



RFP No. 04-24-24-11

R&J Plumbing and Backflow Services

One Trade Capital Inc.

Supplier Response

Event Information

Number: RFP No. 04-24-24-11

Title: Plumbing Services

Type: Request for Proposals

Issue Date: 3/10/2024

Deadline: 4/24/2024 11:00 AM (ET)

Notes: The City of Coconut Creek, Florida is actively seeking proposers from highly qualified professional Plumbing Companies with substantial and successful experience to provide plumbing services to the City in full accordance with the scope of services, terms, and conditions in this Request for Proposals (RFP).

Contact Information

Contact: Lorie Messer Procurement Analyst

Address: A/P - Finance & Administrative Services

Government Center

4800 West Copans Road

Coconut Creek, FL 33063

Phone: 1 (954) 956-1584

Fax: 1 (954) 973-6754

Email: lmesser@coconutcreek.net

R&J Plumbing and Backflow Services Information

Contact: Giselle Capps
Address: 1830 N. University drive #304
Plantation, FL 33322
Phone: (954) 748-9271
Email: rjplumbing@aol.com

By submitting your response, you certify that you are authorized to represent and bind your company.

Giselle Capps

Signature

Submitted at 3/12/2024 08:18:08 PM (ET)

rjplumbing@aol.com

Email

Supplier Note

Thank you for reading our attachments and for the potential consideration of using R&J Plumbing and Backflow Services help meet any of your plumbing needs.

Response Attachments

RFP References Coral Springs.docx

R&J Plumbing and Backflow Services References List and Contacts

Indemnification Clause.pdf

Indemnification Clause

Proposer Information.pdf

Proposer Information.pdf

Required Docs.pdf

Required Docs.pdf

Proposal Confirmation.pdf

Proposal Confirmation.pdf

Non-Collusive Affidavit.pdf

Non-Collusive Affidavit.pdf

Proposers Qualification Statement.pdf

Proposers Qualification Statement.pdf

Acknowledgment Proposers Qualification Statement.pdf

Acknowledgment Proposers Qualification Statement.pdf

Sworn Statement.pdf

Sworn Statement.pdf

Affidavit of Compliance.pdf

Affidavit of Compliance.pdf

Bid Attributes

1	Section I - General Terms and Conditions I acknowledge reading and understanding the General Terms and Conditions. <input checked="" type="checkbox"/> Yes
2	Section II - Special Terms and Conditions I acknowledge reading and understanding the Special Terms and Conditions. <input checked="" type="checkbox"/> Yes
3	Section III - Detailed Requirements - Scope of Services I acknowledge reading and understanding the Detailed Requirements - Scope of Services. <input checked="" type="checkbox"/> Yes
4	Section IV - Required Documents I acknowledge and understand that all forms shall be completed and notarized (if applicable) and submitted as a requirement of this solicitation. <input checked="" type="checkbox"/> Yes
5	Insurance Requirements I acknowledge reading and understanding the Insurance Requirements and shall upload with my response a copy of a current Certificate of Insurance as a requirement of this solicitation. <input checked="" type="checkbox"/> Yes
6	Visa Credit Card - Preferred Method of Payment The City of Coconut Creek has implemented a Visa Procurement Card (P-Card) Program through SunTrust Bank. The City's preference is to pay for goods/services with the P-Card. This program allows the City to expedite payment to our vendors. Some of the benefits of the P-Card Program to the vendor are: payment received within 72 hours of receipt and acceptance of goods, reduced paperwork, issue receipts instead of generating invoices, resulting in fewer invoice problems, deal directly with the cardholder (in most cases). Vendors accepting payment by the P-Card may not require the City (Cardholder) to pay a separate or additional convenience fee, surcharge or any part of any contemporaneous finance charge in connection with a transaction. Such charges are allowable, however must be included in the total cost of their response. Vendors are not to add notations such as "+3% service fee" in their response. All responses shall be inclusive of any and all fees associated with the acceptance of the P-Card. Vendors agreeing to accept payment by P-Card must presently have the capability to accept Visa or take whatever steps necessary to implement the ability before the start of the agreement term. <input type="text" value="Yes"/>
7	Purchase by other Governmental Agencies Please indicate if you will permit other governmental entities to purchase from your agreement with the City of Coconut Creek. <input type="text" value="Yes"/>

