



**Janitorial Maintenance Services
Town of Cutler Bay
RFP # 17-09**

Prepared for:
Town of Cutler Bay
10720 Caribbean Blvd. Suite 105
Cutler Bay, FL 33189

Submitted by:
Kelly Janitorial Systems
8200 NW 52nd Terrace, Suite 103,
Doral , FL 33166
Evelyn Diaz
Director of Operations
305-456-1864
ediaz@kellyjanitorial.com



Miami, September 27th, 2017

Town of Cutler Bay

10720 Caribbean Blvd. Suite 105
Cutler Bay, FL 33189

REF: Janitorial Maintenance Services / RFP # 17-09

Dear Sirs,

We are pleased to present our quotation for the Janitorial/Custodial services at your facilities. The enclosed proposal outlines our management and technical capabilities for meeting your specifications and the high standards you require.

We believe experience, supervision and viable labor force, combined with a strong management team, make up the key ingredients for a successful janitorial service.

I personally invite you to spend a few minutes reviewing the enclosed material. It shall help you provide a clear understanding of our company and how you too could have the best quality cleaning.

Thank you for your consideration and the opportunity to provide these services to you and your organization.

Cordially,


Evelyn Diaz
Director of Operations
Kelly Janitorial Systems, Inc.
ediaz@kellyjanitorial.com



Kelly Janitorial Systems - Company Profile:

Kelly Janitorial Systems, Inc. is a Florida Corporation since 1997. The Principals/founders have an extended experience for more than 20 years, not only in Florida but New York, Connecticut & New Jersey. The management personnel managed accounts in New York City such as the Marriot and Sheraton Hotels. In Florida we have managed accounts with more than 200,000 square footage successfully. In addition, We are very familiar with Government buildings, School, Bank and City Halls among others.

Kelly Janitorial Systems, Inc has +20 years experience in the cleaning business managing large crews with high standards.

Kelly Janitorial Systems, Inc has the one of the best reputation in the industry, not only for the personalized attention the owners give to each of one of our customers but for the professionalism, know-how of the industry, courtesy and reliability.

We are one source of cleaning services, we offer specialty services as:

- Carpet Cleaning
- Upholstery Cleaning
- Vinyl Tile Cleaning and refinishing
- Wood Floor Polishing
- High-pressure cleaning
- Mat / Rugs Cleaning
- Recycling
- Parking Lot maintenance
- Window Cleaning
- Post-Construction Cleanings
- Porter Services
- Stone Care
- Emergency Services

Kelly Janitorial Systems, Inc is a leading cleaning company in Miami-Dade County. We service the most exclusive city halls, town halls and villages in South Florida, Broward & Palm Beach Counties. We have over 80 satisfied customers which include among others, major City Halls, CPA's, Professional offices, Department of Transportation facilities, Museums, Police Departments, public libraries, schools, etc



GENERAL INFORMATION AND PROCEDURES

High quality service does not come by accident. KELLY JANITORIAL is a distinctive service centered organization that has set high quality as our GOAL. We work continuously and tirelessly toward that GOAL.

STARTUP AND PHASE IN SCHEDULE

Our personnel is interviewed to select the most reliable crew, making sure they live a few miles from the job assigned. After the selection, E-Verify, background check, photos ID, uniforms, training with cleaning products and MSDS, and cleaning procedures and then we are ready to begin.

Our Project Manager will meet with client to discuss the schedule daily, weekly and monthly basis.

We work on our safety program and security issues, keys/alarm, etc.

FIRST DAYS : We always begin with a deep cleaning of the entire facilities with enough extra crew to reach the level of cleanliness required.

QUALITY INSPECTIONS: Your Supervisor will perform unannounced inspections at different times of the day. This practice assure KELLY JANITORIAL'S high standards and encourages feedback from our customers.

RULES AND REGULATIONS: It is understood that KELLY JANITORIAL'S personnel shall comply with any building rules and that the aforementioned schedule may vary from time(s) to time(s), according to the needs of CUSTOMER.

EQUIPMENT AND SUPPLIES: KELLY JANITORIAL SYSTEM will furnish supplies, equipment, cleaning products and labor.

COMMUNICATIONS: We work when you work. - So we will always be available when you need us. KELLY JANITORIAL SYSTEMS is able to assist you with any cleaning matters 24 hours a day.



WORK LOAD

Kelly Janitorial is currently available for the workload at your facility. Our personnel reach +80 employees this year.

UNDERSTANDING IMMERGE NEEDS

We are sure that Kelly Janitorial Systems will meet and surpass your cleaning needs.

EQUIPMENT, SUPPLIES & PRODUCTS.

KELLY JANITORIAL SYSTEMS has in every facility all equipment needed to perform the tasks assigned. We only supply to our personnel commercial machines to assure the level of performance required by us and our clients. We will use eco-friendly cleaning products.

CLEANING STAFF RESPONSIBILITIES

The cleaning staff (Project manager, supervisors and janitors) of KELLY JANITORIAL SYSTEMS are responsible to perform and follow up the scope of services in daily, weekly, monthly and semi-Annual basis as described in this Bid package, sign in-out every day, make sure the facilities are secure and report any incident immediately.

The Supervisor has to inspect that the job is done at Kelly Janitorial's standards, report any incident, lock doors, check inventory, follow up the MSDS, the mix and/or use of cleaning products, report spills to be address as soon as possible, follow up procedures, uniforms, id cards, alarms, report any concern to Project manager, keep daily written activities reports and any other assignments.

The Project manager has the resposability to get the approval from the Facility manager for the products and cleaning equipment to be used, provide MSDS, schedule the monthly and semi-annual schedules of cleaning, report any incident or concern, submit reports indicating work completion, address with extra crew any spills o incident as soon as possible, quality control walk- through with supervisor on weekly basis and keep a good comunication with client. He will be available 24/7 for client and cleaning crew.

