



SUBMIT TO: PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS 400 S. FT. HARRISON AVENUE ANNEX BUILDING – 6 TH FLOOR CLEARWATER, FL 33756				<h1>INVITATION TO BID</h1>	
ISSUE DATE: August 6, 2018		BID SUBMITTALS RECEIVED AFTER SUBMITTAL DATE & TIME WILL NOT BE CONSIDERED			
TITLE: Pipe, Reinforced Concrete, Precast Slabs & Related Materials			BID NUMBER: 178-0476-B(RO)		
SUBMITTAL DUE: August 28, 2018 @ 3:00 P.M. AND MAY NOT BE WITHDRAWN FOR 60 DAYS FROM DATE LISTED ABOVE.			PRE-BID DATE & LOCATION: NOT APPLICABLE		
DEADLINE FOR WRITTEN QUESTIONS: August 17, 2018 BY 3:00 P.M. SUBMIT QUESTIONS TO: Rose Ott at erott@pinellascounty.org Phone: 727-464-3154 Fax: 727-464-3925					
<p style="text-align: center;"><u>THE MISSION OF PINELLAS COUNTY</u></p> Pinellas County Government is committed to progressive public policy, superior public service, courteous public contact, judicious exercise of authority and sound management of public resources to meet the needs and concerns of our citizens today and tomorrow.				 JOSEPH LAURO, CPPO/CPPB Director of Purchasing	

NOTE: BIDS ARE TO BE SUBMITTED IN DUPLICATE

BIDDER MUST COMPLETE THE FOLLOWING

BIDDERS ARE CAUTIONED THAT THE POLICY OF THE BOARD OF COUNTY COMMISSIONERS, PINELLAS COUNTY, IS TO ACCEPT THE LOWEST RESPONSIBLE BID RECEIVED MEETING SPECIFICATIONS. NO CHANGES REQUESTED BY A BIDDER DUE TO AN ERROR IN PRICING WILL BE CONSIDERED AFTER THE BID OPENING DATE AS ADVERTISED. BY SIGNING THIS PROPOSAL FORM BIDDERS ARE ATTESTING TO THEIR AWARENESS OF THIS POLICY AND ARE AGREEING TO ALL OTHER BID TERMS AND CONDITIONS, INCLUDING ALL INSURANCE REQUIREMENTS.

PAYMENT TERMS: ___% ___ DAYS, NET **45** (PER F.S. 218.73) *BID DEPOSIT, IF REQUIRED, IS ATTACHED IN THE AMOUNT OF \$ _____

BIDDER (COMPANY NAME): Southern Precast Concrete Corp. D/B/A _____

MAILING ADDRESS: 1502 Savannah Ave. **CITY / STATE / ZIP** Tarpon Springs, FL 34689

COMPANY EMAIL ADDRESS: southemprecast@verizon.net

***REMIT TO NAME:** Southern Precast Concrete Corp. **PHN:** (727)937-4808 **FAX:** (727)940-7565

(As Shown On Company Invoice) **FEIN#** 81-0580923 **CONTACT NAME:** Tim Cummings

Proper Corporate Identity is needed when you submit your bid, especially how your firm is registered with the Florida Division of Corporations. Please visit www.sunbiz.org for this information. It is essential to return a copy of your W-9 with your bid. Thank you. **PRINT NAME:** Tim Cummings

I HEREBY AGREE TO ABIDE BY ALL TERMS AND CONDITIONS OF THIS BID, INCLUDING ~~ALL~~ INSURANCE REQUIREMENTS & CERTIFY I AM AUTHORIZED TO SIGN THIS BID FOR THE BIDDER. **EMAIL ADDRESS:** same

AUTHORIZED SIGNATURE:  _____

PRINT NAME/TITLE: Tim Cummings Sec./Tres

FORMS CHECKLIST	
COPY OF COMPANY INVOICE	✓
W-9 (TAXPAYER ID)	✓

SEE SECTION F FOR BID PRICING SUMMARY

THIS FORM MUST BE RETURNED WITH YOUR RESPONSE

SECTION D – VENDOR REFERENCES

Bid Title: Pipe, Reinforced Concrete, Precast Slabs & Related Materials

Bid Number: 178-0476-B(RO)

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER THAT YOUR BID MAY BE REVIEWED AND PROPERLY EVALUATED.

