



PackPlus, Inc.

Db a Josmar Medical Staffing

Submits Proposal to:

CITY OF CORAL GABLES, FL

20800 SW 72nd Avenue

Miami, FL 33155

Finance Department/Procurement Division

Tel: 305-460-5102/ Fax: 305-261-1601

SOLICITATION # IFB No. 2022-018

**Temporary Staffing Services for Emergency
Operations**

Start Date: Aug 18, 2022, 8:03:31 AM EDT

End Date: Sep 19, 2022, 2:00:00 PM EDT

Miami Office: 633 NE 167th St. Suite 620, North Miami Beach FL 33162

Broward Office: 10031 Pines Blvd Ste 223, Pembroke Pines FL 33024

West Palm Beach Office: 401 North Rosemary Avenue, West Palm Beach FL 33401

Phone: 305-653-2880 Fax 305-653-2881 tstaffing@packplusinc.com or medstaffing@packplusinc.com

www.packplusinc.com



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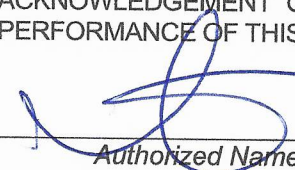
REVISED BIDDER ACKNOWLEDGEMENT

<p>IFB Title: Temporary Staffing Services for Emergency Operations</p> <hr/> <p>IFB No. 2022-018</p> <p>A cone of silence is in effect with respect to this IFB. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.</p>	<p>Electronic Bid response must be received prior to 2:00 p.m., on September 19, 2022, via PublicPurchase and a to remain valid for 90 calendar days. Submittals received after the specified date and time will not be accepted.</p> <p>Contact: Yusbel Gonzalez Title: Procurement Specialist Telephone: 305-460-5107 Email: ygonzalez@coralgables.com / contracts@coralgables.com</p>
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Bidder Name: <i>Pack Plus Inc dba Josmar Medical Staffing</i>	FEIN or SS Number: <i>65-0680013</i>
Complete Mailing Address: <i>633 NE 167th Street Suite 620 North Miami Beach, FL 33162</i>	Telephone No. <i>305-653-2880</i>
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Cellular No. _____ Fax No.: _____
Bid Bond / Security Bond: <u>Not Applicable</u>	Email: <i>tstaffing@packplusinc.com</i>

ATTENTION: THIS FORM ALONG WITH ALL REQUIRED IFB FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE BID PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM YOUR BID NON-RESPONSIVE.

THE BIDDER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE IFB DOCUMENTS AND THAT THE BIDDER HAS MADE NO CHANGES IN THE IFB DOCUMENT AS RECEIVED. THE BIDDER FURTHER AGREES, IF THE BID IS ACCEPTED, THE BIDDER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE BIDDER AND THE CITY OF CORAL GABLES, FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS IFB PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN **BLUE INK** ALL IFB PAGES ARE ACKNOWLEDGED AND ACCEPTED, AS WELL AS, ANY SPECIAL INSTRUCTION SHEET(S), IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS IFB FOR THE ABOVE BIDDER.


Office Manager
President/CEO
9/16/22

Authorized Name and Signature
Title
Date

SOLICITATION SUBMISSION CHECKLIST

Invitation for Bids (IFB) No. 2022-018

COMPANY NAME: (Please Print): Pack Plus Inc. dba Josmar Medical Staffing
Phone: 305-653-2880 Email: tsstaffing@packplusinc.com

A response package numbered by page must be submitted. Please provide the PAGE NUMBER of your solicitation response (PLEASE DO NOT SUBMIT AN ENTIRE COPY OF THE ORIGINAL SOLICITATION) in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:

