

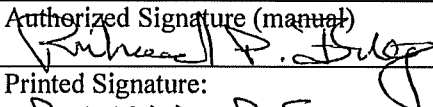


# INVITATION TO BID

## NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

Bid Title: <b>Upgrade to the Facilities Management System</b>	
Bid Number: <b>NC17-016</b>	
Requesting Department: <b>Facilities Maintenance</b>	Bid Contact: <b>Angela Gregory, Procurement Manager</b>
Contact Address: <b>96135 Nassau Place, Suite 6, Yulee, FL 32097</b>	Contact Number and Email: <b>904-530-6040 <a href="mailto:agregory@nassaucountyfl.com">agregory@nassaucountyfl.com</a></b>
Bid Due Date or Closing Date/Time: <b>Tuesday, July 25, 2017 @ 4:00 p.m.</b>	Bid Opening Date/Time: <b>Wednesday, July 26, 2017 @ 10:00 a.m. or soon there after</b>
Location to Deliver Bid: <b>John A. Crawford, Ex-Officio Clerk, Robert M. Foster Justice Center, 76347 Veterans Way, Suite 456, Yulee, FL 32097</b>	

In accordance with the intent and content of this Invitation to Bid (ITB), we the undersigned do hereby offer to perform as stipulated in this response. Failure to do so may result in the forfeiting of bid security, removal from the County's bidder list, or other remedies available to the County under the laws of the State of Florida.

Legal Name of Bidder: <b>FACILITY AUTOMATION SOLUTIONS, INC.</b>		
Business Address <b>6900 PHILLIPS INDUSTRIAL BLVD. JACKSONVILLE, FL 32256</b>		
Phone Number <b>(904) 446-8100</b>	Fax Number <b>(904) 446-8136</b>	E-Mail Address: <b>rfrey@jaxcontrols.com</b>
Contractor's Florida License Number (as applicable): <b>EC13006224</b>		
Authorized Signature (manual) 		Date: <b>7-24-2017</b>
Printed Signature: <b>RICHARD P. FREY</b>		Title: <b>SERVICE DIRECTOR</b>

### BIDDER DECLARATION / ACKNOWLEDGMENT

1. Bids will be opened by a representative of the Clerk's Office in the Clerk's Small Conference Room (76347 Veterans Way, Yulee, FL 32097) on the appropriate date and time as shown above. Bid documents will be available upon notice of an intended decision or after 30 days after bid opening (whichever is earliest), pursuant to FS 119.071 (b).
2. Bids must be SUBMITTED ON THE FORM FURNISHED BY THE COUNTY and in accordance with specifications and list of quantities desired.
3. Page One must be completed and submitted as the top sheet of your bid response.
4. It is the intent and purpose of Nassau County that this Invitation to Bid promotes competitive bidding. It shall be the bidder's responsibility to advise the Contract Management Office at the address noted above, if any language, requirements, etc., or any combination thereof, inadvertently restricts or limits the requirements stated in this Invitation to Bid to a single source. Such notification must be submitted in writing and must be received by the Contract Management Office not later than seven (7) calendar days prior to the bid closing date.
5. **THERE WILL BE A NON-MANDATORY PRE-BID CONFERENCE FOR THIS BID (SEE ARTICLE A19).**

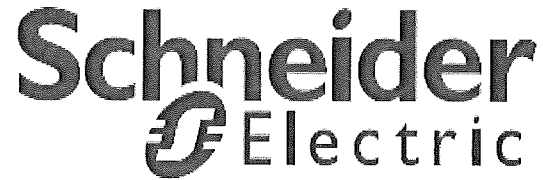
**(THIS PAGE MUST BE RETURNED WITH YOUR BID)**

**ACKNOWLEDGMENT IS HEREBY MADE OF RECEIPT OF THIS ADDENDUM NO. 1, ISSUED DURING THE SOLICITATION PERIOD:**

Vendor Signature: Richard P. Kreg Date: 2-24-2017

**NOTE:** You are required to acknowledge receipt of this addendum by signing and submitting it with your bid/proposal (signature page only). In addition you are required to acknowledge receipt on the Addendum Acknowledgement (Attachment B, Page 12).

**End of Addendum #1**



July 21, 2017

Rich Frey  
Facility Automation Solutions  
Jacksonville, FL

Re: Nassau County protocol letter

Rich:

At your request, I am writing this letter to confirm the protocols that are native from our AS-P (Automation Server Premium) controller.

Please regard this letter as formal notice that Schneider Electric's AS-P controller does indeed allow for multiple protocols from the same controller. Further, the AS-P can integrate with I/Net system equipment and 3<sup>rd</sup> party equipment utilizing BACnet, LON and Modbus protocols.