8 Scrutinized Companies and Countries of Concern per Sections 287.135, 215.473, & 287.138, Florida Statute

By checking "yes" below, Contractor hereby certifies that it: a) has not been placed on the Scrutinized Companies that Boycott Israel List, nor is engaged in a boycott of Israel; b) has not been placed on the Scrutinized Companies with Activities in Sudan List nor the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and c) has not been engaged in business operations in Cuba or Syria. If City determines that Contractor has falsely certified facts under this paragraph or if Contractor is found to have been placed on the Scrutinized Companies Lists or is engaged in a boycott of Israel after the execution of this Agreement, City will have all rights and remedies to terminate this Agreement consistent with Section 287.135, Florida Statutes, as amended. The City reserves all rights to waive the certifications required by this paragraph on a case-by-case exception basis pursuant to Section 287.135, Florida Statutes, as amended. Beginning January 1, 2024, the City must not enter into a contract that grants access to an individual's personal identifying information to any Foreign Country of Concern such as: People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, unless the Contractor provides the City with an affidavit signed by an authorized representative of the Contractor, under penalty of perjury, attesting that the Contractor does not meet any of the criteria in subparagraphs (2)(a)-(c) of Section 287.138, Florida Statutes, as may be amended. Beginning January 1, 2025, the City must not extend or renew any contract that grants access to an individual's personal identifying information unless the Contractor provides the City with an affidavit signed by an authorized representative of the Contractor, under penalty of perjury, attesting that the Contractor does not meet any of the criteria in subparagraphs (2)(a)-(c) of Section 287.138, Florida Statutes, as may be amended. Violations of this Section will result in termination of this Agreement and may result in administrative sanctions and penalties by the Office of the Attorney General of the State of Florida.

Yes

9 Drug Free Workplace

In accordance with Florida Statutes, Chapter 287, Section 287.087, Vendor hereby affirms that their business 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 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 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.

Yes

1 **E-Verify Requirements**

0 Effective January 1, 2021, public and private employers, contractors and subcontractors must require registration with, and use of the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

a) All persons employed by Contractor to perform employment duties within Florida during the term of the contract; and

b) All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City. The Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Coconut Creek.

By entering into this Agreement, the Contractor becomes obligated to comply with the provisions of Section 448.095 Florida Statutes, "Employment Eligibility," as amended from time to time. This includes, but is not limited to, utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit to Contractor attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Contractor agrees to maintain a copy of such affidavit for the duration of this Agreement. Failure to comply with this paragraph will result in the termination of this Agreement as provided in Section 448.095, Florida Statutes, as amended, and Contractor may not be awarded a public contract for at least one (1) year after the date on which the Agreement was terminated. Contractor will also be liable for any additional costs to City incurred as a result of the termination of this Agreement in accordance with this Section.

I acknowledge and Agree

1 **Exceptions to the Invitation for Bid**

1 Proposals that are exceptions to that which are specified and outlined here. However, all alterations or omissions of required information or any change in the bid requirements is done at the risk of the Bidder presenting the bid and may result in the rejection thereof. Please list exceptions, if any, in this attribute. If there are no exceptions, type "none".

none

Bid Lines

1	Master Plumber	Quantity: <u> 1 </u> UOM: <u> HR </u>	Unit Price: <input type="text" value="\$125.00"/>	Total: <input type="text" value="\$125.00"/>
	Item Notes: Price during normal operating hours			
2	Journeyman	Quantity: <u> 1 </u> UOM: <u> HR </u>	Unit Price: <input type="text" value="\$100.00"/>	Total: <input type="text" value="\$100.00"/>
	Item Notes: Price during normal operating hours			
3	Apprentice / Helper	Quantity: <u> 1 </u> UOM: <u> HR </u>	Unit Price: <input type="text" value="\$85.00"/>	Total: <input type="text" value="\$85.00"/>
	Item Notes: Price during normal operating hours			
4	Master Plumber	Quantity: <u> 1 </u> UOM: <u> HR </u>	Unit Price: <input type="text" value="\$187.50"/>	Total: <input type="text" value="\$187.50"/>
	Item Notes: Price after normal operating hours			
5	Journeyman	Quantity: <u> 1 </u> UOM: <u> HR </u>	Unit Price: <input type="text" value="\$150.00"/>	Total: <input type="text" value="\$150.00"/>
	Item Notes: Price after normal operating hours			

