

## **Solicitation 12321-795**

### **Holiday Displays (Beach)**

#### **Bid Designation: Public**



**CITY OF FORT LAUDERDALE**

## **City of Fort Lauderdale**

## Bid 12321-795 Holiday Displays (Beach)

Bid Number 12321-795

Bid Title Holiday Displays (Beach)

Bid Start Date Aug 8, 2019 10:49:36 AM EDT

Bid End Date Aug 29, 2019 2:00:00 PM EDT

Question &

Answer End Date Aug 23, 2019 5:00:00 PM EDT

Bid Contact Adam Makarevich

Procurement Specialist II

Procurement

954-828-5073

amakarevich@fortlauderdale.gov

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### Addendum # 1

Previous Q & A End Date Aug 19, 2019 5:00:00 PM EDT

New Q & A End Date Aug 23, 2019 5:00:00 PM EDT

#### Changes were made to the following items:

Holiday Displays (Beach)

### Description

The City of Fort Lauderdale, Florida (City) is seeking qualified, experienced and licensed firm(s) to provide Holiday Displays for the City, in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).

#### Added on Aug 21, 2019:

Q&A has been extended till August 23, 5PM.

All other Specifications, Terms and Conditions remain unchanged.

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### Addendum # 1

CAM # 19-0949

Exhibit 5

Page 2 of 22

**SECTION VI - COST PROPOSAL PAGE****Proposer Name:** Expose Yourself

Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

Cost to the City: Contractor shall quote firm, fixed, costs for all services/products identified in this request for proposal. These firm fixed costs for the project include any costs for travel and miscellaneous expenses. No other costs will be accepted.

**Notes:**

**Annual modifications (new activity) of Snowman must be included in proposal cost, no additional charge will be allowed. Also all labor, installation, removal and maintenance must be included in annual cost).**

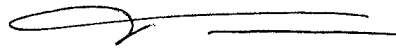
- |                                                     |                     |
|-----------------------------------------------------|---------------------|
| 1. Snowman Display (Annual Lease)                   | \$ <u>60,000.00</u> |
| 2. Dimensional Displays (Quantity 2) (Annual Lease) | \$ <u>30,000.00</u> |

<b>Total Annual Project Cost</b>	<b>\$ <u>90,000.00</u></b>
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**Submitted by:**

Marco Tiapago  
Name (printed)

8/29/2019  
Date



\_\_\_\_\_  
Signature

Vice President  
Title



**CITY OF FORT LAUDERDALE | BUSINESS TAX DIVISION**  
**BUSINESS TAX YEAR 2018-2019**



100 N. Andrews Avenue, 1<sup>ST</sup> Floor, Fort Lauderdale, Florida 33301  
(954) 828-5195

Business ID: 1300304 Business Name: EXPOSE YOURSELF USA  
Business Address: 5967 NW 31 AVE  
Tax Category: RETAIL \$10,000 TO \$20,000 Tax#:723792 Fee:

EXPOSE YOURSELF USA  
TIGO INC  
5967 NW 31 AVE  
FORT LAUDERDALE, FL 33309

\*\*\*DETACH AND POST THIS RECEIPT IN A CONSPICUOUS PLACE\*\*\*

Business ID: 1300304  
Tax Number: 723792  
Business Name: EXPOSE YOURSELF USA  
Business Address: 5967 NW 31 AVE  
Business Contact: TIAPAGO, CHERYL

- This Receipt is issued for the period commencing October 1st and ending September 30th of the years shown above.
- If you have moved out of the city, please email [businesstax@fortlauderdale.gov](mailto:businesstax@fortlauderdale.gov) and include the Business ID #.
- A transfer of business location within the city limits is subject to zoning approval. Complete a Business Tax Transfer Application and bring it to our office to obtain the necessary approval.
- If you have sold your business, please provide us with a copy of the Bill of Sale.
- A Transfer fee of 10% of the annual business tax fee applies. The fee shall not be less than \$3.00, nor greater than \$25.00.