- 1) Title Page: Show the IFB number and title, the name of your firm, address, telephone number, name of contact person, e-mail address, and date. PAGE # _____
- 2) Provide a Table of Contents in accordance with the Bid Format, Section 6.2. Clearly identify the material by section and page number. Please ensure the following are properly identified on the following sections in the Bid Bond (if applicable), Bid Price Sheet and Addendum Acknowledgement. PAGE # _____
- 3) Fill out, sign, and submit the Bidder's Acknowledgement Form. PAGE # _____
- 4) Fill out and submit this Solicitation Submission Checklist. PAGE # _____
- 5) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. PAGE # _____
- 6) List all contracts which the Bidder has performed (past and present) for the City of Coral Gables. The City will review all contracts the Bidder has performed for the City in accordance with Section 4.10 Evaluation of Bids (c) (4) which states the City may consider "Bidder's unsatisfactory performance record, judged from the standpoint of conduct of work, workmanship, progress or standards of performance agreed upon in the Contract as substantiated by past or current work with the City". PAGE # _____ As such the Bidder must list and describe all work performed for Coral Gables and include for each project:
 - a. Name of the City Department for which the services are being performed,
 - b. Scope/description of work,
 - c. Awarded value of the contract/current value
 - d. Effective dates and term of the contract
 - e. City project manager's name and phone number,
 - f. Statement of whether the Proposer was the prime contractor or subcontractor, and
 - g. Results of the project.
- 7) References: Provide a list and description of a minimum of three (3) similar engagements satisfactorily performed in the past three (3) years. For each engagement listed, include: (1) client name, (2) address, (3) contact name, (4) contact telephone number, (5) contact email address (6) term of engagement (start and end date), (7) type and number of job positions provided to client, (8) client's current number of employees. *Note: Do not include work/services performed for the City of Coral Gables or City employees as references.* PAGE # _____
- 8) Payroll Time Sheets: Describe the Bidder's process for reporting, verification, and approval of temporary personnel's payroll timesheets.
- 9) Bid Pricing Form: Complete and submit with bid. PAGE # _____
- 10) Fill out, sign, notarize, and submit the Contractor's Affidavit and Schedules A through M. PAGE # _____
- 11) Complete Employer E-Verify Affidavit. (Refer to Section 4.26) PAGE # _____
- 12) Complete the Lobbyist Registration Form (Attachment D) PAGE # _____
- 13) Complete the Oral Presentation Form (Attachment D-1) PAGE # _____



**CITY OF CORAL GABLES, FL
20800 SW 72nd Avenue
Miami, FL 33155
Finance Department/Procurement Division
Tel: 305-460-5102/ Fax: 305-261-1601**

**SOLICITATION # IFB No. 2022-018
Temporary Staffing Services for Emergency Operations**

PackPlus Inc dba Josmar Medical Staffing
633 NE 167th Street Suite 620, North Miami Beach, FL 33162
Phone: 305-653-2880, Fax: 305-653-2881
Email: tstaffing@packplusinc.com or medstaffing@packplusinc.com
Website: www.packplusinc.com
DUNS Unique Entity ID: 006021391
SAM Unique Entity ID: GJ9VPTJ7XL17
CAGE/NCAGE: 889P3
Small Business Enterprise (SBE) and Disadvantage Business Enterprise (DBE)

Dear City of Coral Gables, Florida

PackPlus Inc dba Josmar Medical Staffing Capability Statement

PackPlus Inc is a Personnel, Medical and Security Staffing Agency. Our philosophy comes down to one thing.... We offer a service, which brings top talented people and great businesses with employment together. Technical, Clerical, Security and Medical Personnel needs are just a few of our staffing sector resources that we specialize in and provide for our clients. We work together with our clients to find solution for their need. We build synergy between the Employer and Candidate. So, no matter what you call us.... We like to think of ourselves as partners with each candidate and client. PackPlus Inc dba Josmar Medical Staffing has been providing Employment services since 2005. A few of our clients are Miami-Dade County Departments, Greater Miami Service Corporation, Agency for People with Disabilities (APD), Agency for Health Care Administration, Private Home Health Care Services, Miami-Dade, Broward and West Palm Beach County School Board, The City of Plant City, Florida Department of Transportation (FDOT) and several others.

We specialize in hiring for all positions which includes Staffing for Temporary or Direct Hires, Recruiting, Drug Screenings, and multi-panel Background Screenings. At PackPlus, we offer you expert and varied solutions to address all your staffing needs.

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Phone: 305-653-2880 Fax 305-653-2881 tstaffing@packplusinc.com or medstaffing@packplusinc.com
www.packplusinc.com

State of Florida



Department of State

I certify from the records of this office that PACKPLUS INC. is a corporation organized under the laws of the State of Florida, filed on February 10, 2005.

