## **BID FORM**

Project Title:	PURCHASE OF FLOATING DOCKS		
Project No.:	ITB #17-016		
1. (1ea) 40' x 8' FLO	OATING DOCK	LS	\$ 10,795.00
2. (1ea) 35' x 8' FLO	OATING DOCK	LS	\$ 10,795.00 \$ 9532.00
3. (2ea) 15' x 4' AL	UMINUM GANGWAY	LS	\$ 4386.00 \$ 1,000.00
4. SIGNED AND SEALED SHOP DRAWINGS		LS	<u>\$ 1,000.00</u>
	EXTENDED LINE ITEMS LISTED ABOV		
Total of lump sum items 1 - 4  THIRTEEN  (amount written in words)  S 25, 713.00  Cents			
PRICE FOB KEY WEST, FLORIDA 33040 PAYMENT TERMS: 45 days after delivery Bidders will guarantee their Bid price(s) for up to 120 calendar days after Bid opening.  BIDDER'S DECLARATION AND UNDERSTANDING The undersigned, hereinafter called the Bidder, declares that the only persons or parties interested in this Bid are those named herein, that this Bid is, in all respects, fair and without fraud, that it is made without collusion with any official of the Owner, and that the Bid is made without any connection or collusion with any person submitting another Bid on this Contract.			
CERTIFICATES OF INSURANCE Bidder agrees to furnish the Owner, before commencing the work under this Contract, the certificates of insurance as specified in these Documents.			
ADDENDA The Bidder hereby acknowledges that he has received Addenda No's			
I represent that this bid is submitted in compliance with all terms, conditions and specifications of the Invitation to Bid and that I am authorized by the owners/principals to execute and submit this bid on behalf of the business identified below:			
Company Name: RAVENS MARINE, INC.			
Company Name: RAVENS MARINE, INC.  Contact Name & Telephone #: MATT HILL 467-935-9799  Email Address: MATTERAVENS MARINE. COM Signature: Hall			
Email Address: MATTERAVENS MARINE. COM Signature: Hat Signature:			

## ANTI-KICKBACK AFFIDAVIT

STATE OF
SS My Comm. Expires Nov 6, 2019 Bonded through National Notary Assn.
COUNTY OF OSCEOLA
I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the City of Key West as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.
By:
Sworn and subscribed before me this 3 day of MARCH 2017
NOTARY PUBLIC, State of Florida at Large
My Commission Expires:

# SWORN STATEMENT UNDER SECTION 287.133(3)(A) FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

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 Bid or Proposal for KEY WEST HISTORIC
1.	SEAPORT ITB# 17-016
2.	This sworn statement is submitted by Roune (name of entity submitting sworn statement)
	whose business address is 3295 ORANGE AVE
	KISSIMMEE FL, 34744
	and (if applicable) its Federal Employer Identification Number (FEIN) is 59-3029499
	(If the entity has no FEIN, include the Social Security Number of the Individual signing this sworn statement
3.	My name is
	and my 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 or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, material misrepresentation.
5.	I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes,

- 6. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means
  - 1. A predecessor or successor of a person convicted of a public entity crime; or

1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

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 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 36 months shall be considered an affiliate.

means a finding of guilt or a conviction of a public entity crime, with or without an adjudication guilt, in any federal or state trial court of record relating to charges brought by indictment information after July 1,

- 7. I understand that a "person" as defined in Paragraph 287.133(1)(8), 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 public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
- 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 indicate which statement applies).

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, AND (Please indicate which additional statement applies.)

There has been a proceeding concerning the conviction before a hearing 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.)

The person or affiliate has not been put on the convicted vendor list.	(Please describe any
action taken by or pending with the Department of General Services.)	
Add All	

(signature

5.5-11

(date)

STATE OF FLORIDA

COUNTY OF OSCEOLA

PERSONALLY APPEARED BEFORE ME, the undersigned authority,

Who, after first being sworn by me, affixed his/her

(name of individual signing)

signature in the space provided above on this \_\_\_\_3

day of M

, 20 1.7

My commission expires:

NOTARY PUBLIC

MAURICE CAAMANG ARCE
Notary Public - State of Florida
Commission # FF 899890
My Comm. Expires Nov 6, 2019
Bonded through National Notary Assn.

