

BID COVER PAGE

City of
Gainesville

Procurement Division

(352) 334-5021(main)

Issue Date: 12/19/22

INVITATION TO BID: # PWDA-230027-DH**Pavement Management (Preservation & Surfacing) Continuing Services**PRE-BID MEETING: ☐ Non-Mandatory ☐ Mandatory ☒ N/A ☐ Includes Site Visit

DATE: TIME:

LOCATION:

QUESTION SUBMITTAL DUE DATE: January 23, 2023 @ 3:00 pm

*All meetings and submittal deadlines are Eastern Time (ET).***DUE DATE FOR UPLOADING BID RESPONSE: January 30, 2023 at 3:00PM****SUMMARY OF SCOPE OF WORK:**

Push button milling, asphalt surfacing, asphalt surface treating (crack seal, chip seal, scrub seal, micro-surfacing, cape seal and asphalt rejuvenation), roadway base work, roadway concrete work and pavement marking services.

For questions relating to this bid, contact: Diane Holder , holderds@gainesvillefl.gov

Bidder is not in arrears to City upon any debt, fee, tax or contract: ☒ Bidder is NOT in arrears ☐ Bidder IS in arrearsBidder is not a defaulter, as surety or otherwise, upon any obligation to City: ☒ Bidder is NOT in default ☐ Bidder IS in default

Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

ADDENDA ACKNOWLEDGMENT: Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer: Addenda received (list all) # 1

Legal Name of Bidder: Preferred Materials, Inc

DBA: _____

Authorized Representative Name/Title: John W Taylor - Vice PresidentE-mail Address: John.Taylor@preferredmaterials.com FEIN: 58-1401468Street Address: 11482 Columbia Park Dr W, Ste 3, Jacksonville, FL 32258

Mailing Address (if different): _____

Telephone: (904) 288-6300 Fax: (904) 288-6301

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

☒ Bid is in full compliance with the Specifications.☐ Bid is in full compliance with specifications except as specifically stated and attached hereto.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

SIGNER'S PRINTED NAME: John W TaylorDATE: 1/30/2023*This page must be completed and uploaded to DemandStar.com with your Submittal.*

PART 4 – BID FORM

Pavement Management (Preservation & Surfacing) Continuing Services

Date: 1/30/2023

The bidder hereby declares that he has examined the site of the work and informed himself fully in regard to all conditions pertaining to the place where the work is to be done, and that he has examined the plans, specifications, agreement and all documents related to the above referenced solicitation for the work and comments hereto attached. The Bidder further declares that the only persons, company or parties interested in this Bid or the Agreement to be entered into, as principals, are named herein; that this Bid is made without connection with any other person, company or parties making a Bid; and it is in all respects fair and in good faith and without collusion or fraud.

The Bidder proposes and agrees, if this Bid is accepted, to contract with City of Gainesville, Florida, through the City Commission, , in the form of Agreement specified, to furnish all necessary materials, equipment, machinery, tools, apparatus, means of transportation, labor and service necessary to complete the work covered by the Bid Solicitation for: Pavement Management (Preservation & Surfacing) Continuing Services and to furnish the prescribed Performance and Payment Bond for as required by the final agreement; and to furnish the required evidence of the specified insurance.

Attached is a list of similar projects and a list of Subcontractors as covered in the Instructions to Bidders.

The Bidder agrees to accept in full compensation for each item the prices named in the schedule incorporated herein and attached as “Bid Schedule”. The Bidder understands that the quantities shown on the “Bid Schedule” are approximate only and subject to increase or decrease. Should they be increased or decreased, work will be performed at the unit price bid herein. Actual quantities will be determined upon completion of the work.

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4.1 BID FORM/PAY ITEM LIST

Quantities requested will be placed in a single Work Order for work zones throughout the City; a single mobilization will be paid per treatment type per Work Order (crack seal, chip seal, micro-surfacing, etc). Once mobilized, the City will not require demobilization or remobilization until Work Order is completed. After hours mark-up percentage will be applied if the City request work to be performed nights, weekends and holidays and will be applied to each applicable pay item excluding mobilization. ***Each bidder shall fully complete at least one part of the bid to be considered responsive.***

Part 1 –Base Work

Type/Thickness	Unit	0 – 100	101 – 1000	1,001 – 5,000	5,001 – 10,000	Over 10,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
Type B Stabilization	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
4" Limerock Base	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
6" Limerock Base	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
8" Limerock Base	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
10" Limerock Base	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid

Part 2 – Crack Seal

Crack Seal	Unit	0 – 100	101 – 1000	1,001 – 5,000	5,001 – 10,000	Over 10,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
Spec. 305	Gallons	No Bid	No Bid	No Bid	No Bid	No Bid

Part 3 – Milling Asphalt Pavement

Depth	Unit	0 – 25,000	25,001 – 50,000	50,001 – 100,000	100,001 – 250,000	Over 250,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
0.25 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
0.50 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
0.75 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
1.00 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
1.25 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid

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Depth	Unit	0 – 25,000	25,001 – 50,000	50,001 – 100,000	100,001 – 250,000	Over 250,000
1.5 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
1.75 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
2.0 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
2.25 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
2.5 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
2.75 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
3.0 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
3.25 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
3.5 Inches	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid

Part 4 – Asphalt Pavement Placement

Type	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
Category 1 – SP-9.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 1 – SP-12.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 2 – SP-9.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 2 – SP-12.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 2 – FC-9.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 2 – FC-12.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 2 – SP-9.5 (PG 76-22)	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 2 – SP-12.5 (PG 76-22)	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 2 – FC-9.5 (PG 76-22)	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 2 – FC-12.5 (PG 76-22)	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 3 – SP-9.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 3 – SP-12.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 3 – FC-9.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 3 – FC-12.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid

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Type	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
Category 3 – SP-9.5 (PG 76-22)	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 3 – SP-12.5 (PG 76-22)	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 3 – FC-9.5 (PG 76-22)	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Category 3 – FC-12.5 (PG 76-22)	Tons	No Bid	No Bid	No Bid	No Bid	No Bid

Part 5 – Asphalt Pavement Pick-up Only

Type	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
After-Hours Mark-up	Percentage	20%	20%	20%	20%	20%
SP-9.5	Tons	\$105.00	\$105.00	\$105.00	\$105.00	\$105.00
SP-12.5	Tons	\$100.00	\$100.00	\$100.00	\$100.00	\$100.00
FC-9.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
FC-12.5	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
SP-9.5 (PG 76-22)	Tons	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00
SP-12.5 (PG 76-22)	Tons	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00
FC-9.5 (PG 76-22)	Tons	\$140.00	\$140.00	\$140.00	\$140.00	\$140.00
FC-12.5 (PG 76-22)	Tons	\$135.00	\$135.00	\$135.00	\$135.00	\$135.00

Part 6 – Chip Seal

Chip Seal – Spec. 335-1	Unit	10,000 – 25,000	25,001 – 50,000	50,001 – 100,000	100,001 – 250,000	Over 250,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
Single Conventional	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Single Modified	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Double Conventional	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Double Modified	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid

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Part 7 – Micro-Surfacing

Micro-Surfacing – Spec. 335-2	Unit	10,000 – 25,000	25,001 – 50,000	50,001 – 100,000	100,001 – 250,000	Over 250,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
Single Conventional	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Single Premium	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Double Conventional	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Double Premium	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Rut Filling	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
Conventional	Tons	No Bid	No Bid	No Bid	No Bid	No Bid
Premium	Tons	No Bid	No Bid	No Bid	No Bid	No Bid

Part 8 – Asphalt Rejuvenation

Asphalt Rejuvenation – Spec. 335-4	Unit	10,000 – 25,000	25,001 – 50,000	50,001 – 100,000	100,001 – 250,000	Over 250,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
Asphalt Rejuvenation	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Asphalt Rejuvenation with TiO ₂	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid

Part 9 –Rejuvenating Scrub Seal

Scrub – Spec. 335-5	Unit	10,000 – 25,000	25,001 – 50,000	50,001 – 100,000	100,001 – 250,000	Over 250,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
Rejuvenating Scrub Seal	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid

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Part 10 –Concrete Work

Type	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
4" Thick Sidewalk & Driveways	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
6" Thick Sidewalk & Driveways	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
8" Thick Sidewalk & Bus Stops	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
6" Thick Concrete Curb Ramps	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid
Detectable Warning Surface	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Type A Curb	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Type B Curb	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Type D Curb	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Type E Curb	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Type F Curb	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Drop Curb	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Valley Gutter	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Removal of Existing Concrete	Square Yards	No Bid	No Bid	No Bid	No Bid	No Bid

Part 11 – Pavement Markings – (White or yellow if applicable)

Long Line	Unit	0 – 5	5 - 10	10 – 25	25 – 50	Over 50
6" Solid Paint	Gross Mile	No Bid	No Bid	No Bid	No Bid	No Bid
6" Skip 10'-30' Paint	Gross Mile	No Bid	No Bid	No Bid	No Bid	No Bid
6" Solid Thermo	Gross Mile	No Bid	No Bid	No Bid	No Bid	No Bid
6" Skip 10'-30' Thermo	Gross Mile	No Bid	No Bid	No Bid	No Bid	No Bid

Supplemental Markings	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
6" Solid Paint (BLUE)	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid

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Supplemental Markings	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
8” Solid Paint	Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
12” Solid Paint	Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
18” Solid Paint	Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
24” Solid Paint	Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
6” Skip 6’-10’ Paint	Gross Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
6” Skip 2’-4’ Paint	Gross Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
6” Skip 3’-9’ Paint	Gross Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
6” Solid Thermo (BLUE)	Linear Foot	No Bid	No Bid	No Bid	No Bid	No Bid
8” Solid Thermo	Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
12” Solid Thermo	Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
18” Solid Thermo	Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
24” Solid Thermo	Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
6” Skip 6’-10’ Thermo	Gross Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
6” Skip 2’-4’ Thermo	Gross Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
6” Skip 3’-9’ Thermo	Gross Liner Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Work Zone RPMs	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Permanent RPMs	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Yield Lines Paint	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Speed Hump/Speed Table Paint	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Misc. Paint (Bullnose, Curb, Etc.)	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Yield Lines Thermo	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Speed Hump/Speed Table Thermo	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Misc. Thermo (Bullnose, Curb, Etc.)	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid

Messages & Symbols	Unit	0 – 5	6 - 10	11 – 25	26 – 50	Over 50
Left (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Right (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid

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Messages & Symbols	Unit	0 – 5	6 - 10	11 – 25	26 – 50	Over 50
Stop (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Lane (4') (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Only (4') (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Only (8') (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Lane (8') (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Turn (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Merge (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Bus (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
School (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Railroad (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Railroad (Bike Path) (Message) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Wrong Way Arrow (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
U-Turn (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Thru Arrow (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Left or Right Arrow (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Left or Right and Thru Arrow (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Left, Right and Thru Arrow (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Bike Lane Arrow (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Helmeted Bicyclist (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Shared Lane Marking (Symbol) (Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid

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Messages & Symbols	Unit	0 – 5	6 - 10	11 – 25	26 – 50	Over 50
Accessibility (3') (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Accessibility (5') (Symbol) Paint	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Left (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Right (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Stop (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Lane (4') (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Only (4') (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Only (8') (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Lane (8') (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Turn (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Merge (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Bus (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
School (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Railroad (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Railroad (Bike Path) (Message) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Wrong Way Arrow (Symbol) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
U-Turn (Symbol) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Thru Arrow (Symbol) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Left or Right Arrow (Symbol) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Left or Right and Thru Arrow	Each	No Bid	No Bid	No Bid	No Bid	No Bid

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Messages & Symbols	Unit	0 – 5	6 - 10	11 – 25	26 – 50	Over 50
(Symbol) Thermo						
Left, Right and Thru Arrow (Symbol) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Bike Lane Arrow (Symbol) (Preformed Only) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Helmeted Bicyclist (Symbol) (Preformed Only) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Shared Lane Marking (Symbol) (Preformed Only) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Accessibility (3') (Symbol) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid
Accessibility (5') (Symbol) Thermo	Each	No Bid	No Bid	No Bid	No Bid	No Bid

Removal – Grinding	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
Painted Symbols and Messages	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Painted Stripe	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Thermoplastic Symbols and Messages	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Thermoplastic Stripe	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid

Removal – Water Blasting	Unit	0 – 150	151 - 250	251 – 500	501 – 1000	Over 1,000
Mobilization	Lump Sum	No Bid	No Bid	No Bid	No Bid	No Bid
Painted Symbols and Messages	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Painted Stripe	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Thermoplastic Symbols and Messages	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid
Thermoplastic Stripe	Square Foot	No Bid	No Bid	No Bid	No Bid	No Bid

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After-Hours Mark-up	Percentage	No Bid	No Bid	No Bid	No Bid	No Bid
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List of Unit Abbreviations:

SY Square Yards	GL Gallons	SD Side Drain
LS Lump Sum	MG Thousand Gallons	ED Each Day
CY Cubic Yards	GM Gross Miles	CD Cross Drain
EA Each	LF Linear Feet	AC Acre
TN Tons	NM Net Miles	RCP Reinforced Concrete Pipe
HR Hour	AS Assembly	PI Per Intersection

Note: THE CITY RESERVES THE RIGHT TO AWARD THIS BID ON THE BASIS OF EACH LINE INDIVIDUALLY, ANY COMBINATION OF LINE ITEMS OR ALL LINE ITEMS COMBINED AS IT DETERMINES TO BE IN ITS BEST INTEREST. THE CITY RESERVES THE RIGHT TO NOT AWARD ANY LINE ITEM AS IT DETERMINES TO BE IN ITS BEST INTEREST.

Note: THE CITY RESERVES THE RIGHT TO ADD OR DELETE LOCATIONS, SERVICES, ITEMS, OR MATERIALS FROM THIS CONTRACT SHOULD IT BE IN THE BEST INTEREST OF THE CITY. THE CONTRACT PRICE MAY BE ADJUSTED UPON AGREEMENT OF THE CONTRACTOR AND THE CITY'S REPRESENTATIVE AND BASED UPON BID PRICES.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY BLANK]

This page must be completed and uploaded with your Submittal.