6	Apprentice / Helper Quantity: <u> 1 </u> UOM: <u> HR </u> Unit Price: <input type="text" value="\$127.50"/> Total: <input type="text" value="\$127.50"/> Item Notes: Price after normal operating hours
7	Plumbing Video Camera Inspection Quantity: <u> 1 </u> UOM: <u> HR </u> Unit Price: <input type="text" value="\$250.00"/> Total: <input type="text" value="\$250.00"/> Item Notes: Price per hour
8	Parts - Percentage Mark-up - Not to Exceed 20% <i>(Line excluded from response total)</i> UOM: <u> Percentage </u> Total: <input type="text" value="20%"/> Item Notes: Submit your percentage - Percentage shall Not to Exceed 20%

Response Total: \$1,025.00



Resources and Availability

1. Our team receives 24/7 emergency jobs and service calls around the clock. We have dispatch technicians in our office who receive phone calls daily and allocate closest technicians in order to provide an approximate 1 hour response time or less on all calls. Our team is trained in always taking safety precautions on all jobs and also always wearing proper protective gear on all jobs.
2. Our team has 45 service technicians in the Broward County area that are able to respond to service calls. Our technicians vans are fully stocked with all plumbing related items for commercial, residential, and industrial plumbing applications that may arise. Our team has storm drain vector truck pump trucks readily available. Our team has multiple camera and locating equipment, drain cleaning equipment, leak detection, backflow testing equipment. We are a full service plumbing contractor that can handle any service and or project work.

References:

3. Town of Davie – We have the 3 year service contract with the Town of Davie. Also, we have done new construction work for the Town of Davie Bamford Sports Complex and Pine Island Park located at 3801 S Pine Island Rd Davie, FL 33328. We relocated and installed new underground piping and hooked up multiple trailers for the Town of Davie. The contract value was \$300,000.00. The contact for this project is Gerry Diaz (Public Works and Capital Projects Project Manager) His phone number is (954) 355-8814. His address is 6901 Orange Drive Davie, FL 33314. The start date of the project was January 10, completed date was May 3, 2023.
4. Broward Sherriff's Office of Broward County– 3 year service contract which consists of any emergency, and or as needed plumbing work for the properties that are owned by the Broward Sherriff's office. The contact for this contract is Rhonda Belanger DiBiase (Office of General Counsel). Her phone number is (954) 831-8920. Her business address is 2601 W Broward Blvd Ft. Lauderdale, FL 33312. Start Date of contract is January 2022 – current.
5. Memorial Healthcare System / Memorial Hospital – We have been servicing Memorial Hospital on an as needed and or emergency basis service plumbing work for over 10 years. We service all of Memorial hospitals in the South Florida area including the off site properties as well. We also do new construction work for the hospital as well when the

projects arise. The contact is Edgard Niebles (Director of Facilities) at 3600 Washington St. Hollywood, FL 33021. His phone number is (786) 299-8086. Our total contract value per year varies, typically this is a \$300-500,000.00 average yearly contract.

6. Kindred Hospital South Florida – We have been servicing Kindred Hospital on an as needed and or emergency basis service plumbing work for over 10 years. We service all of Kindred Hospital locations in the South Florida area. The contact is Darryl Johnson (Director of Facilities) at 1859 Van Buren St Hollywood, FL 33020. His phone number is (954) 789-3211. Our total contract value per year varies, typically this is a \$300-500,000.00 average yearly contact.
7. Holy Cross Hospital Ft. Lauderdale – We have been servicing Holy Cross Hospital on an as needed and or emergency basis service plumbing work for over 10 years. We service all of Holy Cross locations and off site properties in the South Florida area. The contact is Anna Wark (Director of Facilities) her phone number is (954) 542-3298 her address is 4725 N Federal Highway Ft. Lauderdale, FL.

**SECTION V
REQUIRED DOCUMENTS**

Proposal Requirements Checklist

Proposer has completed the required documents listed in the checklist below. The required documents shall be executed, notarized (if applicable), and submit electronically through the eBid System as a condition to this Request for Proposals. Failure to submit these required documents will deem your submittal unresponsive.