COMPANY NAME: Southern Precast Concrete Corporation

LENGTH OF TIME COMPANY HAS BEEN IN BUSINESS: 16 Years

BUSINESS ADDRESS: 1502 Savannah Avenue, Tarpon Springs, FL 34689

HOW LONG IN PRESENT LOCATION: 16 Years

TELEPHONE NUMBER: 727-937-4808 FAX NUMBER: 727-940-7565

TOTAL NUMBER OF CURRENT EMPLOYEES: 11 FULL TIME _____ PART TIME _____

NUMBER OF EMPLOYEES YOU PLAN TO USE TO SERVICE THIS CONTRACT: 11

All references will be contacted by a County Designee via email, fax, mail or phone call to obtain answers to questions, as applicable before an evaluation decision is made.

LOCAL COMMERCIAL AND/OR GOVERNMENTAL REFERENCES THAT YOU HAVE PREVIOUSLY PERFORMED SIMILAR CONTRACT SERVICES FOR:

1. COMPANY: Deeb Contracting
 ADDRESS: _____
 TELEPHONE/FAX: 727-376-6831
 CONTACT: Paul Taylor
 CONTACT EMAIL: ptaylor.deeb@yahoo.com
 COMPANY EMAIL ADDRESS: _____

2. COMPANY: Caladesi Costruction
 ADDRESS: _____
 TELEPHONE/FAX: 727-585-6881
 CONTACT: Wayne Wyatt
 CONTACT EMAIL: dwyatt@caladesi.biz
 COMPANY EMAIL ADDRESS: _____

3. COMPANY: Rossler Contracting
 ADDRESS: _____
 TELEPHONE/FAX: 727-863-1499
 CONTACT: Fred Rossler
 CONTACT EMAIL: rosslerconstruction@contractor.net
 COMPANY EMAIL ADDRESS: _____

4. COMPANY: Hayes Pipe & Supply
 ADDRESS: _____
 TELEPHONE/FAX: 727-224-2956
 CONTACT: Gary Yarbrough
 CONTACT EMAIL: gkyarbrough@gmail.com
 COMPANY EMAIL ADDRESS: _____

SECTION F – BID SUBMITTAL AND SUMMARY

Bid Title: Pipe, Reinforced Concrete, Precast Slabs & Related Materials

Bid Number: 178-0476-B(RO)

GROUP 1: Reinforced concrete pipe, elliptical, Class III, must meet Florida Department of Transportation (FDOT) specifications. Profile gaskets per Article 6.1.1 of ASTM C443 shall be included.

Item	County Item #	Mfg. #	Part #	60-Month Quantity	Unit Price	Total
12" X 18"	23963			3006 LF	\$ 22.04	\$ 66,254.24
14" X 23"	1225			575 LF	\$ 26.57	\$ 15,277.75
TOTAL GROUP 1						\$ 81,529.99

GROUP 2: Reinforced concrete pipe, elliptical, Class III, mitered end section, 4:1 slope, shall meet FDOT specifications. Profile gaskets per Article 6.1.1 of ASTM C443 shall be included.

Item	County Item #	Mfg. #	Part #	60-Month Quantity	Unit Price	Total
12" X 18"	2281			5 EA	\$ 300.00	\$ 1500.00
14" X 23"	2282			5 EA	\$ 325.00	\$ 1625.00
24" X 38"				5 EA	\$ 575.00	\$ 2875.00
TOTAL GROUP 2						\$ 6,000.00

GROUP 3: Profile Gaskets & Diapers

Item	County Item #	Mfg. #	Part #	60-Month Quantity	Unit Price	Total
12" X 18" Diapers (24" wide w/wire for elliptical concrete pipe)	2299			90 EA	\$ 9.00	\$ 810.00
14" X 23" Diapers (24" wide w/wire for elliptical concrete pipe)	2300			15 EA	\$ 10.00	\$ 150.00
Profile Gasket 15"				4 EA	\$ 10.00	\$ 40.00
Profile Gasket 18"				5 EA	\$ 12.00	\$ 60.00
Profile Gasket 24"				5 EA	\$ 15.00	\$ 75.00
Profile Gasket 30"				5 EA	\$ 20.00	\$ 100.00
TOTAL GROUP 3						\$ 1,235.00

SECTION F – BID SUBMITTAL AND SUMMARY
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GROUP 4: Reinforced concrete pipe, round, Class III, shall meet FDOT specifications. Include rubber gaskets per Article 6.9 of ASTM C361.