BID PRICING SHEET**COST FOR MONTHLY MAINTENANCE SERVICES**

<u>Item</u>	<u>Location</u>	<u>Total Square Footage</u>	<u>Unit Pricing Per Square Footage</u>	<u>Total Monthly Cost*</u>
1	Cutler Bay Town Center (CBTC)	73,546	\$ 0.085 SF	\$ 6,251.41
2	Cutler Ridge Park Recreation Building	2,916	\$ 0.25 SF	\$ 729.00
3	Cutler Ridge Park Restrooms	540	\$ 0.25 SF	\$ 135.00
4	Cutler Ridge Pool Restroom/Shower	2,214	\$ 0.25 SF	\$ 553.50
5	Saga Bay Park	230	\$ 0.25 SF	\$ 57.50
6	Bel Aire Park	136	\$ 0.25 SF	\$ 34.00
7	Lakes by the Bay Park	480	\$ 0.25 SF	\$ 120.00
8	Franjo Park	273	\$ 0.25 SF	\$ 68.25

*Total Monthly Cost = Total Square Footage X Unit Pricing Per Square Footage

Optional Services (at outlined on Page 19 of 30) RFP # 17-09

<u>Item</u>	<u>Optional Services</u>	<u>Unit Pricing Per Square Foot</u>
9	Floor Stripping, Waxing, and Buffing	\$ 0.25 SF
10	Carpet Shampooing and Rinsing (Deep Extraction Method)	\$ 0.18 SF
11	Upholstery Shampooing	\$ 0.20 SF
12	Pressure Cleaning	\$ 0.06 SF

Note: Optional Services shall **not** be included in Bidder's total monthly costs



KELLY JANITORIAL REFERENCE LIST / CURRENT AND PAST PROJECT:

CLIENT	DATE	DESCRIPTION	SQFT	CONTACT
<i>City of Aventura</i>	2000-Present	Included Facilities: Government Center & Police Community Recreation Center City Parks (4) Cultural and Art Center We provide custodial services, porters, supplies and quarterly, semiannual maintenance of all the facilities mentioned Aprox Contract Amount: \$ 250,000	200,000	Julio Garcia 305-525-0896 garciaj@cityofaventura.com
<i>City of North Miami</i>	2013-2017	City Hall Police Station MOCA Museum' Public Library Parks & Community Centers Motor Pool Utility Operations We provide custodial services, porters, supplies and quarterly, semiannual maintenance of all the facilities mentioned Aprox Contract Amount: \$ 540,000	135,000	Alberto Destrade 305-895-9887 adestrade@northmiamifl.gov
<i>City Of Miami Springs</i>	2011-Present	City Hall Police Department Community Center Pool – Aquatic Center Public Works Senior Center We provide custodial services, porters, supplies and quarterly, semiannual maintenance of all the facilities mentioned Aprox Contract Amount: \$306,000.00	90,000	Tom Nash 305-805-5035 nasht@miamisprings-fl.gov
<i>Louis Berger -Florida's Turnpike – Dept of Transportation</i>	2006- Present	7 Facilities: Pompano Beach MP65 West Palm Beach MP99 Ft. Pierce MP144 Boca Raton Sunpass Ctr. MP75 Snapper Creek MP19 We provide custodial services, supplies and quarterly, semiannual maintenance of all the facilities Aprox Contract Amount: \$300,000.00	265,000	Frank Natal 786-510-8631 fnatal@louisberger.com

Other Customers:

CLIENT	DATE	DESCRIPTION	SQFT
<i>Florida Dept of Health</i>	2012-Present	Custodial services for complete Building, supplies and quarterly, semiannual maintenance of all facilities	35,000
<i>Florida Lottery</i>	2014-Present	Custodial services for District Office, supplies and quarterly, semiannual maintenance of all facilities	8,000
<i>Town of Pembroke Pines</i>	2010-Present	Custodial services, supplies and quarterly, semiannual maintenance of all facilities	15,000
<i>The Giller Building</i>	2008-Present	Custodial services for complete Office Building	35,000
<i>Roca Tiles</i>	2006-Present	Custodial services, supplies and quarterly, semiannual maintenance of all facilities	25,000
<i>BalHarbour Villas Hall (City)</i>	2008-Present	Custodial services, supplies and quarterly, semiannual maintenance of all facilities	65,000
<i>3000 Properties</i>	2008-Present	Custodial services for complete Building, supplies and quarterly, semiannual maintenance of all facilities	35,000

Kelly Janitorial Systems, Inc. is a Florida Corporation since 1997. The Principals have an extended experience for more than 20 years, not only in Florida but New York, Connecticut & New Jersey. The management personnel managed accounts in New York City such as the MARRIOTT and SHERATON HOTELS. In Florida we have managed accounts with more than 200,000 square footage successfully. In addition, We are very familiar with Government buildings, Banks & City Halls.

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Bid Documents

Janitorial Maintenance Services

Town of Cutler Bay / RFP# 17-09



ACKNOWLEDGEMENT, WARRANTY AND ACCEPTANCE

- A. Contractor warrants that it is willing and able to comply with all applicable State of Florida laws, rules and regulations.
- B. Contractor warrants that they have read, understand and are willing to comply with all of the requirements of the RFP and the addendum/ addenda nos.
- C. Contractor warrants that it will not delegate or subcontract its responsibilities under an agreement without the prior written permission of the Council.
- D. Contractor warrants that all information provided by it in connection with this proposal is true and accurate.
- E. CONTINGENCY FEE AND CODE OF ETHICS WARRANTY:

Contractor warrants that neither it, nor any principal, employee, agent, representative or family member has promised to pay, and Contractor has not, and will not; pay a fee the amount of which is contingent upon the Town of Cutler Bay awarding this contract. Contractor warrants that neither it, nor any principal, employee, agent, representative has procured, or attempted to procure, this contract in violation of any of the provisions of the Miami-Dade County conflict of interest and code of ethics ordinances. Further, Contractor acknowledges that a violation of this warranty will result in the termination of the contract and forfeiture of funds paid, or to be paid, to the Contractor, if the Contractor is chosen for performance of the contract.

Signature of Official: _____

Name (typed): Luisa Rodriguez

Title: Secretary-Treasurer

Contractor: Kelly Janitorial Systems, Inc

Date: 09/22/2017

NON-COLLUSIVE AFFIDAVITState of Florida

SS:

County of ~~MIAMI DADE~~ ORANGELuisa Rodriguez being first duly sworn, deposes and says

that:

(1) He/she is the, (Owner, Partner, Officer, Representative or Agent) of:

Kelly Janitorial Systems, Inc the Contractor 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 a sham Proposal;

(4) Neither the said Contractor 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 Contractor or person to submit a collusive or sham response in connection with the work for which the attached Proposal has been submitted, or to refrain from responding in connection with such work, or have in any manner, directly or indirectly, sought by agreement or collusion, communication, or conference with any Contractor or person to fix this Proposal or to secure through any collusion, conspiracy, connivance, or unlawful agreement, any advantage against the Town of Cutler Bay, or any person interested in the proposed Work;

Signed, sealed and delivered
In the presence of

By:

Luisa Rodriguez

(Printed Name)

Secretary-Treasurer

(Title)

(Appendix - B Page 1 of 2)

APPENDIX B - CONTINUEDACKNOWLEDGMENT

State of Florida

County of ~~MIAMI DADE~~ ORANGEOn this 22 day of SEPTEMBER, 2017, before me, the undersigned

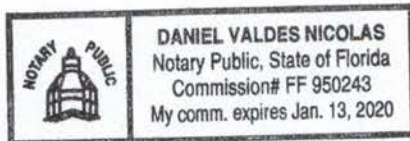
Notary Public of the State of Florida personally appeared

LUISA M. RODRIGUEZ

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

WITNESS my hand
and official seal

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:DANIEL VALDES NICOLAS

(Name of Notary Public: Print, Stamp or

Type as commissioned.)

- ☐ Personally known to me, or
- ☐ Produced identification:

USA PERMANENT RESIDENT CARD.

(Type of Identification Produced)

- ☒ Did take an oath. or
- ☐ Did not take an oath.

(Appendix - B Page 2 of 2)



**SWORN STATEMENT PURSUANT TO
SECTION 287.133 (3)(a) FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

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

1. This sworn statement is submitted to the TOWN OF CUTLER BAY, FLORIDA

By Luisa Rodriguez

For Kelly Janitorial Systems, Inc

Whose business address is: 8200 NW 52nd Terrace, Suite 103, Doral FL 33166

And (if applicable) its Federal Employer Identification Number (FEIN) is: 65-0779578

(if the entity has no FEIN, include the Social Security Number of the individual signing this

Sworn statement - S.S. # _____)

2. 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 any agency or political subdivision of any other State or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or any political subdivision of any other state or of the United Sates and involving antitrust fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation

3. I understand that "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 or a jury verdict, non jury trial, or entry of a plea or guilty or nab contenders.

(Appendix - C Page 1 of 3)

APPENDIX C - CONTINUED

4. I understand that an "affiliate" as defined in Paragraph 287.133(1) (a), Florida Statutes, and means:
- A. A predecessor or successor of a person convicted of a public entity crime; or
 - B. 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, ore 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.
5. 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 or any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal 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, directors, executives, partners, shareholders, employees, members, and agents who are active in management of any entity.

Signed, sealed and delivered

In the presence:

By:


Luisa Rodriguez

(Printed Name)

Secretary-Treasurer

(Title)

(Appendix - C Page 2 of 3)

**APPENDIX C - CONTINUED**ACKNOWLEDGMENT

State of Florida

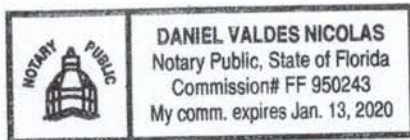
County of ~~MIAMI-DADE~~ ORANGE

On this 22 day of SEPTEMBER, 2017, before me, the undersigned Notary Public the State of Florida personally appeared Luisa Rodriguez and whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand
and official seal

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:



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

☐ Personally known to me, or
☐ Produced identification:

(Type of Identification Produced)

☒ Did take an oath. or
☐ Did not take an oath.

(Appendix - C Page 3 of 3)

END OF DOCUMENT



License and Permits

Janitorial Maintenance Services

Town of Cutler Bay / RFP# 17-09

005452

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



5245295

BUSINESS NAME/LOCATION

KELLY JANITORIAL SYSTEMS INC
8200 NW 52 TERR 103
DORAL FL 33166

RECEIPT NO.

RENEWAL
5481718

EXPIRES
SEPTEMBER 30, 2018

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

KELLY JANITORIAL SYSTEMS INC
C/O RUBEN OROPEZA PRES
Employee(s) 14

SEC. TYPE OF BUSINESS

213. SERVICE BUSINESS

PAYMENT RECEIVED
BY TAX COLLECTOR

\$63.00 07/07/2017
ECHECK-17-185704

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

CERTIFICATE OF USE

05/25/2017

2017010540

KELLY JANITORIAL SYSTEMS INC

JANITORIAL SERVICES

8200 NW 52 TER UNIT 103
DORAL, FL 33166

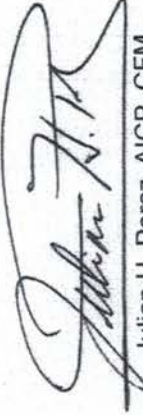
THE BUILDING ERECTED AND/OR ALTERED UPON THE ABOVE PREMISES HAS BEEN COMPLETED IN ACCORDANCE WITH ZONING AND CODE REQUIREMENTS AND WITH PLANS AND/OR SPECIFICATIONS SUBMITTED TO THE CITY OF DORAL COMMUNITY DEVELOPMENT DEPARTMENT. THIS CERTIFICATE IS ISSUED TO THE ABOVE NAMED APPLICANT FOR THE ABOVE NAMED LOCATION ONLY UPON THE EXPRESS CONDITION THAT THE APPLICANT WILL ABIDE BY AND COMPLY WITH ALL APPLICABLE ORDINANCES AND/OR BUILDING CODES PERTAINING TO THE ERECTION, CONTRUCTION, ALTERATION, REMODELING, OR USE OF BUILDINGS OR STRUCTURES.

RESTRICTIONS:

OFFICE FOR JANITORIAL SERVICES, NO
RETAIL SALES, NO OUTSIDE STORAGE
OR DISPLAYS, DRY USE ONLY.

