

9586-11

**CONTRACT
BETWEEN
THE CITY OF JACKSONVILLE
AND
J. L. TRIPP BUILDERS
FOR
NEW HEALTH CLINIC AT MONTGOMERY CORRECTIONAL CENTER**

THIS CONTRACT is executed as of this 18 day of May, 2015, by and between the CITY OF JACKSONVILLE, FLORIDA, a municipal corporation in Duval County, Florida (hereinafter the "Owner" or the "City"), and J. L. TRIPP BUILDERS, a Florida corporation with principal office at 2055 Edgewood Avenue West, Jacksonville, Florida 32208 (hereinafter the "Contractor").

WITNESSETH, that for the consideration and under the provisions hereinafter stated and referred to moving from each to the other of said parties respectively, it is mutually understood and agreed as follows:

1. That Contractor is the lowest and best responsible bidder for furnishing all labor, materials, and equipment and performing all operations necessary for the construction of a new concrete block masonry health clinic at Montgomery Correctional Center, including but not limited to removing existing pavement and constructing new concrete pavement, a new driveway, a new concrete walk, new aluminum canopies, tree protection, restrooms for men and women, a gate, mechanical and electrical rooms, classrooms, a conference room, exam rooms, a supervisor's office, holding units for men and women, a janitor's closet, a pharmacy, lab and medical rooms, plumbing work, mechanical work, and electrical work, together with all other associated improvements, repairs, and work, all in accordance with plans and specifications hereafter referred to, and has been awarded this Contract for said work pursuant to award made March 19, 2015.

2. The Contractor will, at its own cost and expense, do the work required to be done and furnish the materials required to be furnished on said work in accordance with plans and specifications prepared by the Engineering Division of the Department of Public Works and

VRL Architects, Inc., bid numbered JCF-0127-14, bid date August 6, 2014, designated as “Bid Specifications for Montgomery Correctional Center 4727 Lannie Road ‘New Health Clinic’,” and strictly in accordance with the advertisement calling for bids, plans, specifications, blueprints, addenda, requirements of the City of Jacksonville, proposal of said Contractor, and award therefor (hereinafter collectively the “Contract Documents”) now on file in the Office of the Chief of the Procurement Division of the City of Jacksonville, all of which are hereby specifically made a part hereof by reference to the same extent as if fully set out herein, for the total base bid amount of FOUR HUNDRED SEVENTY-NINE THOUSAND AND 00/100 DOLLARS (\$479,000.00), at and for the prices and on the terms contained in the Contract Documents.

3. On the faithful performance of this contract by the Contractor, the Owner will pay the Contractor in accordance with the terms and on the conditions stated in the Contract Documents.

4. This Contract and all amendments hereto may be executed in several counterparts, each of which shall be deemed to be an original, and all of such counterparts together shall constitute one and the same instrument.

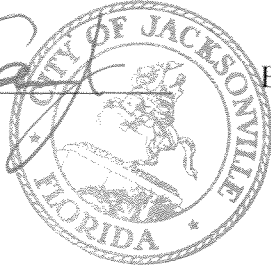
[Remainder of page intentionally left blank. Signature page follows immediately.]

IN WITNESS WHEREOF, the parties hereto have duly executed this Contract, in duplicate, the day and year first above written.

ATTEST:

CITY OF JACKSONVILLE, FLORIDA

By *James R. McCain, Jr.*
James R. McCain, Jr.
Corporation Secretary



By *Cleveland Ferguson III*
Cleveland Ferguson III
Deputy Chief Administrative Officer
For Mayor Alvin Brown
OWNER
Under Authority of:
Executive Order No. 2015-01

In accordance with Section 24.103(e) of the Ordinance Code of the City of Jacksonville, I do hereby certify that there is an unexpended, unencumbered, and unimpounded balance in the appropriation sufficient to cover the foregoing agreement, and that provision has been made for the payment of monies provided therein to be paid.

C. Ronald Belton
Director of Finance
9586-11
PB

Form Approved:

James R. McCain, Jr.
Office of General Counsel

ATTEST:

J. L. TRIPP BUILDERS

Robert L. Tripp
Signature
Robert L Tripp
Type/Print Name
VP
Title

J. L. Tripp
Signature
J. L. Tripp
Type/Print Name
President
Title

CONTRACTOR

SUBJECT MONTGOMERY CORRECTIONAL CENTER- NEW HEALTH CLINIC- JSEB SET-ASIDE

BID# JCF-0127-14

OPEN DATE: 2014-08-13

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT:

JSEB SET-ASIDE CONSTRUCTION FIXED

AGENCY: PUBLIC WORKS

BASIS OF AWARD: TOTAL LUMP SUM BASE BID, TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED 8 NUMBER RECEIVED 7 OTHER 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval of award to J L Tripp Builders, as the lowest responsive, responsible bidder in the total lump sum base bid amount of \$479,000.00. The total sum additive alternate bid item no. 1 will not be awarded at this time.

Funding for this award to be encumbered by account: SHCP322F5210-06505-SH0020-01 to be executed by formal contract through Office of General Counsel.

Attachments: Recommendation Memo, Bid Tabulation Sheet, JSEB Letter, Basis of Award, Vendor Email, Scope of Work, Ordinance 2015-102-E

BUYER: _____
MARILYN LAIDLER

RESPECTFULLY SUBMITTED: *Gregory Pease*
GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: William J. Joyce, P.E., Chief, Eng. & Const./ Bill Clement, CPA, Chief, Budget & Mgmt. JSQ

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)

ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 5

MEMBERS DISAPPROVING

DATE: 2/3/15

OTHER:

ACTION OF AWARDING AUTHORITY

DATE: 2/3/15

APPROVED 5

DISAPPROVED

OTHER

SIGNATURE OF AUTHENTICATION

Cleveland Ferguson III

Cleveland Ferguson III
Deputy Chief Administrative Officer
For Mayor Alvin Brown
Under Authority of
Executive Order No. 2015-01



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/4/2015

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 Williams and Stazzone Insurance 99 North Atlantic Avenue Cocoa Beach FL 32931		CONTACT NAME: Anna Marie Samona PHONE (A/C No. Ext): (800) 868-1235 E-MAIL ADDRESS: asamona@wsins.com FAX (A/C. No): (321) 868-2003																						
INSURED RJ Tripp Inc, DBA: JL Tripp Builders 5133 Soutel Dr Jacksonville FL 32208		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Endurance American Specialty</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Endurance American Specialty		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** CL1522622155 **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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CBC10000089704	2/2/2015	2/2/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	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)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Project: Montgomery Correctional Center-New Health Clinic
 Address: 4727 Lannie Road
 Jacksonville, FL 32218
 Project #: JCF-0127-14

CERTIFICATE HOLDER City of Jacksonville 214 N. Hogan St., 10th Floor Jacksonville, FL 32202	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 Richard Stazzone/JESS <i>Richard F Stazzone</i>
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