PART 8 – EXHIBITS

The following documents/forms are included in this section:

- Drug-Free Workplace Form
- Bidder Verification Form
- Customer History
- Responsible Agent Form
- Proposed Subcontractor's Form
- Project Manager and Superintendent or Owner's Experience form (if required as specified in Section 1.5)

DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that

Preferred Materials, Inc.

(Name of Bidder)

does:

1. 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.
2. Inform employees about the dangers of drug abuse in the workplace, the business's 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 the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. 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 employee 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.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. 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 that this bidder complies fully with the above requirements.


Bidder's Signature John W Taylor - Vice President

1/30/2023

Date

In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.

BIDDER VERIFICATION FORM

LOCAL PREFERENCE (Check one)

Local Preference requested: ☐ YES ☒ NO

A copy of the following documents must be included in your submission if you are requesting Local Preference:

- Business Tax Receipt
- Zoning Compliance Permit

QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS (Check one)

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Small Business? ☐ YES ☒ NO

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Service-Disabled Veteran Business? ☐ YES ☒ NO

LIVING WAGE COMPLIANCE

See Living Wage Decision Tree:

(Check one)

- ☐ Living Wage Ordinance does not apply (check all that apply)
- ☐ Not a covered service
 - ☐ Contract does not exceed \$100,000
 - ☐ Not a for-profit individual, business entity, corporation, partnership, limited liability company, joint venture, or similar business, who or which employees 50 or more persons, but not including employees of any subsidiaries, affiliates or parent businesses.
 - ☐ Located within the City of Gainesville enterprise zone.
- ☒ Living Wage Ordinance applies and the completed Certification of Compliance with Living Wage is included with this bid.

NOTE: If Contractor has stated Living Wage Ordinance does not apply and it is later determined Living Wage Ordinance does apply, Contractor will be required to comply with the provision of the City of Gainesville's living wage requirements, as applicable, without any adjustment to the bid price.

REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida?

☒ YES ☐ NO (refer to Part 1, 1.5, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (# P25884)

If the answer is "NO", please state reason why: _____

DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)

Does your company have a policy on diversity and inclusion? ☒ YES ☐ NO

If yes, please attach a copy of the policy to your submittal.

Note: Possessing a diversity and inclusion policy will have no effect on the City's consideration of your submittal, but is simply being requested for information gathering purposes.

Preferred Materials, Inc.

Bidder's Name

John W Taylor - Vice President

Printed Name/Title of Authorized Representative

[Signature] \ 1/30/2023

Signature of Authorized Representative

Date

This page must be completed and uploaded to DemandStar.com with your Submittal.



Florida Department of Transportation

RON DESANTIS
GOVERNOR

605 Suwanee Street
Tallahassee, FL 32399-0450

KEVIN J. THIBAUT, P.E.
SECRETARY

10/27/2021

RE: DBE AFFIRMATIVE ACTION PLAN APPROVAL

The Disadvantaged Business Enterprise Affirmative Action Plan submitted by:

PREFERRED MATERIALS INC

has been approved for a period of three years. Please update and submit a new plan before the expiration date shown below. If you do not plan to work on any Florida Department of Transportation Projects, it will not be necessary for you to submit a new plan.

If you need any additional information, please contact me at (850) 414-4747.

Sincerely,

A handwritten signature in black ink, appearing to read "Stefan Kulakowski", with a stylized flourish at the end.

Stefan Kulakowski
State Contract Compliance Administrator
Equal Opportunity Office

AFFIRMATIVE ACTION PLAN EXPIRATION: 10/27/2024

This plan is one of the requirements to bid on contracts for the Florida Department of Transportation. This is not approval for Unified Certification Program Disadvantaged Business Enterprise (UCP/DBE) Certification. For additional information in becoming a DBE, contact the Certification Section at (850)414-4747.

Preferred Materials, Inc. hereafter referred to as "the Company" or "this Company" has adopted this policy and plan.

Date: 10/27/2021 By: _____ Signature _____
Corporate FEID No.: 58-1401468 John R. Hooper, President Printed name & title

DISADVANTAGED BUSINESS ENTERPRISE ('DBE') AFFIRMATIVE ACTION PLAN

POLICY STATEMENT

It is the policy of this Company that disadvantaged businesses, as defined by 49 CFR Part 26, Subpart D and implemented under Rule Chapter 14-78, F.A.C., shall have the opportunity to participate as subcontractors and suppliers on all contracts awarded by the Florida Department of Transportation (FDOT).

The requirements of Rule Chapter 14-78, F.A.C., shall apply to all contracts entered into between FDOT and the Company. Subcontractors and/or suppliers to the Company will also be bound by the requirements of Rule Chapter 14-78 F.A.C. and its subcontractors shall take all necessary and reasonable steps in accordance with Chapter 14-78, F.A.C., to ensure that disadvantaged businesses have the opportunity to compete and perform work contracted with FDOT. The Company and its subcontractors shall not discriminate on the basis of race, color, religion, national origin, disability, sex, or age in the administration of contracts with FDOT. The Company has designated and appointed a Liaison Officer to develop, maintain, and monitor the DBE Affirmative Action Plan implementation. The Liaison Officer will be responsible for disseminating this policy statement throughout the Company and to disadvantaged controlled businesses. This statement is posted on notice boards of the Company.