Square Footage: 150

No. of Seats/Rooms: 0 / 0

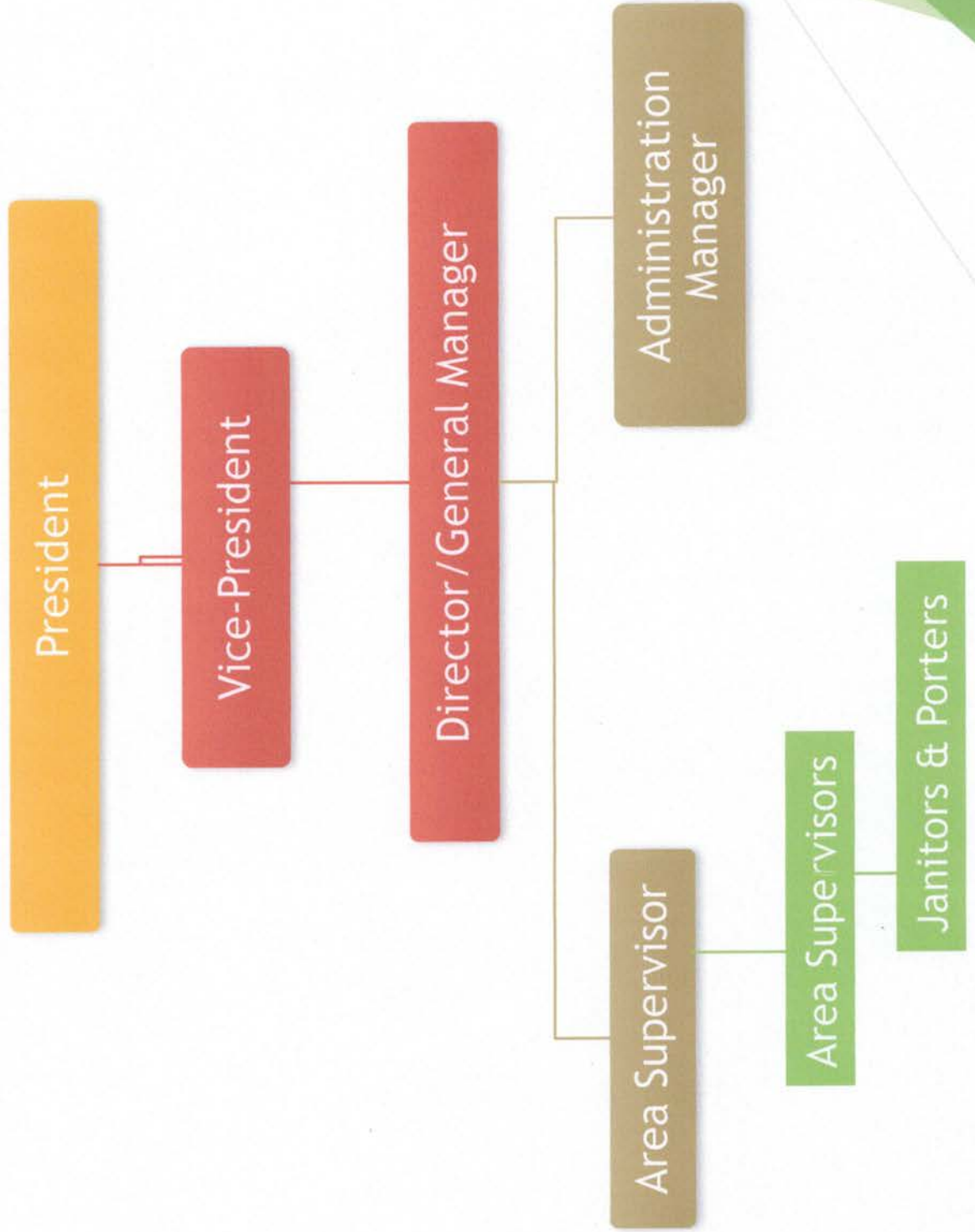


Julian H. Perez, AICP, CFM
Planning and Zoning Department Director

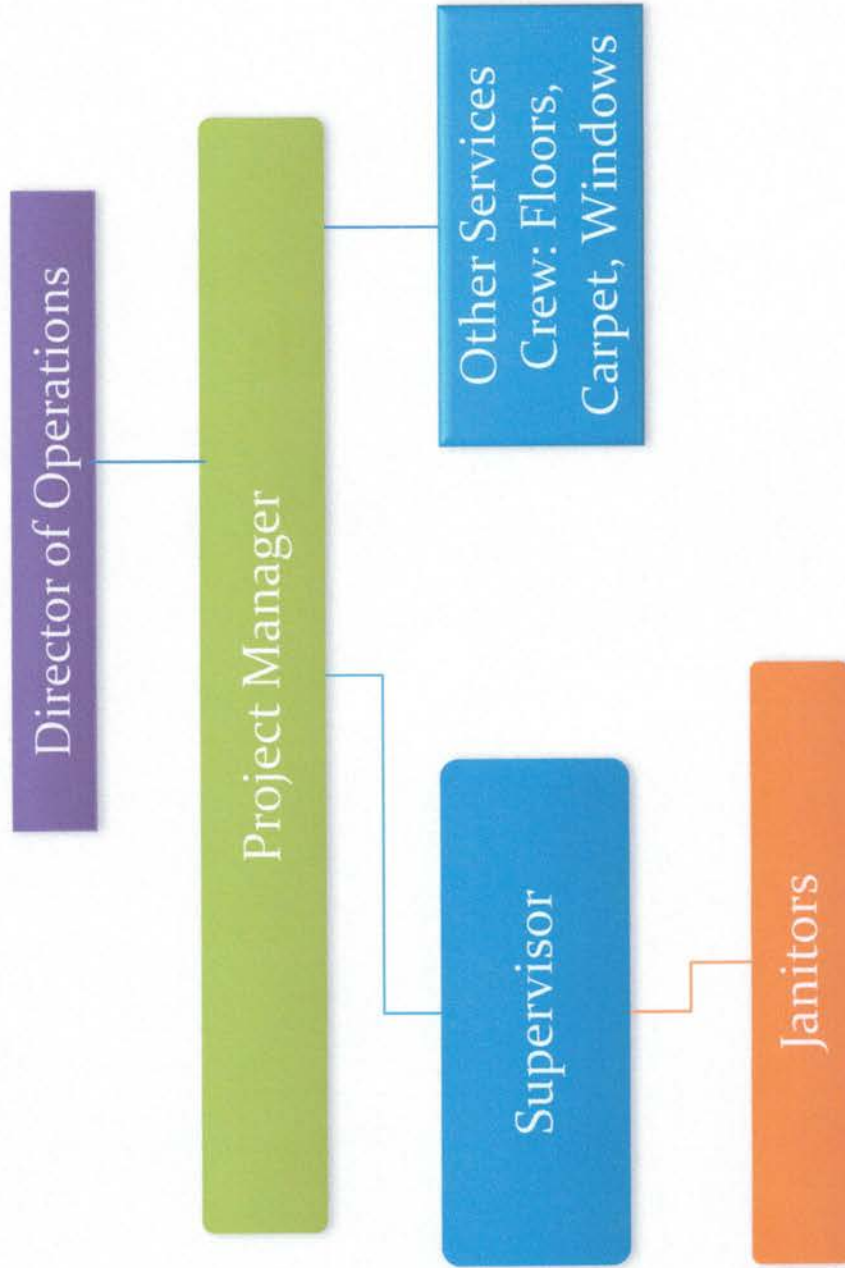


Organization Chart

Kelly Janitorial Systems Inc Organization Chart / Line of Authority



Project Chart: Town of Cutler Bay





Insurance Certificates



CERTIFICATE OF LIABILITY INSURANCE

ATTACHMENT ID: (Page 23 of 47)

DATE (MM/DD/YYYY)
08/28/2017

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 Sardy's Group Corporation 10126 W. Flagler St. Miami, FL 33174 Phone (305) 485-0116 Fax (305) 485-0633	CONTACT NAME: Raul Sardina, CIC PHONE (A/C, No, Ext): (305) 485-0116 E-MAIL ADDRESS: sardy@bellsouth.net FAX (A/C, No): (305) 485-0633																					
INSURED Kelly Janitorial Systems, Inc. 8200 Nw 52nd Ter Ste 103 Doral FL 33166	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Wesco Insurance Co.</td><td></td></tr><tr><td>INSURER B:</td><td>Old Republic Surety Co.</td><td>40444</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Wesco Insurance Co.		INSURER B:	Old Republic Surety Co.	40444	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER B:	Old Republic Surety Co.	40444																				
INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

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	ADDLSUBR INSR 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		WPP1502767 00	10/23/2016	10/23/2017	EACH OCCURRENCE \$ 1,000,000.00
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00
						MED EXP (Any one person) \$ 5,000.00
						PERSONAL & ADV INJURY \$ 1,000,000.00
						GENERAL AGGREGATE \$ 2,000,000.00
						PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED* AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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 <input type="checkbox"/> DED <input type="checkbox"/> 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 <input type="checkbox"/> N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$
B	Kelly Janitorial Dishonesty Bond		W150193671	05/16/2017	05/16/2018	Bond Amount \$10,000.00

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

Janitorial Services

Certificate holder is additional insured per form CG330730 10/13 on a primary noncontributory basis

CERTIFICATE HOLDER**CANCELLATION**

Town of Cutler Bay
10720 Caribbean Blvd.
Suite 105
Cutler Bay, FL 33189

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



CERTIFICATE OF LIABILITY ATTACHMENT "D"

130420

DATE (MM/DD/YYYY)