**Please be advised that this issuance of a Business Tax Receipt establishes that the business you intend to conduct is a use permitted by the City Zoning Code for the location at which you intend to operate. The issuance of a Business Tax Receipt in no way certifies that the property located at this address is in compliance with other provisions of the City Code of Ordinances.**

**BUSINESS TAX DIVISION**

100 N. Andrews Avenue, 1<sup>st</sup> Floor, Fort Lauderdale, Florida 33301  
Phone (954)828-5195 | Fax (954)828-5881  
[www.fortlauderdale.gov](http://www.fortlauderdale.gov)

CAM # 19-0949  
Exhibit 5  
Page 4 of 22



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



CAM # 10-0010  
Exhibit 5  
Page 5 of 22

## STATE OF FLORIDA

### DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

#### ELECTRICAL CONTRACTORS LICENSING BOARD

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

Additional Business Qualification

**BOSCO, VICTOR**

TIGO, INC

5967 NW 31 AVE.

FORT LAUDERDALE FL 33309

LICENSE NUMBER: ES12001037

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at [MyFloridaLicense.com](http://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.





Governmental Center Annex  
115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-5674 • TTY 954-357-5664

Office of Economic and  
Small Business Development

*This Certificate is Awarded to:*

**TIGO, INC.  
D/B/A ESPOSE YOURSELF USA**

As set forth in the Broward County Business  
Opportunity Act of 2012, the certification requirements  
have been met for:

**County Business Enterprise**

**Anniversary Date: March 27<sup>th</sup>**

A handwritten signature in black ink, appearing to read "Chris Johnson", written over a horizontal line.

Authorized Representative

The Office of Economic and Small Business Development must be notified within 30 days of any material changes in the business which may affect ownership and control.  
Failure to do so may result in the revocation of this certificate and/or imposition of other sanctions.

**A Service of the Broward County Board of County Commissioners**  
[www.broward.org/smallbusiness](http://www.broward.org/smallbusiness)

# State of Florida

## Woman Business Certification

Tigo Inc.

Is certified under the provisions of  
287 and 295.187, Florida Statutes, for a period from:

06/04/2018 to 06/04/2020



Erin Rock, Secretary  
Florida Department of Management Services



Office of Supplier Diversity • 4050 Esplanade Way, Suite 380 • Tallahassee, FL 32399 • 850-487-0915 • [www.dms.myflorida.com/osd](http://www.dms.myflorida.com/osd)

Expose Yourself  
5967 NW 31 Ave  
Fort Lauderdale, FL 33309  
954-935-5990

City of Fort Lauderdale  
100 N Andrews Ave.  
Fort Lauderdale FL 33301

### Bid References

City of Fort Lauderdale  
1350 W. Broward Blvd.  
Ft. Lauderdale, FL 33312  
Chris Palumbo  
954-683-7938  
[cpalumbo@fortlauderdale.gov](mailto:cpalumbo@fortlauderdale.gov)

Architectural Graphics inc  
701 S Rosemary Ave  
West Palm Beach FL 33401  
Steve Finley  
757-427-1900 x 235  
[steve@agisign.com](mailto:steve@agisign.com)

• Spirit Air  
2800 Executive Way, Miramar, FL 33025  
Kristin Garcia  
954-364-0243  
[Kristin.garcia@spirit.com](mailto:Kristin.garcia@spirit.com)

Xtreme  
5300 Powerline Rd  
Fort Lauderdale FL 33309  
Elizabeth  
954-908-8644  
[eilizabeth@extremeactionpark.com](mailto:eilizabeth@extremeactionpark.com)

City of Aventura  
19200 W. Country Club Dr.  
Aventura, FL 33180  
Joseph S. Kroll  
305-466-8970  
[krollj@cityofaventura.com](mailto:krollj@cityofaventura.com)



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

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

PRODUCER

Cypress Insurance Group (COM)  
PO Box 9328  
Fort Lauderdale, FL 33310-9328  
954 771-0300

CONTACT NAME: Jeanne Bender

PHONE (A/C, No, Ext): 954 771-0300

FAX (A/C, No): 954 772 6464

E-MAIL ADDRESS: certs@cypressinsurance.com

INSURER(S) AFFORDING COVERAGE

INSURER A : National Trust Insurance Company

INSURER B : FCCI Insurance Company

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Expose Yourself; Tigo, Inc dba  
5967 NE 31st Ave  
Fort Lauderdale, FL 33309