The document number of this corporation is P05000021772.

I further certify that said corporation has paid all fees due this office through December 31, 2006, that its most recent annual report/uniform business report was filed on April 28, 2006, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Third day of May, 2006



CR2EO22 (01-06)

Sue M. Cobb
Sue M. Cobb
Secretary of State

Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY



5555959

BUSINESS NAME/LOCATION

JOSMAR MEDICAL STAFFING
633 NE 167TH ST STE 620
NORTH MIAMI BEACH FL 33162-2444

RECEIPT NO.
RENEWAL
5796322

EXPIRES
SEPTEMBER 30, 2023

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

OWNER
PACKPLUS INC

SEC. TYPE OF BUSINESS
213 SERVICE BUSINESS
EXEMPT

PAYMENT RECEIVED
BY TAX COLLECTOR
\$45.00 07/13/2022
INT-22-359888

Employee(s) 1

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

Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY



6616115

BUSINESS NAME/LOCATION

JOSMAR MEDICAL STAFFING
633 NE 167TH ST STE 620
NORTH MIAMI BEACH FL 33162-2444

RECEIPT NO.
RENEWAL
6886627

EXPIRES
SEPTEMBER 30, 2023

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

OWNER
PACK PLUS INC

SEC. TYPE OF BUSINESS
213 TEMPORARY EMPLOYMENT AGENCY

PAYMENT RECEIVED
BY TAX COLLECTOR
\$150.00 07/13/2022
INT-22-359888

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



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**SOLICITATION # IFB No. 2022-018
Temporary Staffing Services for Emergency Operations**

Dear City of Coral Gables, FL

PackPlus, Inc. is available to provide talented, reliable, dependable, and professional temporary staff for your city. Please see below list of contracts that we have provided temporary staffing services.

1. Miami-Dade County Contracted Employee, Miami, Florida – Years 2014 to current
2. Greater Miami Service Corporation, Miami, Florida – Year 2014 to current
3. Agency for People with Disabilities (APD) – 2005 to current
4. Private Homemaker and Companion Services for Long Term Care Claims – 2011 to 2021
5. Palm Beach County School District – 2021 to current
6. Coverall Cleaning Franchise – 2019 to 2021
7. Qualicare Home Health Agency – 2011-2014
8. Agency for Healthcare Administration (AHCA) 2005- current
9. City of West Park Florida 2018-2021

We look forward to providing services to your city.

Respectfully,

Joseph Obadeyi
President/CEO

Miami Office: 633 NE 167th St. Suite 620, North Miami Beach FL 33162

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REFERENCES

1. Miami Dade County, Florida
Contracted Employee (Temporary Staffing Services for all work-related positions)
Currently 5 employed
2014 – current
Contract Liaison – Rosetta Meeks-Staton
701 NW 1st Court, 10th Floor, Miami FL 33136
786-469-4764 rosetta@miamidade.gov
2. Greater Miami Service Corporation, Miami, Florida
Contracted Employee (Temporary Staffing Services for all work-related positions)
Currently 5 employed
2014 – current
Executive Director – Denise Dorsett
810 NW 28th Street, Miami, Florida 33127
305-638-4672 ext. 237 – ddorsett@gmscmiami.com
3. City of West Park, Florida
Contracted Employee (Temporary Staffing Services for all work-related positions)
2018 – 2021
Administrative Assistant – Arklynn Millien – & City Manager- Ajibola Balogun
1965 South State Road 7, West Park, FL 33023
954-989-2688 Option 9, Ext 220 – amillien@cityofwestpark.org or abalogun@cityofwestpark.org

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TIME SHEET SUBMITTAL POLICY

Objective

The purpose of this policy is to outline the timesheet policy of PACKPLUS, INC. dba: Josmar Medical Staffing. Timesheets are processed every week. By January 1 of each year, payroll provides each employee with an annual schedule indicating pay period ending dates and pay dates for the year.

Applicability

Every employee (exempt and nonexempt) must record the appropriate department or division name on the timesheet. The employee's name must be written as it appears on his or her Social Security card. For detailed instructions on how and when to complete timesheets, will be explained by the Human Resource Personnel at time of enrollment. Employees should check with PACKPLUS, INC. dba: Josmar Medical Staffing with every question concerning time sheet at (305) 653-2880.

