal Name]

Company Address: [Insert Address]

The contractor/proposer certifies that they do not maintain or provide for their employees any segregated facilities at any of their establishments, and that they do not permit their employees to perform their services at any location under their control where segregated facilities are maintained.

The proposer agrees that a breach of this certification is a violation of the Equal Opportunity clause in this contract. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, restrooms and washrooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, sex, or national origin, because of habit, local custom, or otherwise.

The proposer further agrees that (except where they have obtained identical certifications from proposed subcontractors for specific time periods) they will obtain identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity clause.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____

Form 8: Indemnification and Hold Harmless Statement

INDEMNIFICATION AND HOLD HARMLESS

The Respondent (hereinafter referred to as the "Contractor") shall defend, indemnify, and hold harmless the [Insert Name of City/County] (hereinafter referred to as the "Local Government"), its officers, agents, and employees, from and against any and all claims, liabilities, losses, damages, costs, and expenses, including reasonable attorney's fees and costs of defense at both trial and appellate levels, arising out of, resulting from, or in connection with the performance of work, services, or duties described in this Request for Proposals (RFP) and any resulting contract.

This indemnification obligation applies to any injury to or death of any person, or damage to or destruction of any property, caused in whole or in part by any intentional act, omission, negligence, recklessness, or wrongful misconduct of the Contractor, its subcontractors, materialmen, agents, or employees in the execution of CDBG-funded activities.

The Contractor further agrees to indemnify and hold the Local Government and the Florida Department of Commerce (Commerce) harmless from any financial loss, disallowed costs, or audit exceptions resulting from the Contractor's failure to comply with federal, state, or local CDBG program regulations, guidelines, and statutory requirements.

This indemnification and hold harmless provision shall survive the expiration, termination, or completion of the contract.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed by their respective duly authorized representatives on the dates set forth below.

Contractor Name: _____

Signature: _____

Printed Name & Title: _____

Date: _____

WITNESSES:

Printed Name/Date: _____

Title: _____

Print Name/Date: _____

Title: _____

Print Name/Date: _____

Title: _____

Date: _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me, a Notary Public, by means of ☐ physical presence or ☐ online notarization this ____ day of _____, 20____, by , as _____ of _____, a _____, on behalf of said _____, who is personally known to me or ☐ has produced (type of identification) as identification.

Notary Public Printed Name:

My Commission Expires: