



RFP No. 04-29-24-11

**SuperSports of Broward County, Inc
Supplier Response**

Event Information

Number: RFP No. 04-29-24-11
Title: Sports Officiating Services
Type: Request for Proposals
Issue Date: 4/7/2024
Deadline: 4/29/2024 11:00 AM (ET)
Notes: The City of Coconut Creek, Florida is actively seeking proposals from highly qualified professional Sports Officiating Companies with substantial and successful experience to provide Sports Officiating Services to the City in full accordance with the scope of services, terms, and conditions contained in this Request for Proposals (RFP).

Contact Information

Contact: Randolph Merchant Procurement Analyst
Address: A/P - Finance & Administrative Services
Government Center
4800 West Copans Road
Coconut Creek, FL 33063
Phone: 1 (954) 956-1499
Email: RMerchant@coconutcreek.net

SuperSports of Broward County, Inc Information

Contact: Robert H Segal
Address: 11871 SW 8th Court
Davie, FL 33325
Phone: (954) 873-5528
Email: 1987super.sportsbc@gmail.com
Web Address: SSPORTSOFBROWARDCO.COM

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

Robert Harris Segal
Signature

rsegal9682@aol.com
Email

Submitted at 4/26/2024 11:13:46 AM (ET)

Response Attachments

Required Documents pages 32-34.pdf

Required Documents

Indemnification Clause.pdf

Indemnification Clause

Non Collusive Statement.pdf

Non Collusive Statement

Sworn Statements.pdf

Sworn Statements

Creek Additional Insured 2024-2025.pdf

Additional Insured

Exemption Certificate.pdf

Exemption Certificate

2024 Business Tax Receipt.pdf

Business Tax

Bid Attributes

1 Section I - General Terms and Conditions

I acknowledge reading and understanding the General Terms and Conditions.

Yes

2 Section II - Special Terms and Conditions

I acknowledge reading and understanding the Special Terms and Conditions.

Yes

3 Section III - Detailed Requirements - Scope of Services

I acknowledge reading and understanding the Detailed Requirements - Scope of Services.

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.
 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.
 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.

7 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.

8 E-Verify Requirements

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

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.

Bid Lines

1	Youth (Under 18) Basketball for 221 games where (2) officials are required per game		
	Each (Price per Official		
	Quantity: <u>442</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$53.00"/> Total: <input type="text" value="\$23,426.00"/>		
2	Youth (Under 18) Soccer for 187 games where (2) officials are required per game		
	Each (Price per Official		
	Quantity: <u>380</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$60.00"/> Total: <input type="text" value="\$22,800.00"/>		
3	Youth (Under 18) Soccer for 98 games where (1) official is required per game		
	Each (Price per Official		
	Quantity: <u>98</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$60.00"/> Total: <input type="text" value="\$5,880.00"/>		

4	Adult (18+) Basketball for 252 games where (2) officials are required per game Each (Price per Official Quantity: <u>504</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$60.00"/> Total: <input type="text" value="\$30,240.00"/>
5	Adult (18+) Flag Football for 252 games where (2) officials are required per game Each (Price per Official Quantity: <u>504</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$60.00"/> Total: <input type="text" value="\$30,240.00"/>
6	Youth (Under 18) Volleyball for 115 games where (1) official is required per game Each (Price per Official Quantity: <u>115</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$55.00"/> Total: <input type="text" value="\$6,325.00"/>
7	Youth (Under 18) Flag Football for 176 games where (2) officials are required per game Each (Price per Official Quantity: <u>352</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$53.00"/> Total: <input type="text" value="\$18,656.00"/>
8	Youth (Under 18) Flag Football for 35 games where (1) official is required per game Each (Price per Official Quantity: <u>35</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$56.00"/> Total: <input type="text" value="\$1,960.00"/>
9	Youth (Under 18) Basketball for 70 games where (1) official is required per game Each (Price per Official Quantity: <u>70</u> UOM: <u>per Game</u> Unit Price: <input type="text" value="\$55.00"/> Total: <input type="text" value="\$3,850.00"/>

Response Total: \$143,377.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2024

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 American Specialty Insurance & Risk Services, Inc. 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		CONTACT NAME: PHONE (A/C. No. Ext): _____ FAX (A/C. No): _____ E-MAIL ADDRESS: _____	
INSURED National Association of Sports Officials (NASO) 2017 Lathrop Avenue Racine WI 53405		INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Company NAIC # 11150 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____	

COVERAGES

CERTIFICATE NUMBER: 1002199347

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER	Y		SBCGL0279706	08/01/2023	08/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

- Coverage applies to SUPER SPORTS OF BROWARD COUNTY, 16401 STONEHAVEN RD, MIAMI LAKES, FL 33014.