8/28/2017

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 Commercial Lines - (813) 639-3000 Wells Fargo Insurance Services USA, Inc. 2502 N. Rocky Point Drive, Suite 400 Tampa, FL 33607	CONTACT NAME: Certificate Request PHONE (A/C, No, Ext): 813-639-3000 E-MAIL ADDRESS: certificaterequest@alphastaff.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Wesco Insurance Company INSURER B: Technology Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 25011 42376
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INSURED AlphaStaff Group Inc Labor Contractor for leased workers to: Kelly Janitorial Systems, Inc. #440694 800 Corporate Drive Suite 600 Fort Lauderdale FL 33334	COVERAGES 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.	CERTIFICATE NUMBER: 12184864 REVISION NUMBER: See below
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	WWC3289204 (FL) TWC3646080 (AOS)	7/1/2017 7/1/2017	7/1/2018 7/1/2018	X PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B							

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

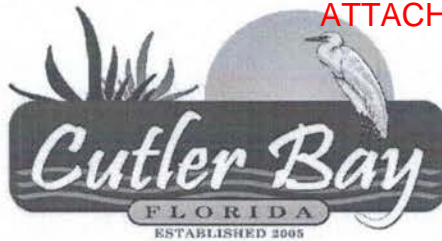
Coverage is extended to the leased employees of alternate employer in all states except in monopolistic states (ND, OH, WA, WY) and other states (AK,);

CERTIFICATE HOLDER Town of Cutler Bay 10720 Caribbean Blvd Suite 105 Cutler Bay FL 33189	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
--	--

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Addendums



ADDENDUM NO. 1
RFP# 17-09
TOWN OF CUTLER BAY
JANITORIAL MAINTENANCE SERVICES

Addendum #1 form shall be part of the original RFP # 17-09: Janitorial Maintenance Services document and modifies the original RFP as noted below:

REVISION TO ORIGINAL RFP DOCUMENTS BELOW:

Deleted Items: **"STRIKETRHOUGH"** Additions: **"UNDERLINE"**

Page 3 of 30

Introduction

The Town of Cutler Bay (the TOWN), a municipality located in Miami-Dade County, Florida, desires to receive proposals for the selection of a Janitorial Maintenance Contractor (the Contractor) to provide Janitorial Services (the Services) to the TOWN for the six (6) story commercial office building of approximately 73,546 leasable square feet and five (5) Town Parks restroom facilities of approximately 300 square feet each, (Town Facilities). The building has a typical floor plan with each floor having common area and serviced by two (2) elevators and stairwells. The proposed work for the "Cutler Bay Town Center Building" (CBTC) will include Janitorial Maintenance Services five (5) days per week (Monday thru Friday), including holidays and seven (7) days a week for Town Park Facilities. The "Cutler Bay Town Center" Building (CBTC) is located at 10720 Caribbean Boulevard, Cutler Bay, Florida, 33189.

2.1 GENERAL BACKGROUND

The Town owns the six (6) story, 73,545 leasable sq. ft. Cutler Bay Town Center Building (CBTC) located at 10720 Caribbean Boulevard, Cutler Bay, Florida 33189, and the following ~~four (4)~~ five (5) Town Parks (Town Facilities):

NAME	LOCATION
<u>Cutler Ridge Park & Pool Recreation Building</u>	<u>10100 SW 200 Street</u> <u>Cutler Bay, FL 33189</u>
<u>Cutler Ridge Park Restrooms</u>	<u>10100 SW 200 Street</u> <u>Cutler Bay, FL 33189</u>
<u>Cutler Ridge Pool Restrooms/Showers</u>	<u>10100 SW 200 Street</u> <u>Cutler Bay, FL 33189</u>
Saga Bay Park	8000 SW 205 Street Cutler Bay, FL 33189
Bel Aire Park	18500 SW 97 Avenue Cutler Bay, FL 33157
Lakes by the Bay Park	8551 SW 216 Street Cutler Bay, FL 33189
Franjo Park	20175 Franjo Road Cutler Bay, FL 33189

The TOWN intends to retain one (1) contractor to provide janitorial services for all Town Facilities in the Town facilities identified in Section 2.1 and described further in the Section 2.3. In order to fulfill the needs of quick response and professional expertise, the TOWN intends to retain one (1) qualified licensed Janitorial Maintenance Contractor. The selected contractor will be responsible for the janitorial services outlined in Section 3.3.

2.3 SCOPE OF SERVICES

Name	Address	Approximate Sq. Ft.
Cutler Bay Town Center (CBTC)	10720 Caribbean Blvd. Cutler Bay, FL 33189	73,546 leasable square feet
Cutler Ridge Park & Pool Recreation Building	10100 SW 200 Street Cutler Bay, FL 33189	<u>2,916 square feet</u>
Cutler Ridge Park Restrooms	<u>10100 SW 200 Street</u> <u>Cutler Bay, FL 33189</u>	<u>300 540</u> square feet (both restroom facilities)
Cutler Ridge Pool Restrooms/Shower	<u>10100 SW 200 Street</u> <u>Cutler Bay, FL 33189</u>	<u>2,214</u> square feet (both pool restroom facilities)
Saga Bay Park	8000 SW 205 Street Cutler Bay, FL 33189	<u>300 230</u> square feet (both restroom facilities)
Bel Aire Park	18500 SW 97 Avenue Cutler Bay, FL 33157	<u>200 136</u> square feet (both restroom facilities)
Lakes by the Bay Park	8551 SW 216 Street Cutler Bay, FL 33189	<u>400 480</u> square feet (both restroom facilities)
Franjo Park	20175 Franjo Road Cutler Bay, FL 33189	<u>300 273</u> square feet (both restroom facilities)

IMPORTANT NOTE: The above indication of approximate squared footage does **not** eliminate the need for the CONTRACTOR's **onsite inspection**.