Overtime

Employees who work overtime must indicate the actual hours or minutes to the nearest quarter worked.

Supervisor's Signature

An employee and his or her supervisor must sign the timesheet and submit it according to the established schedule:

Time Sheets Submittal: Every Friday

Mondays before 12 noon: only if an employee is scheduled to work the weekend.

Enforcement

Failure of an employee to submit a timesheet when required or submitting a fraudulent timesheet may result in disciplinary action and none payment. When a time sheet is fax you **MUST** call to confirm receipt.

I have read and understand this policy:

Name: _____

Signature: _____

Date: _____

This policy has being explained to me and I understand this policy:

Name: _____

Signature: _____

Date: _____

***Please send a sign copy to Packplus at fax: 305-653-2881 or email: packplus.josmar@att.net

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(FRONT)

WEEKLY TIME SHEET
Card #: E-

**PACKPLUS, INC. dba: Josmar Medical Staffing/
Homemaker Companion Services**
633 N.E. 167th Street, Suite # 620
North Miami Beach, Florida 33162
Phone #: 305-653-2880
Fax #: 305-653-2881

Pay Period Start Date: ___/___/___
Monday Date
Pay Period End Date: ___/___/___
Sunday Date

Employee Name: _____ Department Name: _____
Job Title: _____ Location Address: _____
Social Security #: _____ Supervisor's Name: _____
Last 4 Digits

MINIMUM OF FOUR HOURS PER DAY Assignment Continuing Assignment Completed

	DATE	TIME IN	TIME OUT	LESS LUNCH	DAILY TOTAL HOURS	
					STRAIGHT	OVERTIME
MON						
TUE						
WED						
THU						
FRI						
SAT						
SUN						

Total hours for the Week to the nearest quarter

INSTRUCTION:

- Do not alter time card.
- Get customer's signature.
- If this assignment is completed, call 305-653-2880.
- Be sure to mail by Friday, unless you work Saturday.
- If you have changed your address or phone since last paycheck, notify Packplus, Inc.
- Be sure all information is legible and complete.

I certify that the hours shown are true and correct and that the work was performed in a satisfactory manner and this signature is authorized to bill the name company for these hours. I understand that the temporary employee named above is a direct employee of Packplus, Inc. dba: Josmar Medical Staffing and represents a substantial investment to that firm and in consideration thereof, I understand that I utilize the above named employee on either a temporary or permanent basis, within six months from the ending date of the time card, it will be through Packplus, Inc. dba: Josmar Medical Staffing if I employ the above named employee on a permanent basis, I agree to pay Packplus, Inc. dba: Josmar Medical Staffing liquidated damages for replacement cost of the personnel based upon the respective fee schedule of Packplus, Inc. dba: Josmar Medical Staffing currently in use. **Term and Conditions on Reverse Side**

Customer's Signature _____ Title: _____
Employee Signature _____

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(BACK)

A WORD ABOUT THIS TIME CARD

To Our Employees:

We appreciate your working for Packplus, Inc. dba: Josmar Medical Staffing and to remind you as our employee, to:

1. Fill out this sheet accurately.
2. Have it signed by the customer.
3. Mail it promptly or deliver to our office so we may pay you on time
4. Use a separate time sheet for each job number and separate sheet for each week on the same assignment.
5. Call Packplus, Inc. dba: Josmar Medical Staffing at 305-653-2880 when you complete an assignment or need assistance of any kind.

To Our Customer:

We sincerely thank you for using Packplus, Inc. dba: Josmar Medical Staffing. This is our employee's time sheet, our request to you are:

1. Confirm the hours entered on this sheet by legibly signing your name and title.
2. Please do not advance any money to the employee. They will be paid by Packplus, Inc. dba: Josmar Medical Staffing. Customer agrees that payment for temporary employment services as shown on this time card will be to Packplus, Inc. dba: Josmar Medical Staffing, according to our terms of net 30 days from the date of invoice.
3. Please save the white copy to match your invoice.

Once again, thanks for using Packplus, Inc. dba: Josmar Medical Staffing

IMPORTANT: LIMITATION OF LIABILITY

Packplus, Inc. Personnel are furnished as common temporary and personnel only. At the rate charged, Packplus, Inc. cannot be responsible if personnel are entrusted with cash. Cargo or other valuable property or if they are permitted to operate motor vehicle or machinery.

Customer accepts the employee on this basis and agrees to assume full responsibility, and to indemnify and hold Packplus, Inc. harmless from all claims (including the cost of defense thereof) involving loss of thief of cash or other valuable property entrusted to Packplus, Inc. employees, as well as claims for loss, property damage, bodily injury or death resulting from customer permitting any Packplus, Inc. employee to operate a motor vehicle or machinery, whether or not to the negligence of Packplus, Inc.

REVISED BID PRICING SHEET
SOLICITATION # IFB 2022-018 TEMPORARY STAFFING SERVICES FOR EMERGENCY OPERATIONS
SOLICITATION CLOSING DATE: SEPTEMBER 19, 2022

This solicitation will be awarded to the three (3) lowest responsive, responsible bidders, on a group-by-group basis. Bidders may bid on one or more groups. However, failure to bid on all items in a group may render your bid as non-responsive. The lowest priced bidder for each group shall be deemed the Primary Vendor and shall be the first contacted to fill the requested positions. In the event the primary vendor is unable to fill the requested position, the Secondary Vendor will serve as a back-up to the primary and fill the position. In the event the secondary vendor is unable to fill the requested position, the Tertiary vendor will serve as a back-up to the secondary and fill the position.

VENDOR: PackPlus Inc dba Josmar Medical Staffing FEIN: 650680013

GROUP 1 - LABOR POSITIONS


Position Number	Position Description	Estimated Hours	Hourly Rate Billed ¹ (To the City)	Extended Amount (Estimated Hours x Hourly Rate Billed)
1	Equipment Operator I	480	\$25.51	\$12,244.80
2	Maintenance Worker I	480	\$21.80	\$10,464.00
3	Solid Waste Operator I	480	\$27.39	\$13,147.20
4	Solid Waste Worker	480	\$24.32	\$11,673.60
TOTAL BID AMOUNT FOR GROUP 1				\$47,529.60

GROUP 2 - PROFESSIONAL / CLERICAL POSITIONS

Position Number	Position Description	Estimated Hours	Hourly Rate Billed ¹ (To the City)	Extended Amount (Estimated Hours x Hourly Rate Billed)
1	Accountant I	480	\$33.43	\$16,046.40
2	Administrative Assistant	160	\$23.10	\$3,696.00
3	Payroll Clerk	160	\$23.68	\$3,788.80
4	Receptionist	160	\$20.99	\$3,358.40
TOTAL BID AMOUNT FOR GROUP 2				\$26,889.60

¹Per IFB Section 4, paragraph 4.28 A., the wage rate paid to all classifications of employees of the Successful Bidder hired under this contract shall not be less than the current prevailing wage rates at time of service for similar classification of work in Dade County, Florida, as established in the Federal Area Wage Decision by the United States Department of Labor.

NOTE: Pricing shall include, but not be limited to, full compensation for labor, supervision, personnel, materials, any and all tools and equipment used, travel and related expenses and any and all other costs to the Proposer. The City will not pay and/or reimburse any additional costs including, but not limited to, travel, mileage, lodging, meals, and other travel and subsistence expenses. Prices shall remain fixed and firm for the term of the contract, including renewal options.

Authorized Signature:  Title: President/CEO
 Print/Type Name: Joseph A. Obadeyi / Alicia Christopher
 E-mail: tstaffing@packplusinc.com / office@packplusinc.com Phone: 305-653-2880
 Address: 633 NE 167th Street Suite 620 Fax: N/A
 City: N Miami Beach State: FL

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE BIDDER TO BE BOUND BY THE TERMS OF ITS BID. FAILURE TO SIGN THIS BID PRICE FORM WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE OR PROVIDE THE FORM AS PRESENTED MAY RENDER THE BIDDER NON-RESPONSIVE.