I. DESIGNATION OF LIAISON OFFICER

The Company will aggressively recruit disadvantaged businesses as subcontractors and suppliers for all contracts with FDOT. The Company has appointed a Liaison Officer to develop and maintain this Affirmative Action Plan in accordance with the requirements of Rule Chapter 14-78, F.A.C. The Liaison Officer will have primary responsibility for developing, maintaining, and monitoring the Company's utilization of disadvantaged subcontractors in addition to the following specific duties:

- (1) The Liaison Officer shall aggressively solicit bids from disadvantaged business subcontractors for all FDOT contracts;
- (2) The Liaison Officer will submit all records, reports, and documents required by FDOT, and shall maintain such records for a period of not less than three years, or as directed by any specific contractual requirements of FDOT.

The following individual has been designated Liaison Officer with responsibility for implementing the Company's affirmative action program in accordance with the requirements of FDOT.

DBE LIAISON OFFICER:

NAME: Maria Perez
TITLE: Office Manager
EMAIL: maria.perez@preferredmaterials.com
ADDRESS: 5701 E. Hillsborough Avenue, Suite 1122, Tampa, FL 33610

II. AFFIRMATIVE ACTION METHODS

In order to formulate a realistic Affirmative Action Plan, the Company has identified the following known barriers to participation by disadvantaged subcontractors, before describing its proposed affirmative action methods:

1. Lack of qualified disadvantaged subcontractors in our specific geographical areas of work;
2. Lack of certified disadvantaged subcontractors who seek to perform FDOT work;
3. Lack of interest in performing on FDOT contracts;
4. Lack of response when requested to bid;
5. Limited knowledge of FDOT plans and specifications to prepare a responsible bid.

In view of the barriers to disadvantaged businesses stated above, it shall be the policy of the Company to provide opportunity by utilizing the following affirmative action methods to ensure participation on the contracts with FDOT will:

1. Provide written notice to all certified DBE subcontractors in the geographical area where the work is to be subcontracted by the Company;
2. Advertise in minority focused media concerning subcontract opportunities with the Company;
3. Select portions of work to be performed by DBEs in order to increase the likelihood of meeting the state's goals (including, where appropriate, breaking down contracts into economically feasible units to facilitate DBE participation);
4. Provide adequate information about the plans, specifications, and requirements of the contract, not rejecting subcontractors without sound reasons based on a thorough investigation of their capabilities;
5. Waive requirements of performance bonds where it is practical to do so;
6. Attend pre-bid meetings held by FDOT to apprise disadvantaged subcontractors of opportunities with the Company;
7. Follow up on initial solicitations of interest to DBE subcontractors to determine with certainty whether the DBE company is interested in the subcontract opportunity.
8. Utilize FDOT's DBE Supportive Services providers for assistance in identifying and notifying DBE's of contracting opportunities.

The Company understands that this list of affirmative action methods is not exhaustive and will include additional approaches after having established familiarity with the disadvantaged subcontracting community and/or determined the stated approaches to be ineffective.

III. IMPLEMENTATION

The Company will make every effort to

1. Meet state goals by utilizing its affirmative action methods.
2. Express good faith by seeking to utilize DBE subcontractors where work is to be subcontracted.
3. Ensuring that contracted DBE's perform a commercially useful function as evidenced by their execution of a distinct element of work with its own workforce and the carrying out responsibilities by actually performing, managing and supervising the work involved.

IV. REPORTING

The Company shall keep and maintain such records as are necessary to determine the Company's compliance with its DBE Affirmative Action Plan. The Company will design its record keeping system to indicate:

1. The number of DBE subcontractors and suppliers used by the Company, identifying the items of work, materials and services provided;
2. The efforts and progress being made in obtaining DBE subcontractors through local and community sources;
3. Documentation of all contracts, to include correspondence, telephone calls, newspaper advertisements, etc., to obtain DBE participation on all FDOT projects;
4. The Company shall comply with FDOT's requirements regarding payments to subcontractors including DBEs for each month (estimate period) in which the companies have worked.