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Floating docks

#### CITY OF KEY WEST INDEMNIFICATION FORM

To the fullest extent permitted by law, the VENDOR expressly agrees to indemnify and hold harmless the City of Key West, their officers, directors, agents and employees (herein called the "indemnitees") from any and all liability for damages, including, if allowed by law, reasonable attorney's fees and court costs, such legal expenses to include costs incurred in establishing the indemnification and other rights agreed to in this Paragraph, to persons or property, caused in whole or in part by any act, omission, or default by VENDOR or its subcontractors, material men, or agents of any tier or their employees, arising out of this agreement or its performance, including any such damages caused in whole or in part by any act, omission or default of any indemnitee, but specifically excluding any claims of, or damages against an indemnitee resulting from such indemnitee's gross negligence, or the willful, wanton or intentional misconduct of such indemnitee or for statutory violation or punitive damages are caused by or result from the acts or omissions of the VENDOR or its subcontractors, material men or agents of any tier or their respective employees.

Indemnification by VENDOR for Professional Acts. VENDOR hereby agrees to indemnify the City of Key West and each of its parent and subsidiary companies and the directors, officers and employees of each of them (collectively, the "indemnitees"), and hold each of the indemnitees harmless, against all losses, liabilities, penalties (civil or criminal), fines and expenses (including reasonable attorneys' fees and expenses) (collectively, "Claims") to the extent resulting from the performance of VENDOR's negligent acts, errors or omissions or intentional acts in the performance of VENDOR's services, or any of their respective affiliates, under this Agreement. If claims, losses, damages, and judgments are found to be caused by the joint or concurrent negligence of the City of Key West and VENDOR, they shall be borne by each party in proportion to its negligence.

VENDOR:	RAVENS MARINE, INC.	SEAL
	3295 ORANGE AVE. KISS FL 3474	4
	Address And Hu	
	Signature MATT HILL	
	Print Name	
	Title	
DATE:	3-3-17	

## EQUAL BENEFITS FOR DOMESTIC PARTNERS AFFIDAVIT

STATE OF FLONIDA		
: SS		
COUNTY OF OSCEOLA		
I, the undersigned hereby duly sworn, depose and say that the firm of		
by:		
Sworn and subscribed before me this	day of	
	AND ARCE	
NOTARY PUBLIC, State of Florida at Large	MAURICE CAAMANO-ARCE Notary Public - State of Florida Commission # FF 899890 My Comm. Expires Nov 6, 2019 Bonded through National Notary Assn.	
My Commission Expires:	IVIOR OF	

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# CONE OF SILENCE AFFIDAVIT

STATE OF FLORIDA
: SS
COUNTY OF OSCEOLA
I, the undersigned hereby duly sworn, depose and say that all owner(s), partners, officers,
directors, employees and agents representing the firm of RALENS MARINE
have read and understand the limitations and procedures regarding communications concerning
City of Key West Code of Ordinances Sec. 2-773 Cone of Silence.  By:
Sworn and subscribed before me this
3 day of March 20 17.
NOTARY PUBLIC, State ofat Large
My Commission Expires:

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# LOCAL VENDOR CERTIFICATION PURSUANT TO CITY OF KEY WEST CODE OF ORDINANCES SECTION 2-798

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

- a. Principle address as registered with the FL Department of State located within 30 miles of the boundaries of the city, listed with the chief licensing official as having a business tax receipt with its principle address within 30 miles of the boundaries of the city for at least one year immediately prior to the issuance of the solicitation.
- b. Maintains a workforce of at least 50 percent of its employees from the city or within 30 miles of its boundaries.
- c. Having paid all current license taxes and any other fees due the city at least 24 hours prior to the publication of the call for bids or request for proposals.
  - Not a local vendor pursuant to Code od Ordinances Section 2-798

My Comm. Expires Nov 6, 2019

Bonded through National Notary Assn.

Qualifies as a local vendor pursuant to Code od Ordinances Section 2-798

If you qualify, please complete the following in support of the self-certification & submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

certification as a local business.	
Business Name RAVENS MARINE	Phone: 407-935-9799 Fax: 407-935-9436
Current Local Address: 3295 ORANGE AUE (P.O Box numbers may not be used to establish status)  KISSIMMEE FL 30	Fax: 407-935-9436
Length of time at this address 20 4EARS	
	3-3-17
Signature of Authorized Representative	Date
STATE OF FUNDA COUNTY OF OSCEOLA	
The foregoing instrument was acknowledged before me	this 3 day of MARCH, 2017
By MATHICL	, of IL AUBIS MALINE
(Name of officer or agent, title of officer or agent)	Name of corporation acknowledging)
or has produced FL DL	as identification
(type of identification)	Mege
	A Signature of Notary
	MAURICE CAAMANO
Return Completed form with	Print, Type or Stamp Name of Notary
Supporting documents to:	
City of Key West Purchasing	Ti41 D1-
	Title or Rank
MAURICE CAAMANO-ARCE Notary Public - State of Florida Commission # FF 899890	MAURICE CAAR.  Notary Public - State of Floating docks  Commission # FF 899890

My Comm. Expires Nov 6, 2019

**Bonded through National Notary Assn.**