Item	County Item #	Mfg. #	Part #	60-Month Quantity	Unit Price	Total
15" Pipe	30953			825 LF	\$ 12.32	\$ 10164.00
18" Pipe	29920			936 LF	\$ 17.34	\$ 16230.24
24" Pipe	29921			192 LF	\$ 26.41	\$ 5070.72
30" Pipe				150 LF	\$ 40.45	\$ 6067.50
TOTAL GROUP 4						\$ 37,532.46

GROUP 5: Reinforced concrete pipe, round, Class III, mitered end section, 4:1 slope, shall meet FDOT specifications. Include rubber gaskets per Article 6.9 of ASTM C361.

Item	County Item #	Mfg. #	Part #	60-Month Quantity	Unit Price	Total
15" Pipe	2398			4 EA	\$ 250.00	\$ 1000.00
18" Pipe	2399			8 EA	\$ 300.00	\$ 2400.00
24" Pipe	2400			4 EA	\$ 400.00	\$ 1600.00
30" Pipe	30954			8 EA	\$ 980.00	\$ 7840.00
TOTAL GROUP 5						\$ 12,840.00

GROUP 6: Other Materials

Item	County Item #	Mfg. #	Part #	60-Month Quantity	Unit Price	Total
Joint Compound 1½" x 42" piece (box size of 20)				21 Boxes	\$ 70.00	\$ 1470.00
Filter Fabric, 12½' x 360' roll (Mirafi 140N or comparable)				3 Rolls	\$ 315.00	\$ 945.00
Filter Fabric, 3' x 360' roll (Mirafi 140N or comparable)				15 Rolls	\$ 90.00	\$ 1350.00
Galvanizing Process				5 EA	\$ 100.00	\$ 500.00
19" X 30" CL III ERCP CLASS III w/pre-lubed gasket				110 EA	\$ 25.00	\$ 2750.00
TOTAL GROUP 6						\$ 7,015.00

SECTION F - BID SUBMITTAL AND SUMMARY

GROUP 7: Precast Concrete Top Slabs, Class II Concrete with PVC Lift Holes. Typical detail schematic attached. Cast iron manhole ring/cover and frame/grate, size: 23¾" (actual 24") diameter, 6" deep. Grates are removable, traffic/load bearing, minimum thickness of 1½". Solid concrete slab (bottom slab) per Standard Detail 1255, page 2. Vendor shall provide a shop drawing prior to fabrication for County approval.

Item	County Item #	Mfg. #	Part #	60-Month Quantity	Unit Price	Total
4' X 4' X 6" Concrete Slab with Manhole Ring & Cover	3838			25 EA	\$ 575.00	\$ 14375.00
4' X 4' X 6" Concrete Slab Sloped with Manhole Ring & Cover	30749			200 EA	\$ 600.00	\$ 120,000.00
4' X 4' X 6" Concrete Slab with Grate & Frame				42 EA	\$ 440.00	\$ 18480.00
4' X 4' X 6" Concrete Slab, Solid				200 EA	\$ 190.00	\$ 38000.00
4' X 4' X 6" Concrete Slab, Type "C" Grate (STL/TRF/GALV), Frame (STL/PNT)				5 EA	\$ 925.00	\$ 4625.00
4' X 5' X 6" Solid Concrete Slab	30744			5 EA	\$ 210.00	\$ 1050.00
4' X 5' X 6" Concrete Slab with Manhole Ring & Cover	30745			32 EA	\$ 605.00	\$ 19360.00
4' X 5' X 6" Concrete Slab with Grate & Frame	30746			25 EA	\$ 475.00	\$ 11875.00
4' X 5' X 6" Concrete Slab Sloped, with Manhole Ring & Cover	30747			150 EA	\$ 630.00	\$ 94500.00
5' X 5' X 6" Concrete Slab with Manhole Ring & Cover	3837			7 EA	\$ 645.00	\$ 4515.00
5' X 5' X 6" Concrete Slab with Grate & Frame	3587			3 EA	\$ 500.00	\$ 1500.00
5' X 5' X 6" Concrete Slab Sloped with Manhole Ring & Cover	30751			25 EA	\$ 670.00	\$ 16750.00
5' X 5' X 6" Concrete Slab, Solid				6 EA	\$ 290.00	\$ 1740.00

