

# CITY OF RIVIERA BEACH

RTQ #1008-20-4

## PRE-QUALIFIED CONTRACTORS FOR MODULAR STRUCTURES



Event	Date
Date RTQ Issued	August 28, 2020
*Pre-Qualification Meeting	*September 8, 2020 at 11:00am
Due Date for Questions	September 11, 2020
Due Date for Responses (Approximate)	September 16, 2020
RTQ Due Date	September 28, 2020 at 11:00AM
Proposed CRB Award Date	TBD
<p>*The pre-qualification meeting will be held via GoToMeeting platform. All interested firms must send Email addresses and names of attendees by September 3, 2020, 3:00pm. An email with the log-in information will be sent one day prior.</p>	

CONTACT:

ALTHEA PEMSEL, DIRECTOR OF PROCUREMENT

[APEMSEL@RIVIERABEACH.ORG](mailto:APEMSEL@RIVIERABEACH.ORG)

NO PHONE INQUIRIES WILL BE ACCEPTED.  
ALL CORRESPONDENCE SHALL BE DIRECTED  
TO THE CITY CONTACT INDICATED ABOVE VIA  
EMAIL

**SUBMIT PROPOSAL TO:**

City of Riviera Beach Office of the City Clerk  
600 West Blue Heron  
Riviera Beach, FL 33404  
(561) 845-4090

CITY OF RIVIERA BEACH  
PALM BEACH, FLORIDA  
**REQUEST TO QUALIFY**

**GENERAL CONDITIONS**

THESE INSTRUCTIONS ARE STANDARD FOR ALL CONTRACTS FOR COMMODITIES/SERVICES ISSUED BY THE CITY OF RIVIERA BEACH. THE CITY OF RIVIERA BEACH MAY DELETE, SUPERSEDE OR MODIFY ANY OF THESE STANDARD INSTRUCTIONS FOR A PARTICULAR CONTRACT BY INDICATING SUCH CHANGE IN THE SPECIAL INSTRUCTIONS TO PROPOSERS. BY ACCEPTANCE OF A PURCHASE ORDER ISSUED BY THE CITY, PROPOSER AGREES THAT THE PROVISIONS INCLUDED WITHIN THIS REQUEST TO QUALIFY SHALL PREVAIL OVER ANY CONFLICTING PROVISION WITHIN ANY STANDARD FORM CONTRACT OF THE PROPOSER REGARDLESS OF ANY LANGUAGE IN PROPOSER'S CONTRACT TO THE CONTRARY.

**PROPOSER ACKNOWLEDGEMENT MUST BE SIGNED AND RETURNED WITH YOUR PACKAGE**

RTQ WILL BE DUE and may not be withdrawn within 90 calendar days after such date and time. **9/28/2020 11:00 A.M. (EST)**

RTQ TITLE: **RTQ 1008-20-4**  
**Prequalified Contractors for Modular Structures**

RTQ NO. **1008-20-4**

BUYER: **Althea Pemsel (561) 845-4180**

DELIVERY DATE: **9/28/2020**

SEE SPECIAL INSTRUCTION

CASH DISCOUNT TERMS

FEDERAL EMPLOYER I.D. or SOCIAL SECURITY NUMBER  
65-1092574

DUN & BRADSTREET NUMBER  
602527640

PROPOSER NAME **Advanced Modular Structures Inc.**

PROPOSER MAILING ADDRESS/CITY/STATE/ZIP

1911 NW 15th Street  
Pompano Beach, FL 33069

AREA CODE TELEPHONE  
NO. (954) 960-1550

CONTACT PERSON  
Gary Willis

FAX NO.  
(954) 960-0747

INTERNET ADDRESS  
buildings@advancedmodular.com



AUTHORIZED SIGNATURE (original in ink)

Allison Rush

Office Manager

TYPED NAME OF SIGNER

TITLE

Item		Description	Submitted
A	1.2.1	Suppliers shall provide copy of their company registration and/or license issued by the State of Florida Department of Business & Professional Regulation.	Registration <input checked="" type="checkbox"/>
B	1.2.2	Three (3) verifiable references that the Vendor has been in this type of business in the past five (5) years.	<div> <div>Miami Dade County</div> <div>Company Name: <u>ISD (Police Department)</u></div> <div>Contact Person: <u>Frank Suarez</u></div> <div>Title: <u>Manager, Architecture &amp; Engineering Services</u></div> <div>Address: <u>111 NW 1st Street, Suite 2340 Miami, FL</u></div> <div>Phone: <u>(305) 375-1112</u></div> </div> <div> <div></div> <div>Company Name: <u>Temple Beth Emet</u></div> <div>Contact Person: <u>Rabbi Frank Dewoskin</u></div> <div>Title: <u>Rabbi</u></div> <div>Address: <u>4807 South Flamingo Road, Cooper City, FL</u></div> <div>Phone: <u>(954) 680-1882</u></div> </div> <div> <div></div> <div>Company Name: <u>General Services Administration</u></div> <div>Contact Person: <u>Wes Zhems</u></div> <div>Title: <u>Contracting Officer</u></div> <div>Address: <u>77 Forsyth Street, Room T8, Atlanta, GA</u></div> <div>Phone: <u>(440) 331-0221</u></div> </div>
C	1.2.3	Address of manufacturing and service facility located in Palm Beach, Broward, and Miami-Dade Counties	<div>Address: <u>1911 NW 15th Street</u></div> <div><u>Pompano Beach, FL 33069</u></div>





Ron DeSantis, Governor

Halsey Beshears, Secretary



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## CONSTRUCTION INDUSTRY LICENSING BOARD

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

**MADURA, MARTIN D**

ADVANCED MODULAR SYSTEMS

1911 NW 15TH STREET

POMPANO BEACH FL 33069

**LICENSE NUMBER: CGC057488**

**EXPIRATION DATE: AUGUST 31, 2022**

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

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Ron DeSantis, Governor

Halsey Beshears, Secretary



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## ELECTRICAL CONTRACTORS LICENSING BOARD

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

Additional Business Qualification

**CARDINALE, FRANK**

ADVANCED MODULAR STRUCTURES, INC.

1911 NW 15TH STREET

POMPANO BEACH FL 33069-1601

LICENSE NUMBER: ECA001954

EXPIRATION DATE: AUGUST 31, 2022

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

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# **ATTACHMENT "A"**

## **REQUIRED FORMS**

IN ADDITION TO THE REQUEST TO QUALIFY COVER PAGE, THE FORMS LISTED BELOW ARE TO BE COMPLETED AND SUBMITTED WITH YOUR PACKAGE.

- 1) *SIMILAR PROJECT FORM*
- 2) *ADDENDUM PAGE*
- 3) *PUBLIC ENTITY CRIMES STATEMENT*
- 4) *DRUG FREE WORKPLACE*

**NOTE:** PLEASE ENSURE THAT ALL OF THESE DOCUMENTS ARE COMPLETED AND SUBMITTED WITH YOUR QUALIFICATIONS IN ACCORDANCE WITH THE INSTRUCTION SHEET ON THE PRECEDING PAGE. FAILURE TO DO SO MAY RESULT IN YOU NOT BEING CONSIDERED FOR AWARD.

IT IS THE PROPOSER'S RESPONSIBILITY TO CONTACT THE PROCUREMENT DEPARTMENT PRIOR TO SUBMITTING YOUR QUALIFICATION TO ASCERTAIN IF ANY ADDENDA HAVE BEEN ISSUED, TO OBTAIN ANY AND ALL SUCH ADDENDA AND RETURN EXECUTED ADDENDA WITH YOUR QUALIFICATIONS.