V. DBE DIRECTORY

The Company will utilize the DBE Directory published by the FDOT.

eQuest Compliance Solution

Compliance Posting Package

Package includes jobs posted to the job boards, and a basic and a detailed audit reports

Board Name	Board Description	Target Audience
States Compliance	Jobs are sent to the state board (based on the state entered into the ATS). The jobs are also sent to the following locations within a 50 mile radius of the zip code (entered in eQuest's lookup): local employment offices, local veteran's offices, local organizations/associations, local colleges/universities, and local vocational/rehabilitation centers	Veterans, Disability, Women, Minority, Public
Hire A Hero	In 2006 the Armed Forces Support Foundation (501(c)(3)) was created, along with Hire A Hero, to provide free employment services to returning service members and their families. Hire A Hero was created as a pipeline for service members and their families to reach out through online social networking tools, allowing them to make connections to find a rewarding career. Research suggests that conventional job boards fail to identify the specific needs of returning veterans and do not effectively connect them with the wider military community. Hire A Hero is a national program that was created to address this gap. Over the past three years, Hire A Hero has grown into a nation-wide resource that connects the growing number of unemployed veterans with job opportunities, education, and social services. Today Hire A Hero has over 300,000 registrations and sees over 3 million unique visits a year. Jobs are also sent to Military1.com.	Veterans
JOFDAV	disABLEDperson, Inc. and the associated job board Job Opportunities for Disabled American Veterans (JOFDAV) are the basis for a public charity organization established 2002, whose primary focus is disability employment. The site has been made accessible as per 508 Standards, and received glowing reports from the U.S. Office of Accessibility. JOFDAV.com is a listed resource on the National Resource. Jobs are also sent to the following sites: Joogle, Glassdoor, Facebook, Gobquest.mass.gov, LinkedIn, Jobcase, Careeronestop, Ziprecruiter, SimplyHired, Jobtome, EmployGeorgia, JobZone.ny.gov, I Hire.com, Focuscareer.ky.gov, Askearn, Petersons.com, greaterstcloudjobspot.com, illinoisjoblink.illinois.gov, jobcenterofwisconsin.com, sourceamerica.org, texasskillstowork.com, defense.com	Disabled American Veterans
RecruitABILITY	A public charity organization since 2002 whose primary focus is disability employment. The services offered at www.disABLEDperson.com are free. recruitABILITY is affiliated with disABLEDperson, Inc. Jobs are also sent to: Facebook, escosla.org, job.trovit, veteransfamiliesunited.org, illinoisjoblink.illinois.gov, jobfinder.usaa360.com, askearn.gov, dmva.pa.gov, dogpile.com, simplyhired.com, askjan.org, bestjobsusa.com, www.tapABILITY.org, MyJobhelper, Googlejobs, ZipRecruiter, USBee.com, scholarship.com, Simplyhired.com, Careeronestop.org, and multiple state workforce development boards.	Disabled Persons
US Diversity	African American Community	African American Community
	American Indian Community	American Indian Community
	Asian American Community	Asian American Community
	Persons with Disabilities	Persons with Disabilities
	Gay/Lesbian Community	Gay/Lesbian Community
	Hispanic American Community	Hispanic American Community
	Senior Citizen Community	Senior Citizen Community
	Veteran Community	Veteran Community
Additional Services		
Educational Services	Webinar: eQuest will provide a Company customized webinar session based upon their job posting and outreach needs around OFCCP/EEO/Affirmative Action. eQuest will host the webinar with the Company's help and input on the content and materials.	
Job Posting Image Capture	Image capture of job postings on most state boards. This provides an image to ensure the job is not only delivered to the State site(s), but is also posted and visible for candidates in that State.	

CUSTOMER HISTORY

Name of Bidder: Preferred Materials, Inc.

Provide a list of prior customers for similar services that your bidder has provided within the last five (5) years. Copy form as necessary.

Customer Name: City of Jacksonville	
Address: 214 N Hogan Street	
City, State, Zip: Jacksonville, FL 32202	
Point of Contact: Joel Troupe	Phone Number: 904-472-2893
E-mail: JTroupe@COJ.Net	

Customer Name: Clay County BOCC	
Address: PO Box 1366	
City, State, Zip: Green Cove Springs , FL 32043	
Point of Contact: Stephen Koteras	Phone Number: 904-269-6301
E-mail: Stephen.Koteras@claycountygov.com	

Customer Name: Florida Department of Transportation	
Address: 1109 South Marion Ave	
City, State, Zip: Lake City, FL 32025	
Point of Contact: Brandon Smith	Phone Number: 352-381-4382
E-mail: Brandon.Smith@dot.state.fl.us	

Customer Name: NicNevol Engineering	
Address: 5730 Bowden Road Suite 303	
City, State, Zip: Jacksonville, FL 32216	
Point of Contact: Webert Lovencin	Phone Number: 904-423-1083
E-mail: WLovencin@nicnevol.com	

Customer Name: Jacksonville Aviation Authority	
Address: 14201 Pecan Park Road	
City, State, Zip: Jacksonville, FL 32218	
Point of Contact: David Lambert	Phone Number: 904-741-2000
E-mail: David.Lambert@flyjacksonville.com	

This page must be completed and uploaded to DemandStar.com with your Submittal.