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RESPONDENT'S AFFIDAVIT


SOLICITATION: IFB 2022-018 Temporary Staffing Services for Emergency Operations

SUBMITTED TO: City of Coral Gables
Procurement Division
2800 SW 72 Avenue
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through M shall be relied upon by Owner awarding the contract and such information is warranted by Respondent to be true and correct. The discovery of any omission or misstatements that materially affects the Respondent's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the respondent that has submitted the attached solicitation response*). Schedules A through M are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – RESPONDENT'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – ACKNOWLEDGEMENT OF ADDENDA
- SCHEDULE I – APPENDIX A, 44 C.F.R. PART 18-CERTIFICATION REGARDING LOBBYING
- SCHEDULE J –CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
- SCHEDULE K – FEDERAL GRANT FUNDING SPECIAL PROPOSAL CONDITIONS
- SCHEDULE L – WORK HOURS & SAFETY CERTIFICATION
- SCHEDULE M – SAFETY ACCIDENT PREVENTION

This affidavit is to be furnished to the City of Coral Gables with the solicitation response. It is to be filled in, executed by the respondent and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document **MUST** be submitted with the solicitation response.



Authorized Name and Signature

President / CEO

Title

9/7/22

Date

STATE OF Florida

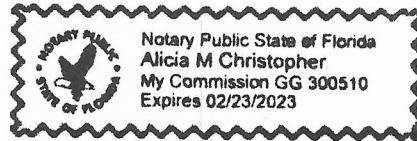
COUNTY OF Miami-Dade

On this 1th day of September, 2022, before me the undersigned Notary Public of the State of Florida, personally appeared Joseph A. Obortayi
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.


NOTARY PUBLIC, STATE OF Florida

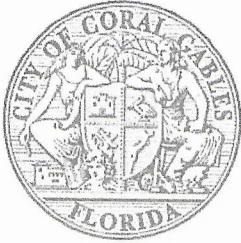
Alicia M. Christopher
(Name of notary Public; Print, Stamp or Type as Commissioned.)



NOTARY PUBLIC
SEAL OF OFFICE:

Personally know to me, or Produced Identification: _____

Florida Driver License
(Type of Identification Produced)



City of Coral Gables
Finance Department/Procurement Division

Employer E-Verify Affidavit

By executing this affidavit, the undersigned employer verifies its compliance with F.S. 448.095, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095 which prohibits the employment, contracting or sub-contracting with an unauthorized alien. The undersigned employer further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request. Failure to comply with the requirements of F.S. 448.095 may result in termination of the employer's contract with the City of Coral Gables. Finally, the undersigned employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

65-0680013

Federal Work Authorization User Identification Number

11/16/2016

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/7/22 in Miami (city), FL (state).

Signature of Authorized Officer or Agent

Joseph A. Chadcy, President / CEO

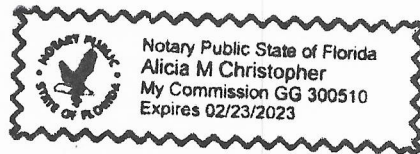
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 7th DAY OF September, 2022.

NOTARY PUBLIC

My Commission Expires:

2/23/2023



CITY OF CORAL GABLES
FINANCE DEPARTMENT/PROCUREMENT DIVISION
LOBBYIST REGISTRATION FORM

SOLICITATION NAME/NUMBER: Temporary Staffing Services for Emergency Operations
Bid IFB # 2022-018

The Bidder/Proposer certifies that it understands if it has retained a lobbyist(s) to lobby in connection with this specific competitive solicitation that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables Lobbyist Registration requirement pursuant to Ordinance 2021-24 as outlined below:

Lobbyist means an individual, firm, corporation, partnership, or other legal entity employed or retained, whether paid or not, by a principal, or that contracts with a third-party for economic consideration to perform lobbying activities on behalf of a principal.

Lobbying activity means any attempt to influence or encourage the passage or defeat of, or modification to, governmental actions, including, but not limited to, ordinances, resolutions, rules, regulations, executive orders, and procurement actions or decisions of the city commission, the mayor, any city board or committee, or any city personnel. The term "lobbying activity" encompasses all forms of communication, whether oral, written, or electronic, during the entire decision-making process on actions, decisions, or recommendations which foreseeably will be heard or reviewed by city personnel. This definition shall be subject to the exceptions stated below.