Required Documents (Fill out and upload to the Ebid system)	Yes	No
Scope of Services Proposed (Required):		
(1) Qualifications and Experience	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) Resources and Availability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3) References	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forms to be signed, notarized if required, and uploaded to the eBid system with your submittal:		
Proposal Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proposal Confirmation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Indemnification Clause	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Collusive Affidavit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proposer's Qualification Statement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sworn Statement on Public Entity Crimes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
References	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Submitted Pricing through the eBid System "Line Items" Tab	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor must provide the following documents and upload to the eBid system:		
Certificate of Insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Business Tax Receipt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Company's www.Sunbiz.org Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Copies of Valid Certifications / Licenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CONTINUED ON NEXT PAGE

PROPOSER INFORMATION

Communications concerning this proposal shall be addressed to:

Company Name: R&J Plumbing and Backflow Services

Social Security/Federal Tax I.D. No.: 47-5146222

Proposer's Name (Print): Giselle Capps Title: President

Address: 5850 Hancock Rd

City/State/Zip: Southwest Ranches, FL 33330

Phone: 954-296-8892 Fax: _____

Email: rjplumbing@aol.com

ACKNOWLEDGEMENT OF ADDENDA

Instructions: Complete Part I or Part II, Whichever Applies

Part I:

Proposer has examined copies of all the Contract Documents and of the following Addenda (receipt of all which is hereby acknowledged).

Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____
Addendum No: _____	Dated: _____

Part II:

Correct No Addendum was received in connection with this RFP.

It is understood and agreed by Proposer that the City reserves the right to reject any and all proposals, to make awards on all items or any items according to the best interest of the City, and to waive any irregularities in the proposal or in the proposals received as a result of the RFP. It is also understood and agreed by the Proposer that by submitting a proposal, Proposer shall be deemed to understand and agree that no property interest or legal right of any kind shall be created at any point during the aforesaid evaluation/selection process until and unless a contract has been agreed to and signed by both parties.


Proposer's Authorized Signature

March 10, 2024
Date

Giselle Capps
Proposer's Printed Name

PROPOSAL CONFIRMATION

In accordance with the requirements to provide Plumbing Services pursuant to RFP No. 04-24-24-11, the undersigned submits the attached proposal.

Proposer accepts and hereby incorporates by reference in this proposal all of the terms and conditions of the scope of work, including EPA Standards, Motor Vehicle Safety Standards and required warranty and guarantee certificates.

Proposer is fully aware of the scope of work based on these requirements, the legal requirements (federal, state, county and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the work and has made such independent investigation as Proposer deems necessary.

This proposal is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Proposer has not directly or indirectly induced or solicited any other Proposer to submit a false or sham proposal; Proposer has not solicited or induced any person; firm or a corporation to refrain from proposing and Proposer has not sought by collusion to obtain for himself any advantage over any other Proposer or over City.

The Proposer shall acknowledge this Proposal by signing and completing the spaces provided. I hereby submit this Proposal Package for Plumbing Services, RFP No. 04-24-24-11 to the City of Coconut Creek with the full understanding of the Request for Proposal, General Terms and Conditions, Special Terms and Conditions, Detailed Requirements, and the entire Proposal Package.

Giselle Capps _____ March 10, 2024
Proposer's Name Signature Date

State of: Florida _____

County of: Broward _____

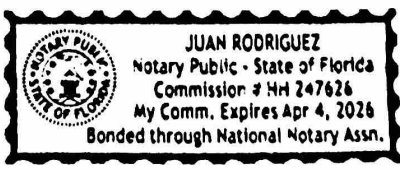
The foregoing instrument was acknowledged before me this 10 day of March, 2024, by Giselle Capps, who is (who are) personally known to me or who has produced drivers license as identification and who did (did not) take an oath.

Juan Rodriguez
Notary Public Signature

JUAN RODRIGUEZ
Notary Name, Printed, Typed or Stamped

Commission Number: HH24626

My Commission Expires: 4/4/26



INDEMNIFICATION CLAUSE
(Page 1 of 1)

The parties agree that one percent (1%) of the total compensation paid to Contractor for the work of the contract shall constitute specific consideration to Contractor for the Indemnification to be provided under the Contract. The Contractor shall indemnify and hold harmless the City Commission, the City of Coconut Creek, and its agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the performance of the work provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the work itself) including the loss of use resulting therefrom, and (2) is caused in whole or in part by any negligent act or omission of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by a party indemnified hereunder.