NAIC #

COVERAGES			CERTIFICATE NUMBER:		REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			GL10002860401	08/20/2019	08/20/2020	EACH OCCURRENCE	\$1,000,000		
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
	<input type="checkbox"/>							MED EXP (Any one person)	\$5,000		
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000		
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT				<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG	\$2,000,000
	<input type="checkbox"/>	OTHER:									\$
B	AUTOMOBILE LIABILITY				CA10005060400	08/20/2019	08/20/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
	<input checked="" type="checkbox"/>	ANY AUTO	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$		
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>	NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$		
	<input checked="" type="checkbox"/>	HIRED AUTOS	<input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$		
	<input type="checkbox"/>								\$		
	<input type="checkbox"/>								\$		
B	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	UMB10002860801	08/20/2019	08/20/2020	EACH OCCURRENCE	\$1,000,000		
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$1,000,000		
	<input type="checkbox"/>	DED	<input checked="" type="checkbox"/>	RETENTION \$10,000					\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				001WC19A77680	08/20/2019	08/20/2020	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		Y / N	E.L. EACH ACCIDENT				\$1,000,000			
	(Mandatory in NH)		<input checked="" type="checkbox"/> N	E.L. DISEASE - EA EMPLOYEE				\$1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	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)

Workers Compensation applies to Florida operations and employees only.

CERTIFICATE HOLDER

City of Ft Lauderdale  
Procurement Services Division  
100 N Andrews Ave.  
Fort Lauderdale, FL 33301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Roger B. Bond

Supplier Response Form

CONTRACTOR'S CERTIFICATE OF COMPLIANCE WITH  
NON-DISCRIMINATION PROVISIONS OF THE CONTRACT

The completed and signed form should be returned with the Contractor's submittal. If not provided with submittal, the Contractor must submit within three business days of City's request. Contractor may be deemed non-responsive for failure to fully comply within stated timeframes.

Pursuant to City Ordinance Sec. 2-187(c), bidders must certify compliance with the Non-Discrimination provision of the ordinance.

The Contractor shall not, in any of his/her/its activities, including employment, discriminate against any individual on the basis of race, color, national origin, religion, creed, sex, disability, sexual orientation, gender, gender identity, gender expression, or marital status.

- 1. The Contractor certifies and represents that he/she/it will comply with Section 2-187, Code of Ordinances of the City of Fort Lauderdale, Florida, as amended by Ordinance C-18-33 (collectively, "Section 2-187").
- 2. The failure of the Contractor to comply with Section 2-187 shall be deemed to be a material breach of this Agreement, entitling the City to pursue any remedy stated below or any remedy provided under applicable law.
- 3. The City may terminate this Agreement if the Contractor fails to comply with Section 2-187.
- 4. The City may retain all monies due or to become due until the Contractor complies with Section 2-187.
- 5. The Contractor may be subject to debarment or suspension proceedings. Such proceedings will be consistent with the procedures in section 2-183 of the Code of Ordinances of the City of Fort Lauderdale, Florida.

*Cheryl Tiapago*  
Authorized Signature

Cheryl Tiapago President  
Print Name and Title

8/27/2019  
Date

Please enter your password below and click Save to update your response.  
Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See Electronic Signatures in Global and National Commerce Act for more information.)

- To take exception:
- 1) Click Take Exception.
  - 2) Create a Word document detailing your exceptions.
  - 3) Upload exceptions as an attachment to your offer on BidSync's system.
- By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **ExposeYourselfUSA**

Password  \*

Save

Take Exception

Close

\* Required fields

Supplier Response Form

NON-COLLUSION STATEMENT:

By signing this offer, the vendor/contractor certifies that this offer is made independently and free from collusion. Vendor shall disclose below any City of Fort Lauderdale, FL officer or employee, or any relative of any such officer or employee who is an officer or director of, or has a material interest in, the vendor's business, who is in a position to influence this procurement.

Any City of Fort Lauderdale, FL officer or employee who has any input into the writing of specifications or requirements, solicitation of offers, decision to award, evaluation of offers, or any other activity pertinent to this procurement is presumed, for purposes hereof, to be in a position to influence this procurement.

For purposes hereof, a person has a material interest if they directly or indirectly own more than 5 percent of the total assets or capital stock of any business entity, or if they otherwise stand to personally gain if the contract is awarded to this vendor.

In accordance with City of Fort Lauderdale, FL Policy and Standards Manual, 6.10.8.3,

3.3. City employees may not contract with the City through any corporation or business entity in which they or their immediate family members hold a controlling financial interest (e.g. ownership of five (5) percent or more).

3.4. Immediate family members (spouse, parents and children) are also prohibited from contracting with the City subject to the same general rules.

Failure of a vendor to disclose any relationship described herein shall be reason for debarment in accordance with the provisions of the City Procurement Code.

NAME	RELATIONSHIPS
None	

In the event the vendor does not indicate any names, the City shall interpret this to mean that the vendor has indicated that no such relationships exist.