Procurement matter means the city's processes for the purchase of goods and services, including, but not limited to, processes related to the acquisition of: technology; public works; design services; construction, professional architecture, engineering, landscape architecture, land surveying, and mapping services; the purchase, lease or sale of real property; and the acquisition, granting, or other interest in real property.

City personnel means those city officials, officers and employees who are entrusted with the day-to-day policy setting, operation, and management of certain defined city functions or areas of responsibility, even though ultimate responsibility for such functions or areas rests with the city commission, with the exception of the City Attorney, Deputy City Attorney, and Assistant City Attorneys, advisory personnel (members of city advisory boards and agencies whose sole or primary responsibility is to recommend legislation or give advice to the city commission); and any employee of a city department or division with the authority to participate in procurement matters, when the communication involves such procurement.

Affidavit requirement. The following provisions shall apply to certain individuals who, in procurement matters participate in oral presentations or recorded negotiation meetings and sessions:

- a. The principal shall list on an affidavit form, provided by the City, all technical experts or employees of the principal whose normal scope of employment does not include lobbying activities and whose sole participation in the city procurement matter involves an appearance and participation in a city procurement matter involves an appearance and participation in an oral presentation before a city certification, evaluation, selection, technical review or similar committee, or recorded negotiation meetings or sessions.
- b. No person shall appear before any procurement committee or at any procurement negotiation meeting or session on behalf of a principal unless he/she has been listed as part of the principal's presentation or negotiation team or has registered as a lobbyist. For purposes of this subsection only, the listed members of the oral presentation or negotiation team shall not be required to separately register as lobbyists or pay any registration fees. The affidavit will be filed by the city procurement staff with the city clerk at the after the proposal is submitted or prior to the recorded negotiation meeting or session. Notwithstanding the foregoing, any person who engages in lobbying activities in addition to appearing before a procurement committee to make an oral presentation, or at a recorded procurement negotiation meeting or session, shall comply with all lobbyist registration requirements.

The Bidder/Proposer hereby certifies that: (select one)

It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if one is retained anytime during the competitive process and prior to contract execution for this project, the lobbyist will properly register with the City Clerk's Office within two (2) business days of being retained with copy to the city procurement staff.

It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables

CITY OF CORAL GABLES
FINANCE DEPARTMENT/PROCUREMENT DIVISION
LOBBYIST REGISTRATION FORM

Lobbyist Registration requirement pursuant to Ordinance 2021-24 Section and that the required affidavit has been properly filed


It is a requirement of this solicitation that the following information be provided for all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist: N/A
Lobbyist's Firm (if applicable): _____
Phone: _____
E-mail: _____

Name of Lobbyist: N/A
Lobbyist's Firm (if applicable): _____
Phone: _____
E-mail: _____

Name of Lobbyist: N/A
Lobbyist's Firm (if applicable): _____
Phone: _____
E-mail: _____

Name of Lobbyist: N/A
Lobbyist's Firm (if applicable): _____
Phone: _____
E-mail: _____

Authorized Signature: 
Printed Name: Joseph A. O'Grady
Date: 9/7/22
Title: President/CEO
Bidder/Proposer Name: PackPlus Inc dba Josmar Medical Staffing
(NOT Registered as a Lobbyist)

LOBBYIST AFFIDAVIT

Solicitation Name/Number: Temporary Staffing Services for Emergency Operations
Bid IFB # 2022-018

The following provisions shall apply to certain individuals who, in procurement matters participate in oral presentations or recorded responsiveness, responsibility or negotiation meetings and sessions:

- a. The principal shall list below all technical experts or employees of the principal whose normal scope of employment does not include lobbying activities and whose sole participation in the city procurement matter involves an appearance and participation in an oral presentation before an evaluation, selection, technical review or similar committee, or recorded responsiveness, responsibility or negotiation meetings or sessions.
- b. No person shall appear before any procurement committee or at any procurement responsiveness, responsibility or negotiation meeting or session on behalf of a principal unless he/she has been listed as part of the principal's team pursuant to this affidavit or has registered as a lobbyist. For purposes affidavit only, the listed members of the oral presentation or negotiation team shall not be required to separately register as lobbyists or pay any registration fees.