In any and all claims against the City, or any of their agents or employees by any employee of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under this Paragraph shall not be limited in any way by any limitation on this amount or type of damages compensation or benefits payable by or for the Contractor or any subcontractor under Workers' Compensation Acts, Disability Benefit Acts or other Employee Benefit Acts. Nothing in this section shall affect the immunities of the City pursuant to Chapter 768, Florida Statutes, as amended from time to time, nor shall it constitute an agreement by the City to indemnify Contractor, its officers, employers, subcontractors or agents against any claim or cause of action.

R&J Plumbing and Backflow Services Contractor's Name
[Signature] Signature
March 10, 2024 Date

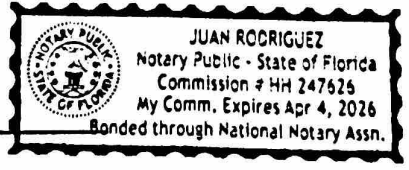
State of: Florida

County of: Broward

The foregoing instrument was acknowledged before me this 10 day of March, 2024, by Giselle Capps, who is (who are) personally known to me or who has produced _____ as identification and who did (did not) take an oath.

[Signature]
Notary Public Signature

JUAN RODRIGUEZ
Notary Name, Printed, Typed or Stamped



Commission Number: HH 247625

My Commission Expires: 4/4/26

NON-COLLUSIVE AFFIDAVIT

State of Florida)

)ss.

County of Broward)

Giselle Capps

being first duly sworn, deposes and says that:

- (1) He/she is the Owner
(Owner, Partner, Officer, Representative or Agent)
of R&J Plumbing and Backflow Services the Proposer that has submitted the attached proposal;
- (2) He/she is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;
- (3) Such proposal is genuine and is not a collusive or sham proposal;
- (4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham proposal in connection with the work for which the attached proposal has been submitted; or to refrain from bidding in connection with such work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Proposer, firm or person to fix the price or prices in the attached proposal of any other Proposer, or to fix an overhead, profit, or cost elements of the proposal price or the proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;
- (5) The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered
in the presence of:

By: *G*

• Giselle Capps

(Printed Name)

President

(Title)

ACKNOWLEDGEMENT

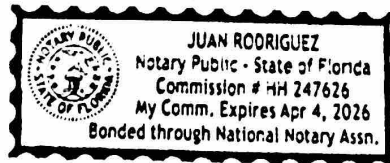
State of Florida

County of Broward

The foregoing instrument was acknowledged before me this 10 day of March, 2024,
by Giselle Capps, who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

WITNESS my hand and official seal

Juan Rodriguez
NOTARY PUBLIC



JUAN RODRIGUEZ
(Name of Notary Public: Print, Stamp, or
Type as Commissioned.)

PROPOSER'S QUALIFICATION STATEMENT

In order to properly evaluate the proposal submittals, Proposers are expected to complete the questionnaire and include the following documentation. By attesting to this submittal, Proposer guarantees the truth and accuracy of all statements and answers herein contained.

SUBMITTED TO: City of Coconut Creek
 Procurement Division
 4800 West Copans Road
 Coconut Creek, FL 33063

Submitted By: R&J Plumbing and Backflow Services
 Name: Giselle Capps
 Address: 1830 N University Drive #304
 City, State, Zip: Plantation, FL 33322
 Telephone No. 954-296-8892
 Fax No. _____
 Email: rjplumbing@aol.com

Check One

- Corporation
- Partnership
- Individual
- Other

1. State the true, exact, correct and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Proposer is: Giselle Capps

The address of the principal place of business is: 1830 N University Drive #304 Plantation, FL 33322

2. If Proposer is a corporation, answer the following:

- a. Date of Incorporation: 2015
- b. State of Incorporation: Florida
- c. President's Name: Giselle Capps
- d. Vice President's Name: Charles Capps
- e. Secretary's Name: Giselle Capps
- f. Treasurer's Name: Giselle Capps
- g. Name and Address of Resident Agent: Giselle Capps 1830 N University Drive #304 Plantation, FL 33322

3. If Proposer is an individual or a partnership, answer the following:

- a. Date of Organization: 2015
- b. Name, Address and Ownership Units of all Partners: Giselle Capps and Charles Capps - 1830 N University Drive #304 Plantation, FL 33322

c. State whether general or limited partnership: General

4. If Proposer is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

S Corporation

5. If Proposer is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

One Trade Capital Inc. DBA R&J Plumbing and Backflow Services

6. How many years has your organization been in business under its present business name? 9

a. Under what other former name has your organization operated?

