SUBJECT: COLLISION, REPAIR, PAINT & DENT REMOVAL SERVICES

BID #: SC-0235-19 **OPEN DATE: 10/17/18**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: ONE (1) YEAR FROM DATE OF AWARD WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: FLEET MANAGEMENT

BASIS OF AWARD: ALL OR NONE TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: (12) NUMBER RECEIVED: (9) OTHER: (0)

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval to correct the name of the primary vendor for Group 4 and secondary vendor for Groups 1 & 2, Coggin Collision to KP Motors LLC dba Coggin Collision.

Recommend approval to increase the award with KP Motors LLC dba Coggin Collision by $20,000.00 for the period ending November 28, 2019. Total revised estimated expenditure amount is $415,000.00.

Group 1 (Primary) – Star Automotive - not to exceed $50,000.00
Group 2 (Primary) – North Florida Lincoln – not to exceed $65,000.00
Group 3 (Primary) – D. J. Auto Body - not to exceed $90,000.00
Group 4 (Primary) – KP Motors LLC dba Coggin Collision – increase by $20,000.00, not to exceed $50,000.00 (Secondary Groups 1 & 2)
Group 4 (Secondary) – Viverette's Paint & Body Shop - not to exceed $20,000.00
Group 5 (Primary) - Universal Body Company - not to exceed $35,000.00
Group 5 (Secondary) - Commonwealth Collision - not to exceed $20,000.00
Group 6 (Primary) - Dent Wizard - not to exceed $85,000.00

Funding Source – AFFM511-04601 - To be encumbered by purchase order

Attachments: Recommendation Memo and Previous Awards

ANALYST: _____ Annette Burney

RESPECTFULLY SUBMITTED _____ GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: Crisencio Tongol, Chief, Fleet Management Division

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING _____ MEMBERS DISAPPROVING _____ DATE: _____

_____ _____ OTHER: _____

_____ _____

_____ _____

ACTION OF AWARDING AUTHORITY DATE _____

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

FINANCE AND ADMINSTRATION DEPARTMENT

FLEET MANAGEMENT DIVISION

Jacksonville

Where Florida Begins.

Date: March 19, 2019

To: Gregory Pease, Chief of Procurement Division

Thru: Cris Tongol, Chief of Fleet Management Division

From: Erik Preacher, Fleet Financial Services Manager

Re: Request increase award for SC-0235-19 Collision, Repair Paint & Dent Removal Services

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Fleet Management Division is requesting approval to increase award for Group 4 to KPS Motors, dba Coggin Collision in the amount of $20,000.00. Total revised expenditure amount is $50,000.00. Total expenditure amount not to exceed is $415,000.00.

Funding Source: AFFM511-04601

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Asbury Automotive Group Inc.

2 Business name/disregarded entity name, if different from above
KP Motors LLC (dba Coggin Buick-GMC of Orange Park) [FEIN of LLC: 06-1629064]

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

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.) See instructions.
2905 Premiere Parkway, Suite 300

Requester's name and address (optional)

6 City, state, and ZIP code
Duluth, GA 30097

7 List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
0 1 – 0 6 0 9 3 7 5

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 for Part II, later.

Sign Here Signature of U.S. person ▶ Shelinda Coggin Date ▶ 3/22/2018

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

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, *later.*

SUBJECT: COLLISION, REPAIR, PAINT & DENT REMOVAL SERVICES

BID #: SC-0235-19

OPEN DATE: 10/17/18

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: ONE (1) YEAR FROM DATE OF AWARD WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: FLEET MANAGEMENT

BASIS OF AWARD: ALL OR NONE TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: (12) NUMBER RECEIVED: (9) OTHER: (0)

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval of award to the lowest responsive, responsible bidders by group as outlined below. Period of service is for one (1) year from date of award with two (2) one (1) year renewal options. Total estimated annual expenditure amount is $365,000.00.

Group 1 (Primary) – Star Automotive - $50,000.00
Group 2 (Primary) – North Florida Lincoln - $35,000.00
Group 3 (Primary) – D. J. Auto Body - $90,000.00
Group 4 (Primary) – Coggin Collision - $30,000.00 (Secondary Groups 1 & 2)
Group 4 (Secondary) – Viverette's Paint & Body Shop - $20,000.00
Group 5 (Primary) - Universal Body Company - $35,000.00
Group 5 (Secondary) - Commonwealth Collision - $20,000.00
Group 6 (Primary) - Dent Wizard - $85,000.00

Funding Source – AFFM511-04601 - $225,000.00; AFFM511-04602 - $140,000.00 – To be encumbered by purchase order

Attachments: Recommendation Memo, Tabulation and Terms and Conditions

ANALYST: Annette Burney

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: C.J. Thompson, Chief, Fleet Management Division

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING Ø DATE: 11/29/18

Teresa R Eibner

OTHER:

ACTION OF AWARDING AUTHORITY DATE 11/29/18

MR

APPROVED DISAPPROVED

OTHER

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

SIGNATURE OF AUTHENTICATION

SUBJECT: COLLISION, REPAIR, PAINT & DENT REMOVAL SERVICES

BID #: SC-0235-19 **OPEN DATE: 10/17/18**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: ONE (1) YEAR FROM DATE OF AWARD WITH TWO (2) ONE (1) YEAR RENEWAL OPTIONS

AGENCY: FLEET MANAGEMENT

BASIS OF AWARD: ALL OR NONE TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: (12) NUMBER RECEIVED: (9) OTHER: (0)

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to increase the award with North Florida Lincoln for Group 2 by $30,000.00 for the period ending November 28, 2019. Total revised estimated expenditure amount is $395,000.00.

Group 1 (Primary) – Star Automotive - $50,000.00
Group 2 (Primary) – North Florida Lincoln – increase by $30,000.00, not to exceed $65,000.00
Group 3 (Primary) – D. J. Auto Body - $90,000.00
Group 4 (Primary) – Coggin Collision - $30,000.00 (Secondary Groups 1 & 2)
Group 4 (Secondary) – Viverette's Paint & Body Shop - $20,000.00
Group 5 (Primary) - Universal Body Company - $35,000.00
Group 5 (Secondary) - Commonwealth Collision - $20,000.00
Group 6 (Primary) - Dent Wizard - $85,000.00

Funding Source – AFFM511-04601 - To be encumbered by purchase order

Attachments: Recommendation Memo and Previous Award

ANALYST: _____ Annette Burney **RESPECTFULLY SUBMITTED** _____ GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: Crisencio Tongol, Chief, Fleet Management Division

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(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING Ø DATE: 3/11/19

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE 3/11/19

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
~~Under Authority of:~~
Executive Order No. 2015-05