2.3.6 Equipment, Materials, and Supplies

The Town shall provide the Contractor adequate storage areas for equipment and the supply of products to be used ~~the specific facilities where the storage is provided~~ at the CBTC Building only. ~~Contractor is responsible for transporting materials to Town Park Facilities.~~ The storage area shall be kept clean and orderly at all times. All equipment and materials stored shall be segregated by type. No toxic chemicals and/or combustible substances shall be stored within the area. All soiled and/or oily cleaning cloths shall be stored in metal containers with closed lids. Mops shall be rinsed and hanged so as to dry after each period of use. All cleaners and paper products shall be neatly stacked on shelves or within the original issued containers.

2.3.7 Cleaning

Town Hall occupied offices with VCT flooring shall be ~~buffed and waxed~~ stripped, waxed, and buffed quarterly per year and scheduled with the Town's staff at no additional cost.

2.3.11 FLOOR STRIPPING

Stripping of the ~~Town Facilities~~ granite and tile CBTC Building floors shall be done twice a year and scheduled with Town staff. Stripping shall be defined as the complete removal without damage to the floor surfaces, of all finishes and/or sealer from all visible floor surfaces, and from those floor surfaces, which can be exposed, by the removal of non-fixed furnishings. Stripping shall also include the complete removal of marks, scuff stains, etc., except in cases in which there is damage to the floor surface itself. Stripping chemicals shall be used in accordance with the direction of the manufacturer and in accordance to the type of floor. All floor surfaces to which stripper has been applied, shall be thoroughly rinsed with clean water.

2.3.16 FACILITY REQUIREMENTS

The following outline indicates the minimal requirements that are to be performed by the Contractor's employees and shall be included in the Contractor's monthly base price. Indicated are the types of tasks to be performed and the frequency that the tasks are to be performed. This is intended to indicate the minimal requirements. The actual work involved may not be limited to this list. In addition to this list, the Contractor shall provide whatever services are required to properly maintain the facilities. This list may be amended from time to time as necessary. These are the general conditions and are subject to change as needed:

D – Daily	W -Weekly	TW – Twice Weekly
M – Monthly	TM – Twice Monthly	Q – Quarterly
A – Annually	R – As Requested	N – As Needed
TY – Twice a Year	TD – Twice Daily *	

*TD: One cleaning cycle before noon, and one cleaning cycle before 5:00 p.m.

CUTLER BAY TOWN CENTER

Note: The following services shall be included in the Contractor's monthly base price

CLEANING	Frequency
Town's Break Room: refrigerators, microwaves, small appliances	W
Empty recycle containers	D
Empty waste containers	D
Replacement of liners in trash cans	D
Carpet vacuum	D
Carpet shampoo – Town Hall Offices	TY
VCT Buffing and Waxing – Town Hall Offices	Q
Floor sweeping / mopping	D
Cleaning walk-off mats	D
Stairwell cleaning	D
RESTROOMS	
Water closets	TD
Urinals, lavatories	TD
Mirrors	TD
Toilet room floors	TD
Partitions and wood works spot cleaning	TD
Empty waste containers	TD
Filling all dispensers/servicing devices	TD
Cleaning of stalls	TD

2.3.16 FACILITY REQUIREMENTS (contd.)**TOWN PARK RESTROOM FACILITIES***Note: The following services shall be included in the Contractor's monthly base price*

RESTROOMS	
Water closets	TD
Urinals, lavatories	TD
Mirrors	TD
Toilet room floors	TD
Partitions and wood works spot cleaning	TD
Empty waste containers	TD
Filling all dispensers/servicing devices	TD
Cleaning of stalls	TD
Service sinks	TD
Restrooms' Floors Stripping	TY
Showers at Cutler Ridge Pool	<u>TD</u>
DRINKING FOUNTAINS	
Cleaning	TD

~~* One cleaning cycle before noon, and one cleaning cycle before 5:00 p.m.~~

2.4 SCHEDULE

Contractor will complete the work items outlined in Section 2.3 Scope of Services after regular business hours, from 6:00 p.m. and completed by 5:00 a.m. unless indicated Twice Daily (TD) with one cleaning cycle before noon, and one cleaning cycle before 5:00 p.m. "Notice to Proceed" from the Town will be issued once the scope, schedule and cost for the work has been determined and provided by the Contractor, and approved by the Town. The Contractor is responsible for coordinating cleaning services with Town Center's activities Building schedule.

Service sinks	TD
DUSTING	
All surfaces and fixtures below 7 ft.	D
All surfaces and fixtures above 7 ft.	N
DRINKING FOUNTAINS	
Cleaning	TD
FLOOR STRIPPING	
Town Center Lobby Area – <u>granite</u>	TY
Town Center Exterior Entrance – <u>granite</u>	TY
Restrooms' Floors – <u>ceramic tile</u>	TY
Elevator Entry Area – <u>porcelain tile</u>	TY
Elevator Interior Floor – <u>fritztile</u>	TY
INTERIOR GLASS	
Glass cleaning	D
CONFERENCE ROOMS AND COUNCIL CHAMBERS	
Routine cleaning	TW - N
ELEVATORS	
Complete cleaning (walls, floors, ceilings, & doors)	D
WALL MOUNTED ITEMS	
Cleaning	N

Page 19 of 30

2.5 CONTRACTOR USE OF SITE AND PREMISES

A list of employees' names and background checks shall be provided to the Town prior to commencement of work.

2.7 REQUEST FOR PRICE OF OPTIONAL SERVICES

The CONTRACTOR will include a separate cost per unit for the following optional services in their proposals:

- ~~A.~~ Spray buff of resilient floors – (S.F. costs)
- ~~B.~~ A. Floor stripping, waxing and sealing buffing (S.F. costs)
- ~~C.~~ B. Carpet shampooing and rinsing (deep extraction method) (S.F.)
- ~~D.~~ C. Upholstery shampooing – (per seat)
- ~~E.~~ D. Pressure cleaning – (S.F. costs)

2.8 UNOCCUPIED SPACE

The Town will not pay for unoccupied space within the CBTC Building. Offices that are unoccupied will have a marker placed on the office door to notify the CONTRACTOR that the office is **UNOCCUPIED**.