Please refer to the attached data sheet for further details.

Regards,  
Mike Willover

*Mike Willover*

Southeast Regional Partner Expert  
Schneider Electric Buildings Division  
407-977-6600

## ATTACHMENT "B"

## BID PRICE SHEET

UPGRADE TO FACILITIES MANAGEMENT SYSTEM  
BID NUMBER NC17-016

Description	LUMP SUM BID
Provide all necessary equipment, materials, labor, insurances and licenses detailed in scope of work Attachment "A" to upgrade the existing electronic facility management System (INET)	\$ 297,271.00


The projects shall be completed within 180 days from the date Contractor receives a Purchase Order and Notice to Proceed.

The undersigned declares that they have examined the Notice to Bidders, Instructions to Bidders, and Technical Specifications/Scope of Work and is informed fully with regard to all terms and conditions pertaining thereto and agrees under these specifications at the prices set forth above.

Company: FACILITY AUTOMATION SOLUTIONS, INC.

Address: 6900 PHILLIPS INDUSTRIAL BLVD.

City, State, Zip: JACKSONVILLE, FL, 32256

By:   
(Signature)

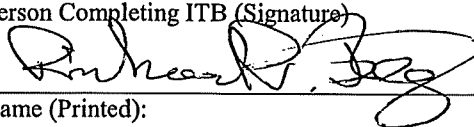
RICHARD P. FREY  
(Above name printed or typed)

Phone: (904) 446-8100 Fax: (904) 446-8136

Email: r.frey@jaxcontrols.com

## ATTACHMENT "D"

## Addenda Acknowledgment

Acknowledgment is hereby made of receipt of addenda issued during the solicitation period.  Bid Number NC17-016	Addendum # <u>1</u> through # <u>1</u>  Initial: <u>RF</u>  Date: <u>2-24-2017</u>
Person Completing ITB (Signature) 	
Name (Printed): <u>RICHARD P. FREY</u>	Title: <u>SERVICE DIRECTOR</u>

&gt;&gt;&gt;Failure to submit this form may disqualify your response&lt;&lt;&lt;

## ATTACHMENT "E"

## NASSAU COUNTY

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

## TO BE RETURNED WITH BID

THIS 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, Proposal or Contract for NC17-016 Upgrade to the facility mgmt system
2. This sworn statement is submitted by \_\_\_\_\_ (entity submitting sworn statement), whose business address is 1900 Phillips Industrial Blvd Jacksonville, FL 32256 and its Federal Employee Identification Number (FEIN) is 59-2443599. (if the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: N/A).
3. My name is Rich Frey (please print name of individual signing), and my relationship to the entity named above is Project manager.
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, any leases for real property, or any contract for the construction or repair of a public building or public work, to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction or 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 of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, 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, or a pooling of equipment or income among persons when not to fair market value under an arm's length agreement, shall be 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 thirty-six (36) months shall be considered an affiliate.
7. 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 of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts 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 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.)

X Neither the entity submitting this sworn statement, nor any of its 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.

\_\_\_\_\_ The entity submitting this sworn statement, or one of more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has 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 officer 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 placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

Richard J. [Signature]  
(Signature)

7-24-2017  
Date

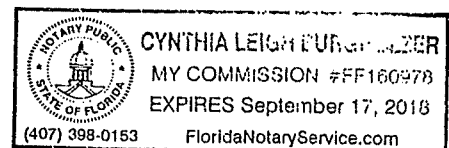
STATE OF FLORIDA  
COUNTY OF Duval

PERSONALLY APPREARED BEFORE ME, the undersigned authority, Rich Frey, who, after first being sworn by me, affixed his/her signature in the space provided above on this 24th day of July, 2017.

Cynthia Leigh Purner [Signature]  
(Notary Public)

My Commission Expires: 9-17-18

(seal)



### ATTACHMENT "F" EXPERIENCE OF BIDDER

The following questionnaire shall be answered by the bidder for use in evaluating the bid to determine the lowest, responsive, and responsible bidder, meeting the required specifications.