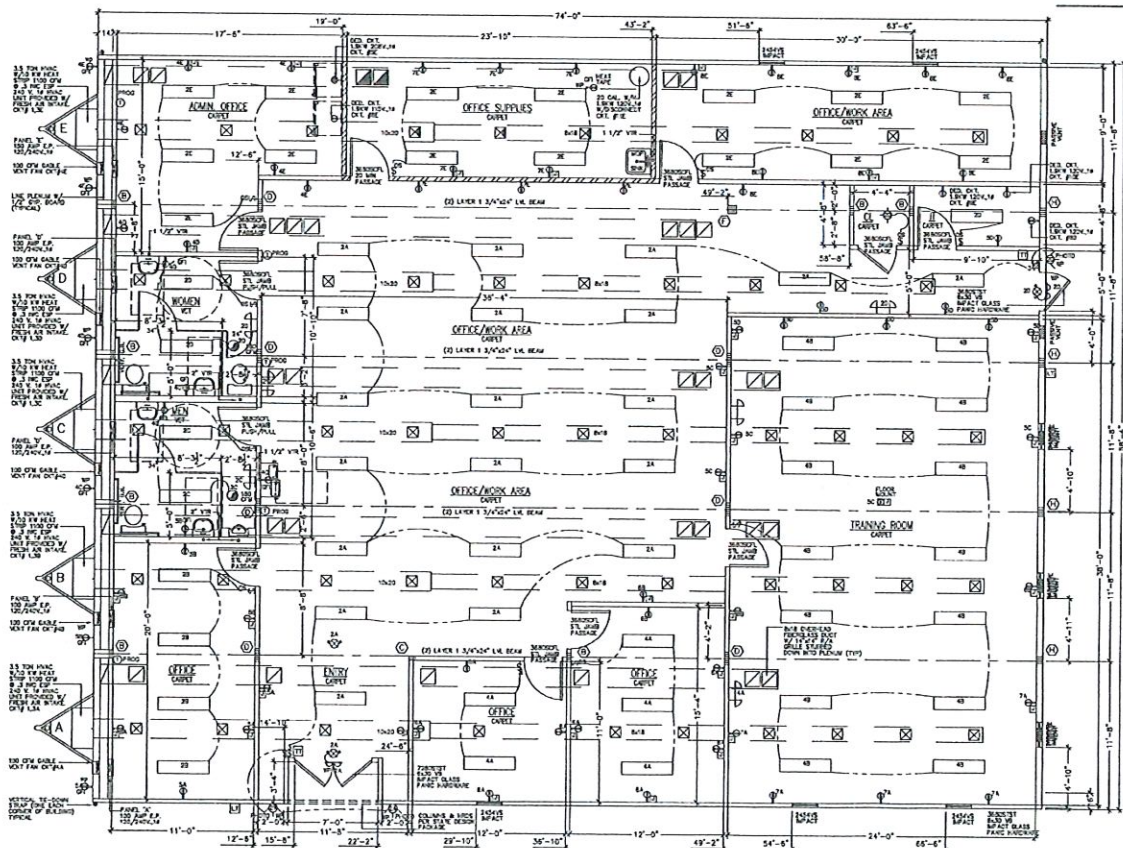
## SIMILAR PROJECT FORM

Location:	Homestead Air Reserve Base, Florida
Owner Contact Information:	David Boland, Inc.
Owner Name:	Rick Batdorf, Project Manager
Phone Number:	(321) 269-1345
Email Address:	rick.batdorf@dboland.com

Sign Location:
Owner Contact Information:
Owner Name:
Phone Number:
Email Address:

### Picture of Design

74' x 60' Modular Office/Admin Building



# ADDENDUM PAGE

The undersigned acknowledges receipt of the following addenda to the Request to Qualify (indicate number and date of each): *no addenda issued.*

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Advanced Modular Structures Inc.

COMPANY



SIGNATURE

Office Manager

TITLE



# **CITY OF RIVIERA BEACH**


## **NOTIFICATION OF PUBLIC ENTITY CRIMES LAW**

Pursuant to Section 287.133, Florida Statutes (1995), you are hereby notified that a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases or real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 [F.S.] for CATEGORY TWO [\$35,000.00] for a period of 36 months from the date of being placed on the convicted vendor list.

Acknowledged by:

Advanced Modular Structures Inc.

\_\_\_\_\_  
Firm Name

  
\_\_\_\_\_  
Signature

Allison Rush, Office Manager

\_\_\_\_\_  
Name & Title (Print or Type)

# DRUG FREE WORKPLACE

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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 five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this form complies fully with the above requirements.

THIS CERTIFICATION is submitted by Allison Rush the  
(INDIVIDUAL'S NAME)

Office Manager of Advanced Modular Structures Inc.  
(TITLE/POSITION WITH COMPANY/VENDOR) (NAME OF COMPANY/VENDOR)

who does hereby certify that said Company/Vendor has implemented a drug free workplace program which meets the requirements of Section 287.087, Florida Statutes, which are identified in numbers (1) through (6) above.

  
SIGNATURE

9/23/2020  
DATE