RESPONSIBLE AGENT FORM

RESPONSIBLE AGENT: Joseph Donaruma

ADDRESS: 11482 Columbia Park Dr W, Ste 3 Jacksonville, FL 32258

PHONE NO.: 904-288-6300

FAX NO.: 904-288-6301

EMAIL ADDRESS: joseph.Donaruma@preferredmaterials.com

ALTERNATE RESPONSIBLE AGENT: John W Taylor

ADDRESS: 11482 Columbia Park Dr. W, Ste 3, Jacksonville, FL 32258

PHONE NO.: 904-288-6300

FAX NO.: 904-288-6301

EMAIL ADDRESS: John. Taylor@preferredmaterials.com

PROPOSED SUBCONTRACTORS FORM

Name of Bidder: Preferred Materials, Inc.

This form is for all Subcontractors being utilized on this project.

Name of Contractor: N/A

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: N/A

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: N/A

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: N/A

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

Name of Contractor: N/A

Address: _____

Scope of Work to be Performed: _____

Total \$ Value: \$ _____ % of Total BID/RFP: _____ %

If additional space is required for your subcontractor listing, make copies of this form and submit with you bid package.

This page must be completed and uploaded to DemandStar.com with your Submittal.

PROJECT MANAGER AND SUPERINTENDENT OR OWNER'S EXPERIENCE

<u>NAME AND TITLE</u>	<u>ROLE IN THIS PROJECT</u>	<u>YEARS EXPERIENCE</u>	
PLEASE SEE ATTACHED		TOTAL	WITH THIS FIRM
<u>RELEVANT PROJECTS</u>			
1. <u>PROJECT TITLE AND LOCATION</u> (city and state)		<u>YEAR COMPLETED</u>	
<u>BRIEF DESCRIPTION</u> (Brief scope, size, costs, etc.) and SPECIFIC ROLE <input type="checkbox"/> Check if project completed with current firm 			
2. <u>PROJECT TITLE AND LOCATION</u> (city and state)		<u>YEAR COMPLETED</u>	
<u>BRIEF DESCRIPTION</u> (Brief scope, size, costs, etc.) and SPECIFIC ROLE <input type="checkbox"/> Check if project completed with current firm 			
3. <u>PROJECT TITLE AND LOCATION</u> (city and state)		<u>YEAR COMPLETED</u>	
<u>BRIEF DESCRIPTION</u> (Brief scope, size, costs, etc.) and SPECIFIC ROLE <input type="checkbox"/> Check if project completed with current firm 			
4. <u>PROJECT TITLE AND LOCATION</u> (city and state)		<u>YEAR COMPLETED</u>	
<u>BRIEF DESCRIPTION</u> (Brief scope, size, costs, etc.) and SPECIFIC ROLE <input type="checkbox"/> Check if project completed with current firm 			
5. <u>PROJECT TITLE AND LOCATION</u> (city and state)		<u>YEAR COMPLETED</u>	
<u>BRIEF DESCRIPTION</u> (Brief scope, size, costs, etc.) and SPECIFIC ROLE <input type="checkbox"/> Check if project completed with current firm 			
6. <u>PROJECT TITLE AND LOCATION</u> (city and state)		<u>YEAR COMPLETED</u>	
<u>BRIEF DESCRIPTION</u> (Brief scope, size, costs, etc.) and SPECIFIC ROLE <input type="checkbox"/> Check if project completed with current firm 			

This page must be completed and uploaded to Demands Page must be completed once or twice and uploaded to DemandStar.com with your Submittal if required by 1.5