1. **FIRM NAME:** Facility Automation Solutions  
**Address:** 6900 Phillips Industrial Blvd  
**City/State/Zip:** Jacksonville, FL 32256  
**Phone:** 904-446-8100 **Fax:** 904-446-8136  
**Name of primary contact responsible for work performance:** Rich Frey  
**Phone:** 904-446-8119 **Cell Phone:** 904-219-3725 **Email:** rfrey@jaxcontrols.com
  
2. **INSURANCE:**  
**Surety Company:** Great American Insurance Company  
**Agent Company:** BB&T Landrum-Yaeger  
**Agent Contact:** Nancy Landrum  
**Total Bonding Capacity:** \$29,000,000 **Value of Work Presently Bonded:** 0
  
3. **EXPERIENCE:**  
**Years in business:** 20  
**Years in business under this name:** 20  
**Years performing this type of work:** 20  
**Value of work now under contract:** 14 million  
**Value of work in place last year:** 10.6 million  
**Percentage (%) of work usually self-performed:** \_\_\_\_\_  
**Name of subcontractors you may use:** —  
**Has firm:**  
     Failed to complete a contract: NO  
     Been involved in bankruptcy or reorganization: NO  
     Pending judgment claims or suits against firm: NO
  
4. **PERSONNEL**  
**How many employees does your company employ:**

Management	<u>5</u> Full time	_____ Part time
Site/Crew Supervisors	<u>10</u> Full time	_____ Part time
Workers/Laborers	<u>24</u> Full time	_____ Part time
Clerical	<u>6</u> Full time	<u>1</u> Part time
Other	<u>6</u> Full time	<u>2</u> Part time



**5. WORK EXPERIENCE:**

List your three (3) most significant commercial accounts where the contract was similar in scope and size to this bid.

Reference #1:

Company/Agency Name: BANYAN STREET / WELLS FARGO TOWER  
 Address: 1 INDEPENDENT DR., JACKSONVILLE, FL 32202  
 Contract Person: MIKE TUTEN - LEAD ENGINEER  
 Phone: (904) 588-5910 Fax: - Email: mtuten@banyanstreet.com  
 Project Description: INTEGRATE TAC I/NET INTO SCHNEIDER ELECTRIC STRUXUREWARE  
 Contract \$ Amount: \$25,713  
 Date Completed: APRIL 2017

Reference #2:

Company/Agency Name: FIDELITY INVESTMENTS / JLL / CORPORATE SOLUTIONS  
 Address: 4601 TOUCHTON RD EAST, JACKSONVILLE, FL 32246  
 Contract Person: BETSY GILPIN - FACILITY MANAGER  
 Phone: (904) 588-7731 Fax: - Email: betsy.gilpin@fmr.com  
 Project Description: INTEGRATE TAC I/NET INTO SCHNEIDER ELECTRIC STRUXUREWARE  
 Contract \$ Amount: \$5,261.00  
 Date Completed: 2013

Reference #3:

Company/Agency Name: FT ST. STEWART / MEDCOM  
 Address: WINK ARMY COMMUNITY HOSPITAL, 1061 HARMON AVE, FT. STEWART, GA 31314  
 Contract Person: RALPH HODGES - FACILITIES OPERATIONS MANAGER  
 Phone: (912) 435-6582 Fax: - Email: ralph.s.hodges.civ@mail.mil  
 Project Description: INTEGRATE/REPLACE CONTROLS INTO SCHNEIDER ELECTRIC STRUXUREWARE  
 Contract \$ Amount: \$124,227  
 Date Completed: 2016

**REMINDER:**

THIS FORM IS TO BE INCLUDED WITH BID. FAILURE TO SUBMIT ALONG WITH BID MAY BE CAUSE FOR DISQUALIFICATION.



FACIL-1

OP ID: LM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/06/2017

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).

<b>PRODUCER</b> Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 Matthew B. Christopher		<b>386-252-9601</b>	<b>CONTACT NAME:</b> Matthew B. Christopher <b>PHONE (A/C, No, Ext):</b> 386-252-9601 <b>FAX (A/C, No):</b> 386-239-5729 <b>E-MAIL ADDRESS:</b>
<b>INSURED</b> FACILITY AUTOMATION SOLUTIONS, 6900 PHILLIPS INDUSTRIAL BLVD. JACKSONVILLE, FL 32256		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Atlantic Specialty Insurance <b>INSURER B:</b> FFVA Mutual Ins Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 27154 10385	

## 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	ADDL INSD	SUBR 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 <input checked="" type="checkbox"/> PROFESSIONAL LIAB GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7110150210001	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			7110150210001	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			7110150210001	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC84000322002017A	01/01/2017	01/01/2018	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CRIME COVERAGE: ATLANTIC SPECIALTY INSURANCE - POLICY #7110150210001  
EFFECTIVE DATES: 01/01/2017 THRU 01/01/2018. LIMIT: \$100,000 DEDUCTIBLE: \$1,000.

## CERTIFICATE HOLDER

NCBOCC1

NASSAU COUNTY BOCC  
96135 NASSAU PLACE STE 1  
YULEE, FL 32097

## 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