3.1 RESPONSE/(PROPOSAL PACKAGE) PREPARATION

3. A **one-page**, cost for the “MONTHLY” Janitorial Maintenance, as detailed in Section # 2.3 – Scope of Services (Pages 10 thru 18) Contractor must include the bid pricing sheet provided in Addendum #1, and optional Services detailed in Section #2.7 pricing to be included on this page.

Page 21 of 30

~~September 14, 2017~~ at which time their receipt will be publicly documented by the Town Clerk or his/her designee(s).

All Responses must be received by the TOWN clerk by the due date and time. All Responses received after the due date and time will not be considered.

September 28, 2017 at which time their receipt will be publicly documented by the Town Clerk or his/her designee(s).

All Responses must be received by the TOWN clerk by the due date and time. All Responses received after the due date and time will not be considered.

Page 23 of 30

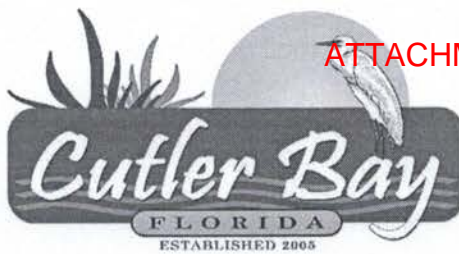
4.5 BONDING CAPABILITY

Prior to execution of an agreement with the TOWN, the Contractor/Vendor shall demonstrate evidence of bond ability up to \$ ~~500,000.00~~ \$ 50,000.00 from a bonding company or entity of a minimum rating of AA (or a bank letter of credit in lieu).

Page 24 of 30

4.6 NEGOTIATIONS

~~Other fees negotiated will be for the underlying contracts and will be negotiated in accordance with Florida Statutes.~~



ADDENDUM NO. 2
RFP# 17-09
TOWN OF CUTLER BAY
JANITORIAL MAINTENANCE SERVICES

Addendum #2 form shall be part of the original RFP # 17-09: Janitorial Maintenance Services document and modifies the original RFP as noted below:

REVISION TO ORIGINAL RFP DOCUMENTS BELOW:
"RED"

Page 1 of 30

RESPONSE SUBMITTAL DUE DATE:

~~September 14, 2017~~
TIME: 2:00 PM

RESPONSE SUBMITTAL DUE DATE:

September 28, 2017
TIME: 2:00 PM

Page 2 of 30

Sealed submittals including one (1) original and five (5) copies **plus** one (1) CD containing all documents submitted, must be received no later than **2:00 PM on Thursday, ~~September 14, 2017~~** and be clearly marked on the outside, **"RFP 17-09 - Janitorial Maintenance Services"**, by **Debra E. Eastman, MMC, Town Clerk, Town of Cutler Bay, 10720 Caribbean Blvd., Suite 105, Cutler Bay, Florida, 33189.**

Sealed submittals including one (1) original and five (5) copies **plus** one (1) CD containing all documents submitted, must be received no later than **2:00 PM on Thursday, September 28, 2017** and be clearly marked on the outside, **"RFP 17-09 - Janitorial Maintenance Services"**, by **Debra E. Eastman, MMC, Town Clerk, Town of Cutler Bay, 10720 Caribbean Blvd., Suite 105, Cutler Bay, Florida, 33189.**

Page 3 of 30**1.1 SCHEDULE OF EVENTS**

No	Event	Date*	Time* (EST)
1	Advertisement/ Distribution of RFP & Cone of silence begins	07/27/2017	2:00 PM
2	Mandatory Pre-Bid Meeting & Facilities Site Inspections (Town Center Building located at 10720 Caribbean Blvd., Suite 105, Cutler Bay, FL 33189)	08/17/2017	10:00 AM
3	Deadline to Submit Questions	08/24/2017	4:00 PM
4	Deadline to Town Responses to Questions	08/31/2017	5:00 PM
5	Deadline to Submit RFP-Response	09/14/2017	2:00 PM
6	Evaluation of Proposals	09/15/2017 through 10/06/2017	8:00 AM through 5:00 PM
7	Announcement of selected Contractors/Cone of Silence ends	10/19/17	9:00 AM

1.1 SCHEDULE OF EVENTS

No	Event	Date*	Time* (EST)
1	Advertisement/ Distribution of RFP & Cone of silence begins	07/27/2017	2:00 PM
2	Mandatory Pre-Bid Meeting & Facilities Site Inspections (Town Center Building located at 10720 Caribbean Blvd., Suite 105, Cutler Bay, FL 33189)	08/17/2017	10:00 AM
3	Deadline to Submit Questions	08/24/2017	4:00 PM
4	Deadline to Town Responses to Questions	08/31/2017	5:00 PM
5	Deadline to Submit RFP-Response	09/28/2017	2:00 PM
6	Evaluation of Proposals	09/29/2017 through 10/06/2017	8:00 AM through 5:00 PM
7	Announcement of selected Contractors/Cone of Silence ends	10/19/17	9:00 AM



Others

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
KELLY JANITORIAL SYSTEMS, INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶ _____

☒ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
8200 NW 52ND TERRACE STE 103

6 City, state, and ZIP code
DORAL, FL 33166

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.


Social security number								
			-				-	
or								
Employer identification number								
6	5		-	0	7	7	9	5 7 8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here **Signature of U.S. person ▶**  **Date ▶** 9/13/2017

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.