None

7. Indicate registration, license numbers or certificate numbers for the businesses or professions, which are the subject of this proposal. Please attach certificate of competency and/or state registration.

CFC1429030

8. Litigation/Judgments/Settlements/Debarments/Suspensions:
Submit information on any pending litigation and any judgments and settlements of court cases relative to providing Maintenance of Preserve Areas & Aquatic Vegetation Control Services that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government during the last five (5) years.

none

Text

9. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

no

10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

Charles and Giselle Capps are both owner operators of R&J Plumbing and Backflow Services.

We are a full service 24/7 emergency plumbing contractors. We offer service, remodeling, and new construction work.

11. State the name of the individual(s) and titles who will personally supervise the work:

Charles Capps, Jorge Aquino, Nestor Hernandez

12. State the name and address of the attorney, if any, for the business of the Proposer:

None

13. State the names and addresses of all businesses and/or individuals who own an interest of more than five percent (5%) of the Proposer's business and indicate the percentage owned of each such business and/or individual:

None

14. State the names, addresses and the type of business of all firms that are partially or wholly owned by Proposer:

Charles and Giselle Capps - 1830 N University Drive #304 Plantation, FL 33322 - President and Vice President

15. List the following information concerning all Proposer's contracts in progress as of the date of submission and completed projects over the last five (5) years. (In case of any co-venture, list the information for all co-ventures.) Proposer(s) may limit their listings to the Gulf States (Florida, Alabama, Mississippi, Louisiana and Texas).

<u>Name of Project</u>	<u>Owner</u>	<u>Total Contract Value</u>	<u>Contracted Date of Completion</u>	<u>% of Completion to Date</u>
Kindred Hospital Riviera Beach	Kindred Hospital	\$300,000	12/22/2023	Completed
Summit Structures Asad Project	Issa Asad	\$800,000	Current	75%
Capital One	Marand Builders (GC)	\$300,000	10/1/2023	Completed

16. Have you personally inspected the site of the proposed work?

Yes No NA

17. Do you have a complete set of documents, including drawings and addenda, if applicable?

Yes No


18. Did you attend the pre-proposal conference if any such conference was held?

Yes No No Conference Held

19. Bank References:

Bank	Address/City/State/Zip	Telephone
Chase Bank	5500 S Flamingo Rd Cooper City, FL	954-434-8400

The Proposer acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by City in awarding the contract and such information is warranted by Proposer to be true. The discovery of any omission or misstatement that materially affects the Proposer's qualifications to perform under the contract shall cause the City to reject the proposal, and if after the award, to cancel and terminate the award and /or contract.



Proposer's Signature

March 10, 2024

Date

**ACKNOWLEDGEMENT
PROPOSER'S QUALIFICATION STATEMENT**

State of Florida

County of Broward

On this the 10 day of March, 2024, before me, the undersigned Notary Public of the State of Florida, Personally appeared

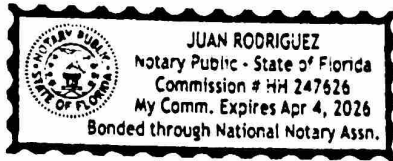
Giselle Capps And
(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand and official seal.

NOTARY PUBLIC

SEAL OF OFFICE:



Juan Rodriguez
NOTARY PUBLIC, STATE OF FLORIDA

JUAN RODRIGUEZ
(Name of Notary Public: Print, Stamp, or Type as Commissioned)

- Personally known to me, or
- Produced identification

(Type of Identification Produced)

- DID take an oath, or
- DID NOT take an oath

**Affidavit of Compliance with Foreign Countries of Concern
Pursuant to Section 287.138, Florida Statutes (2023)**

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests under penalty of perjury as follows:

1. Entity is not owned by the government of a foreign country of concern as defined in Section 287.138, Florida Statutes. (Source: § 287.138(2)(a), Florida Statutes.)
2. The government of a foreign country of concern does not have a controlling interest in Entity. (Source: § 287.138(2)(b), Florida Statutes.)
3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern. (Source: § 287.138(2)(c), Florida Statutes.)
4. The undersigned is authorized to execute this affidavit on behalf of Entity.
5. The undersigned further sayeth naught.

Date: March 10, 2024.