SECTION F – BID SUBMITTAL AND SUMMARY

GROUP 7 (Continued)

Item	County Item #	Mfg.#	Part #	60-Month Quantity	Unit Price	Total
5' X 6' X 6" Concrete Slab with USF 1266BJ 4 slopes				5 EA	\$ 700.00	\$ 3500.00
5' X 8' X 6" Precast Concrete Slab (Bicycle Pad Base)				10 EA	\$ 418.00	\$ 4180.00
6' X 6' X 6" Concrete Slab Sloped with Manhole Ring & Cover	30753			5 EA	\$ 770.00	\$ 3850.00
9' X 4' X 6" Top Slab, Inverted Ring & Cover				50 EA	\$ 840.00	\$ 42000.00
9' X 5' X 6" Top Slab, Inverted, Ring & Cover				10 EA	\$ 975.00	\$ 9750.00
TOTAL GROUP 7						\$ 410,050.00

Unspecified Materials \$25,000.00

Unspecified work is not guaranteed as part of the contract and must be properly authorized by the County before a material purchase commences.

GROUPS	TOTALS
Group 1	\$ 81,559.99
Group 2	\$ 6,000.00
Group 3	\$ 1,235.00
Group 4	\$ 37,352.46
Group 5	\$ 12,840.00
Group 6	\$ 7,015.00
Group 7	\$ 410,050.00
Sub Total	\$ 556,202.45
Unspecified	\$25,000.00
Grand Total	\$ 581,202.45

SECTION F – BID SUBMITTAL AND SUMMARY

DELIVERY 14 DAYS AFTER RECEIPT OF ORDER

An award may not be issued without proof that your firm is registered with the Florida Division of Corporations, as per Florida Statute §607.1501 (<http://www.flsenate.gov/Laws/Statutes/2011/607.1501>).

A foreign corporation (foreign to the State of Florida) may not transact business in this state until it obtains a certificate of authority from the Department of State. Please visit www.sunbiz.org for this information on how to become registered.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/28/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: 727-937-4141 Fax: 727-937-4237 COASTAL INSURANCE ASSOCIATES INC 201 S PINELLAS AVE TARPON SPRINGS FL 34689	CONTACT NAME: DAVID M. KINSER PHONE (A/C, No, Ext): (727) 937-4141 FAX (A/C, No): (727) 937-4237 E-MAIL: ADDRESS: PRODUCER CUSTOMER ID: 2081																					
INSURED T. A. CUMMINGS CONSTRUCTION CORPORATION SOUTHERN PRECAST CONCRETE CORPORATION 224 WESTGATE ROAD TARPON SPRINGS FL 34689	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td>AUTO-OWNERS INSURANCE COMPANY</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	AUTO-OWNERS INSURANCE COMPANY		INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSURER F :																						

COVERAGES CERTIFICATE NUMBER: 10332661 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	20509552	03/05/18	03/05/19	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED. EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMPLYOP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		20221494	03/05/18	03/05/19	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$			95430856	03/05/18	03/05/19	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATU-TORY LIMITS	\$
							OTHER	\$
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CERTIFICATE HOLDER ADDED AS ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER Pinellas County BOCC 400 S.Ft. Harrison Ave Annex Building 8th Floor Clearwater, Fl 33756 Attention: Purchasing Dept jjust@pinellascounty.org	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE David M. Kinser
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