- The certificateholder shall be an additional insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form CG 2026 - Additional Insured - Designated Person or Organization, effective January 03, 2024.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF COCONUT CREEK

4800 WEST COPANS ROAD

COCONUT CREEK

FL 33063

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

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JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

**STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

NON-CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 1/23/2024

EXPIRATION DATE: 1/22/2026

PERSON: ROBERT H SEGAL

EMAIL: RSEGAL9682@AOL.COM

FEIN: 650236987

BUSINESS NAME AND ADDRESS:

SUPERSPORTS OF BROWARD COUNTY, INC.

16401 STONEHAVEN ROAD

HIALEAH, FL 33014

This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

IMPORTANT: Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of election to be exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT
RULE 69L-6.012, F.A.C. REVISED 01/2023

E01856776

QUESTIONS? (850) 413-1609

INDEMNIFICATION CLAUSE

(Page 1 of 1)

The parties agree that one percent (1%) of the total compensation paid to Proposer for the work of the contract shall constitute specific consideration to Proposer for the indemnification to be provided under the Contract. The Proposer 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 Proposer, any subProposer, 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 Proposer, any subProposer, 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 Proposer or any subProposer 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 Proposer, its officers, employers, subProposers or agents against any claim or cause of action.

ROBERT H SEGAL
Proposer's Name

[Signature]
Signature

4/10/24
Date

State of: Florida

County of: Broward

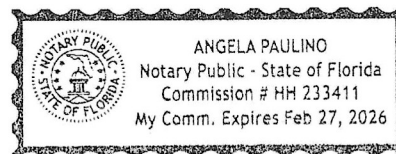
The foregoing instrument was acknowledged before me this 10th day of April, 2024, by Robert H Segal, who is (who are) personally known to me or who has produced FLDG as identification and who did (did not) take an oath.

[Signature]
Notary Public Signature

Angela Paulino
Notary Name, Printed, Typed or Stamped

Commission Number: HH233411

My Commission Expires: 02-27-2026




NON-COLLUSIVE AFFIDAVIT

State of Florida)
County of Broward) ss.

ROBERT H SEGAL being first duly sworn, deposes and says that:

- (1) He/she is the OWNER
(Owner, Partner, Officer, Representative or Agent)
of SUPERSEALS OF BROWARD COUNTY, INC. 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:

Ana Segal 

By: 

ROBERT H SEGAL
(Printed Name)


OWNER / PRESIDENT
(Title)

ACKNOWLEDGEMENT

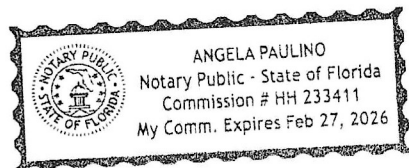
State of Florida
County of Broward

The foregoing instrument was acknowledged before me this 10th day of April, 2024,
by Robert H. Segal, who is personally known to me or who has produced
FL.DL as identification and who did (did not) take an oath.

WITNESS my hand and official seal



NOTARY PUBLIC



Angela Paulino
(Name of Notary Public: Print, Stamp, or
Type as Commissioned.)

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		
(3) References		
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"/>
Financials	<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"/>

PROPOSER INFORMATION

Communications concerning this proposal shall be addressed to:

Company Name: Supersports of Broward County Inc.
 Social Security/Federal Tax I.D. No.: 65-0236987
 Proposer's Name (Print): Robert H Segal Title: Owner/CEO
 Address: 16401 Stonehaven Rd
Miami Lakes, FL 33014
 City/State/Zip: Miami Lakes, FL 33014
 Phone: 954-873-5528 Fax: _____
 Email: rsegal9682@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:

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
Robert H Segal
 Proposer's Printed Name

4/23/2024
 Date

PROPOSAL CONFIRMATION

In accordance with the requirements to provide **Sports Officiating Services** pursuant to RFP No. 04-29-24-11, 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 Sports Officiating Services, RFP No. 04-29-24-11 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.

ROBERT H SEGAL
Proposer's Name

[Signature]
Signature

4/10/24
Date

State of: Florida

County of: Broward

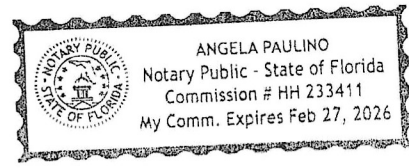
The foregoing instrument was acknowledged before me this 10th day of April, 2024, by Robert H. Segal, who is (who are) personally known to me or who has produced FL ID as identification and who did (did not) take an oath.