Signed: 

Entity: R&J Plumbing and Backflow Services

Name: Giselle Capps


Title: President

STATE OF Florida

COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this 10th day of March, 2024, by Giselle Capps, as President for R&J Plumbing and Backflow Services,

who is personally known to me or who has produced driver license as identification.

Notary Public Signature: 

State of Florida at Large (Seal)

Print Name: JUAN RODRIGUEZ

My commission expires: APRIL 4, 2026

**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with RFP No. 04-24-24-11 for Plumbing Services. _____.
2. This sworn statement is submitted by R&J Plumbing and Backflow Services (name of entity submitting sworn statement) whose business address is 1830 N University Drive #304 Plantation, FL 33322 and (if applicable) its Federal Employer Identification Number (FEIN) is 47-5146222. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)
3. My name is Giselle Capps and my
(Please print name of individual signing)
relationship to the entity named above is _____.
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, includes but is not limited to:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.

7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, who are active, or who have been active, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity within the last five (5) years of this sworn statement.

8. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **Please check all statements that are applicable.**

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

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

There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

9. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. **Please check if statement is applicable.**

We have not The person or affiliate has not been placed on the convicted vendor list.
(If the box is not checked, please describe any action taken by or pending with the Department of General Services.)

10. The herein sworn statement shall be subject to and incorporate all the terms and conditions contained in Section 287.133 of the Florida Statutes.

11. Conviction of a public entity crime shall be cause for disqualification.

Giselle Capps

Proposer's Name

Signature

Date: March 10, 2024

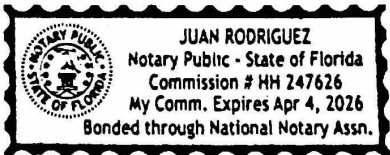
State of: Florida

County of: Broward

The foregoing instrument was acknowledged before me this 10 day of March, 2024, by Giselle Capps, who is (who are) personally known to me or who has produced physical presence as identification and who did (did not) take an oath.

Notary Public Signature

JUAN RODRIGUEZ
Notary Name, Printed, Typed or Stamped



Commission Number: HH247626

My Commission Expires: 4/4/26

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Joshua Abreu



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE PLUMBING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

MURRAY PATRICKS

R&J PLUMBING AND BACKFLOW SERVICES
1830 N UNIVERSITY DRIVE #304
PLANTATION FL 33322

LICENSE NUMBER: CFC1429030

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



REFERENCES – PLUMBING SERVICES, RFP No. 04-24-24-11

Proposer shall provide a list of at least five (5) clients that Proposer has provided similar services in the past five (5) years, at least two (2) of which are governmental entities. For each client reference include:

1. Name of Firm or Agency: Memorial Hospital
Address: 3600 Washington Street
City/State/Zip: Hollywood, FL 33021
Contact: Edgard Niebles Title: Director of Facilities
Telephone: 786-299-8086 Email: eniebles@mhs.net
Scope of Work: 24/7 Emergency Plumbing and routine services

2. Name of Firm or Agency: Kindred Hospital
Address: 1859 Van Buren St
City/State/Zip: Hollywood, FL 33020
Contact: Darryl Johnson Title: Director of Facilities
Telephone: (954) 789-3211 Email: Darryl.johnson@kindred.com
Scope of Work: 24/7 Emergency Plumbing and routine services

3. Name of Firm or Agency: Wells Fargo
Address: 1699 Coral Way
City/State/Zip: Miami, FL 33145
Contact: Serafin Yanes Title: President of Property Management and Facilities
Telephone: 305-484-1904 Email: serafin.yanes@wellsfargo.com
Scope of Work: 24/7 Emergency Plumbing and routine services

4. Name of Firm or Agency: Bank of America
Address: 1000 S Federal Highway Suite 200
City/State/Zip: Deerfield Beach, FL 33441
Contact: Jesus Cardonne Title: Senior Facilities Manager
Telephone: 786-385-0837 Email: jesus.cardonne@jll.com
Scope of Work: 24/7 Emergency Plumbing and routine services

5. Name of Firm or Agency: Pollo Tropical
Address: 7255 Corporate Center Drive Suite C
City/State/Zip: Miami, FL 33126
Contact: 954-661-0058 Title: Senior Facilities Manager
Telephone: 954-661-0058 Email: kburrige@pollotropical.com
Scope of Work: 24/7 Emergency Plumbing and routine services

Note: Proposer is responsible for verifying correct & current information. Failure to provide accurate data may result in the reference not being considered.