REPRESENTATIVE COMPLETED PROJECTS AND EXPERIENCE

Job Name	Contract Amount	Prime/Sub	Work Performed	Year Started	Year Completed
Ahsley Lakes Blvd Phase 2	\$652,233.90	Sub	Milling & Paving	2020	2020
Cecil Airport Runway 9L/27R Rehab	\$1,709,082.37	Prime	Milling & Paving	2019	2019
COJ Continuous Asphalt Resurfacing - Annual	\$ 20,000,000.00	Prime	Milling & Paving	2012	2015
CR 315C Shoulder Improvements & Paving	\$ 2,776,301.03	Prime	Milling & Paving	2021	2021
Putnam Co Dirt to Pave 2020	\$623,637.00	Sub	Milling & Paving	2021	2021
E2V29- SR 10 Beaver St- Duval Co	\$ 4,657,688.35	Prime	Milling & Paving	2017	2018
E2V33 - SR105 Heckscher Dr - Duval	\$ 2,694,174.71	Prime	Milling & Paving	2017	2018
E2V54 - SR 126 (Emerson) Duval Co	\$1,207,306.41	Prime	Milling & Paving	2017	2018
E2V95 - SR 115 (Lem Turner) Duval Co	\$4,081,125.03	Prime	Milling & Paving	2017	2019
E2Y25 - SR 5 (US 1) -St. Johns Co (SR 206)	\$5,599,368.36	Prime	Milling & Paving	2019	2020
Georgia Pacific Sites	\$2,204,698.56	Sub	Milling & Paving	2019	2019
Herlong Airport Runway 11-29 -Taxiway C&D Rehab	\$4,398,897.43	Prime	Milling & Paving	2019	2019
Silverleaf Parcel 29 A-1	\$595,302.38	Sub	Milling & Paving	2021	2022
St. Marks Landfill	\$1,233,265.37	Sub	Milling & Paving	2018	2018
COJ Continuous Asphalt Resurfacing - Annual	\$ 24,000,000.00	Prime	Milling & Paving	2016	2022
T2529 - SR 207 from end of curb & gutter to St Johns CL	\$ 5,466,887.67	Prime	Milling & Paving	2014	2016
T2560 - SR 10 (Atlantic Blvd) Duval Co	\$2,573,814.95	Prime	Milling & Paving	2015	2016
T2578 - SR26 (Newberry Rd) Alachua Co	\$ 6,197,496.00	Prime	Milling & Paving	2015	2017
T2590 - SR 93 SOUTH (I-75), Alachua Co.	\$ 12,627,577.99	Prime	Milling & Paving	2015	2017
T2611 - I-75 MID (SR121 to US222) Alachua Co	\$ 16,425,386.46	Prime	Milling & Paving	2016	2018
T2611 - I-75 MID (SR121 to US222) Alachua Co	\$ 16,425,386.46	Prime	Milling & Paving	2016	2018
T2676- SR 116 (Wonderwood) Duval Co	\$1,623,695.79	Prime	Milling & Paving	2018	2018
T2687 US 441 fm NW 167th Blvd to Columbia CL	\$ 5,141,768.40	Prime	Milling & Paving	2018	2019
T2695 - SR 5 & SR 13 (Kings Ave)	\$3,836,182.65	Prime	Milling & Paving	2018	2018
T2718 SR 49 (US 129) Fr SR 55 To Gilchrist CL	\$ 2,814,543.84	Prime	Milling & Paving	2019	2019
T2722 - SR 105 - Duval Co (Hecksher)	\$3,029,745.22	Prime	Milling & Paving	2019	2020
T2730 - SR 100 - Columbia Co (LuLu)	\$2,680,387.85	Prime	Milling & Paving	2019	2019
T2731 - SR 100 - Bradford Co	\$4,898,898.44	Prime	Milling & Paving	2019	2020

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Preferred Materials, Inc	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions. 11482 Columbia Park Dr. W, Ste 3	Requester's name and address (optional)
	6 City, state, and ZIP code Jacksonville, FL 32258	
	7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	
Social security number [][]-[][]-[][][][][] or Employer identification number [5][8]-[1][4][0][1][4][6][8]	

Part II Certification	
Under penalties of perjury, I certify that:	
1. 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	
2. 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	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
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 for Part II, later.	

Sign Here	Signature of U.S. person ► 	Date ► _____
------------------	--	--------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give 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.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if Item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2022

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 have **ADDITIONAL INSURED** provisions or 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 Liberty Mutual Insurance Co. National Insurance East
2000 Westwood Dr.
Wausau, WI 54401

CONTACT NAME: Valerie Reece
PHONE (A/C, No. Ext): 513-867-3822 FAX (A/C, No):
E-MAIL: Oldcastle.certs@LibertyMutual.com
ADDRESS:

www.LibertyMutual.com

INSURED
Preferred Materials, Inc. (216-JAC)
11482 Columbia Park Drive W, Suite 3
Jacksonville FL 32258

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Liberty Mutual Fire Insurance Company	23035
INSURER B : Liberty Insurance Corporation	42404
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES**CERTIFICATE NUMBER:** 69721869**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary/Non-Contributory <input checked="" type="checkbox"/> Separation of Insured GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TB2-C81-004095-112 XCU Coverage Included	9/1/2022	9/1/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AS2-C81-004095-122 AS2-C81-054502-522 Physical Damage only: Comprehensive Ded \$10,000 Collision Ded \$10,000	9/1/2022	9/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WA7-C8D-004095-022 All except OH, ND, WA, WY WC7-C81-004095-012 WI, MN	9/1/2022	9/1/2023	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: All work performed by the Named Insured for the City of Gainesville.
The City of Gainesville, its officials, employees and volunteers are listed as additional insured with regards to general liability and automobile liability, where required by written contract.
General liability, automobile liability, and workers compensation policies include a waiver of subrogation in favor of the additional insured, where required by written contract and where applicable by law.

CERTIFICATE HOLDER**CANCELLATION**

City of Gainesville
Public Works Dept
405 NW 39th Avenue
Gainesville FL 32609

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

Valerie Reece

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ACORD 25 (2016/03)

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