Please enter your password below and click Save to update your response.  
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Username

ExposeYourselfUSA

Password

Cheryl Diapago\*

Save

Take Exception

Close

\* Required fields

Supplier Response Form

CONTRACT PAYMENT METHOD

The City of Fort Lauderdale has implemented a Procurement Card (P-Card) program which changes how payments are remitted to its vendors. The City has transitioned from traditional paper checks to credit card payments via MasterCard or Visa as part of this program.

This allows you as a vendor of the City of Fort Lauderdale to receive your payments fast and safely. No more waiting for checks to be printed and mailed.

In accordance with the contract, payments on this contract will be made utilizing the City's P-Card (MasterCard or Visa). Accordingly, bidders must presently have the ability to accept these credit cards or take whatever steps necessary to implement acceptance of a card before the start of the contract term, or contract award by the City.

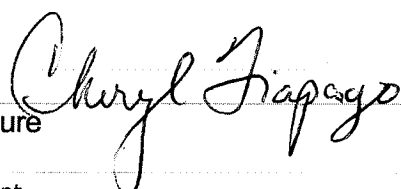
All costs associated with the Contractor's participation in this purchasing program shall be borne by the Contractor. The City reserves the right to revise this program as necessary.

By signing below you agree with these terms.

Please indicate which credit card payment you prefer:

☒ MasterCard

☒ Visa

<div>Expose Yourself</div> <div>Company Name</div>		
<div>Cheryl Tiapago</div> <div>Name (Printed)</div>	<div></div> <div>Signature</div>	
<div>8/27/2019</div> <div>Date</div>	<div>President</div> <div>Title</div>	

Please enter your password below and click Save to update your response.  
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Username

ExposeYourselfUSA

Password

\*

Save

Take Exception

Close

\* Required fields

Supplier Response Form

LOCAL BUSINESS PREFERENCE

Section 2-199.2, Code of Ordinances of the City of Fort Lauderdale, (Ordinance No. C-12-04), provides for a local business preference.

In order to be considered for a local business preference, a bidder must include the Local Business Preference Certification Statement of this bid/proposal, as applicable to the local business preference class claimed **at the time of bid submittal**.

Upon formal request of the City, based on the application of a Local Business Preference the Bidder shall, within ten (10) calendar days, submit the following documentation to the Local Business Preference Class claimed:

- A) Copy of City of Fort Lauderdale current year business tax receipt, **or** Broward County current year business tax receipt, **and**
- B) List of the names of all employees of the bidder and evidence of employees' residence within the geographic bounds of the City of Fort Lauderdale or Broward County, as the case may be, such as current Florida driver license, residential utility bill (water, electric, telephone, cable television), or other type of similar documentation acceptable to the City.

Failure to comply at time of bid submittal shall result in the bidder being found ineligible for the local business preference.

**THE COMPLETE LOCAL BUSINESS PREFERENCE ORDINANCE MAY BE FOUND ON THE CITY'S WEB SITE AT THE FOLLOWING LINK: [https://library.municode.com/fl/fort\\_lauderdale/codes/code\\_of\\_ordinances?nodeId=COOR\\_CH2AD\\_ARTVFI\\_DIV2PR\\_S2-186LOBUPRPR](https://library.municode.com/fl/fort_lauderdale/codes/code_of_ordinances?nodeId=COOR_CH2AD_ARTVFI_DIV2PR_S2-186LOBUPRPR)**

**Definitions:** The term "Business" shall mean a person, firm, corporation or other business entity which is duly licensed and authorized to engage in a particular work in the State of Florida. Business shall be broken down into four (4) types of classes:

1. Class A Business – shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone and staffed with full-time employees within the limits of the City **and** shall maintain a staffing level of the prime contractor for the proposed work of at least fifty percent (50%) who are residents of the City.
2. Class B Business - shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone and staffed with full-time employees within the limits of the City **or** shall maintain a staffing level of the prime contractor for the proposed work of at least fifty percent (50%) who are residents of the City.
3. Class C Business - shall mean any Business that has established and agrees to maintain a permanent place of business located in a non-residential zone **and** staffed with full-time employees within the limits of Broward County.
4. Class D Business – shall mean any Business that does not qualify as either a Class A, Class B, or Class C business.