[Signature]
Notary Public Signature

Angelo Paulino
Notary Name, Printed, Typed or Stamped

Commission Number: HH 233411

My Commission Expires: 02-27-2026



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

Check One

Submitted By: Supersports of Broward County, Inc
 Name: Robert H Segal
 Address: 16401 Stonehaven Rd
 City, State, Zip: Miami Lakes, FL 33014
 Telephone No. 954-873-5528
 Fax No. _____
 Email: rsegal91682@aol.com

- 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: Supersports of Broward County, Inc.

The address of the principal place of business is: 16401 Stonehaven Rd
Miami Lakes, FL 33014

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

- a. Date of Incorporation: 4/1991
- b. State of Incorporation: FLORIDA
- c. President's Name: Robert H Segal
- d. Vice President's Name: N/A
- e. Secretary's Name: N/A
- f. Treasurer's Name: N/A
- g. Name and Address of Resident Agent: Robert Segal
16401 Stonehaven Rd,
Miami Lakes, FL 33014

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

- a. Date of Organization: N/A
- b. Name, Address and Ownership Units of all Partners: _____

c. State whether general or limited partnership: _____

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

N/A

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

6. How many years has your organization been in business under its present business name? 37

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

N/A

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.

N/A

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.

N/A

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).

Robert Segal - 52 Years of Experience
Majority of Officials in Org have 15+ Years of
officiating experience

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

Robert A. Segal

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

Joe Cassaci
1564 Rose Dr
Ft Lauderdale, FL 33311

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:

N/A

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

None

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>
<u>Broward Co Parks</u>		<u>\$ 50,000.00</u>	<u>Ongoing</u>	<u>60%</u>
<u>City of Plantation</u>		<u>\$ 72,000.00</u>	<u>Ongoing</u>	<u>50%</u>
<u>Seminole Tribe</u>		<u>\$ 135,000.00</u>	<u>Ongoing</u>	<u>30%</u>

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 N/A

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	200 S. Pine Island Rd Plantation, FL	954-370-5523

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



Date

**ACKNOWLEDGEMENT
PROPOSER'S QUALIFICATION STATEMENT**

State of Florida

County of Broward

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

Robert H. Segal

And

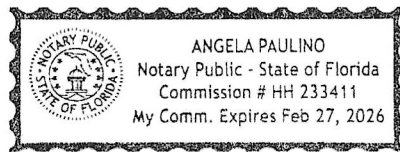
(Name(s) of individual(s) who appeared before notary)

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:



[Handwritten Signature]

NOTARY PUBLIC, STATE OF FLORIDA

Angela Paulino

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

- Personally known to me, or
- Produced identification

FL. DL

(Type of Identification Produced)

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

**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. 04-29-24-11 for Sports Officiating Services. _____.
2. This sworn statement is submitted by Boys Sports of Howard County (name of entity submitting sworn statement) whose business address is 16401 Stonehaven Rd and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0236987. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)
3. My name is ROBERT H SEGL and my
(Please print name of individual signing)
relationship to the entity named above is COUNSEL.
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.

ROBERT H SEGAL
Proposer's Name

[Signature]
Signature

Date: 4/10/24

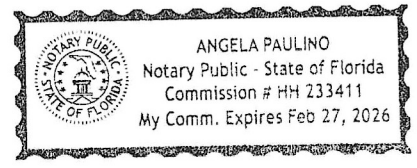
State of: Florida

County of: Broward

The foregoing instrument was acknowledged before me this 10th day of April, 2024, by Robert H. Segal, who is (who are) personally known to me or who has produced FL-DL as identification and who did (did not) take an oath.

[Signature]
Notary Public Signature

Angela Paulino
Notary Name, Printed, Typed or Stamped



Commission Number: HH 233411

My Commission Expires: 02-27-2026

**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: April 10, 2024.

Signed: [Signature]

Entity: _____

Name: ROBERT H SEGAL

STATE OF Florida
COUNTY OF Broward

Title: OWNER/PRESIDENT

Sworn to (or affirmed) and subscribed before me, by means of physical presence or online notarization, this 10th day of April, 2024, by Robert H. Segal, as

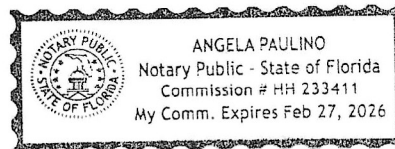
for
who is personally known to me or who has produced FL DL as identification.

Notary Public Signature: [Signature]

State of FL at Large (Seal)

Print Name: Angela Paulino

My commission expires: 02-27-2026



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.

NO 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.**

Yes 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.