LOCAL BUSINESS PREFERENCE CERTIFICATION STATEMENT

The Business identified below certifies that it qualifies for the local business preference classification as indicated herein, and further certifies and agrees that it will re-affirm its local preference classification annually no later than thirty (30) calendar days prior to the anniversary of the date of a contract awarded pursuant to this ITB. Violation of the foregoing provision may result in contract termination.

- (1) 

Expose Yourself

Business Name

(2) 

Business Name

(3) 

Business Name

(4) 

Business Name

(5) 

Business Name

(6) 

Business Name
- is a **Class A** Business as defined in City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the City of Fort Lauderdale current year Business Tax Receipt **and** a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

is a **Class B** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Business Tax Receipt **or** a complete list of full-time employees and evidence of their addresses shall be provided within 10 calendar days of a formal request by the City.

is a **Class C** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. A copy of the Broward County Business Tax Receipt shall be provided within 10 calendar days of a formal request by the City.

requests a **Conditional Class A** classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

requests a **Conditional Class B** classification as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186. Written certification of intent shall be provided within 10 calendar days of a formal request by the City.

is considered a **Class D** Business as defined in the City of Fort Lauderdale Ordinance No. C-17-26, Sec.2-186 and does not qualify for Local Preference consideration.

BIDDER'S COMPANY: Expose Yourself

AUTHORIZED COMPANY PERSON:

Cheryl Tiapago

PRINTED NAME

President

TITLE

SIGNATURE: Cheryl Tiapago

DATE: 8/27/2019

Please enter your password below and click Save to update your response.  
Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

To take exception:  
1) Click Take Exception.

CAM # 19-0949  
Exhibit 5  
Page 13 of 22

- 2) Create a Word document detailing your exceptions.
  - 3) Upload exceptions as an attachment to your offer on BidSync's system.
- By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **ExposeYourselfUSA**

Password  \*

[Save](#)

[Take Exception](#)

[Close](#)

\* Required fields

Supplier Response Form

BID/PROPOSAL CERTIFICATION

**Please Note:** If responding to this solicitation through BidSync, the electronic version of the bid response will prevail, unless a paper version is clearly marked **by the bidder** in some manner to indicate that it will supplant the electronic version. All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the Department of State, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company:

Expose Yourself

(Legal Registration) EIN (Optional):

208013241

Address:

5967 NW 31st Ave

City:

Fort Lauderdale

State:

Florida

Zip:

33309-2207

Telephone No.

954-935-5990

FAX No.

954-935-5930

Email:

Howard@exposeyourselfusa.com

Delivery:

Calendar days after receipt of Purchase Order (section 1.02 of General Conditions):

20

Total Bid Discount (section 1.05 of General Conditions):

0

Check box if your firm qualifies for MBE / SBE / WBE (section 1.09 of General Conditions): ☒

**ADDENDUM ACKNOWLEDGEMENT** - Proposer acknowledges that the following addenda have been received and are included in the proposal:

Addendum No.	Date Issued	Addendum No.	Date Issued	Addendum No.	Date Issued
1	Aug. 21, 2019				

**VARIANCES:** If you take exception or have variances to any term, condition, specification, scope of service, or requirement in this competitive solicitation you must specify such exception or variance in the space provided below or reference in the space provided below all variances contained on other pages within your response. Additional pages may be attached if necessary. No exceptions or variances will be deemed to be part of the response submitted unless such is listed and contained in the space provided below. The City does not, by virtue of submitting a variance, necessarily accept any variances. If no statement is contained in the below space, it is hereby implied that your response is in full compliance with this competitive solicitation. If you do not have variances, simply mark N/A. **If submitting your response electronically through BIDSYNC you must also click the "Take Exception" button.**

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed proposal, I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, that in no event shall the City's liability for respondent's direct, indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of Five Hundred Dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

Cheryl Tiapago

Name (printed)

8/27/2019


Date:

Cheryl Tiapago

Signature

President

Title



**Please enter your password below and click Save to update your response.**  
Please be aware that typing in your password acts as your electronic signature, which is just as legal and binding as an original signature. (See [Electronic Signatures in Global and National Commerce Act](#) for more information.)

CAM # 19-0949

Exhibit 5

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**To take exception:**

- 1) Click Take Exception.
- 2) Create a Word document detailing your exceptions.
- 3) Upload exceptions as an attachment to your offer on BidSync's system.

By completing this form, your bid has not yet been submitted. Please click on the place offer button to finish filling out your bid.

Username **ExposeYourselfUSA**

Password  \*

Save

Take Exception

Close

\* Required fields