This affidavit will be provided by the city procurement staff to the city clerk after the proposal is submitted or prior to the oral presentation. Any changes after the original affidavit is submitted by the proposer and prior to the oral presentations, an updated copy shall be presented to the Procurement Division and the City Clerk at least twenty-four (24) hours prior scheduled time for the oral presentation session. Notwithstanding the foregoing, any person who engages in lobbying activities in addition to appearing before a procurement committee to make an oral presentation, or at a recorded procurement negotiation meeting or session, shall comply with all lobbyist registration requirements.

List of employees & technical experts:

NAME	TITLE	ROLE	COMPANY/FIRM
N/A	N/A	N/A	N/A

CITY OF CORAL GABLES
FINANCE DEPARTMENT/PROCUREMENT DIVISION

LOBBYIST AFFIDAVIT

I do solemnly swear that all of the foregoing information is true and correct and I will fully comply with requirements of this affidavit and the associated City of Coral Gables Lobbyist/Registration requirement pursuant to Ordinance 2021-24 Section.

Authorized Signature: _____



Printed Name: Joseph A. Opatky

Title: President / CEO

Date: 9/7/22

Bidder/Proposer's Name: PackPlus Inc dba. Tosmer Medical Staffing (not a lobbyist)

NOTARY PUBLIC

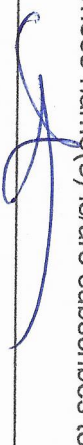
STATE OF Florida

COUNTY OF Miami - Dade

On this TH day of September, 2022, before me the undersigned Notary Public of the State of Florida, personally

appeared Joseph A. Opatky, (Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.



NOTARY PUBLIC, STATE OF _____

Florida (Name of notary Public; Print, Stamp or Type as Commissioned.)

SEAL OF OFFICE:

Personally know to me, or Produced _____

Identification: _____

Florida Driver License

(Type of Identification Produced)



SCHEDULE "I" - APPENDIX A, 44 C.F.R. PART 18-CERTIFICATION REGARDING LOBBYING

LOBBYING - 31 U.S.C. 1352, as amended

APPENDIX A, 44 CFR PART 18--CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements
(To be submitted with each bid or offer exceeding \$100,000)

The undersigned [Company] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Respondent, Pack Plus Inc dba Jobsmart Medical Staffing, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

 Signature of Company's Authorized Official

Joseph A. Dracley, President/CEO Name and Title of Company's Authorized Official

9/7/22 Date


DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that **Packplus Inc dba Josmar Medical Staffing**

_____ does:
(Name of Business)

- 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2. Inform employees about the dangers of drug abuse in the workplace, the business' policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for violation occurring in the workplace no later than five (5) days after such conviction.
- 5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- 6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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



Offeror's Signature

9/7/22

Date

SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CODE OF SILENCE

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. I understand that a "public entity crime" as define 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 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 political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. 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 of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or 2. 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 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.
4. 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 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 an entity.
5. 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 below applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

___The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the 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.

___The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the 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. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

[Attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


**Certification Regarding Debarment, Suspension,
Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. § 552(a), as amended). This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, and 2 C.F.R. §§ 180.300, 180.355, Participants' responsibilities. The regulations were amended and published on August 31, 2005, in 70 Fed. Reg. 51865-51880.

[READ INSTRUCTIONS ON PREVIOUS PAGE BEFORE COMPLETING CERTIFICATION]

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this solicitation

Joseph A. Obadeyi, President / CEO
Printed Name and Title of Authorized Representative


Signature

9/7/22
Date

23. **Telecommunications Equipment or Services:** It is prohibited, as described in section 889(b)(1) of the John S. McCain National Defense Authorization Act for Fiscal Year 2019 (FY 2019 NDAA)1 and 2 C.F.R. § 200.216.2, for any FEMA award funds to be used in the procurement, the entering into or extending or renewing of a contract for the purpose of obtaining any equipment, system, or service that uses covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology of any system. For purposes of this section:


- a. Covered telecommunications equipment or services means—
 - i. Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation, (or any subsidiary or affiliate of such entities);
 - ii. For the purpose of public safety, security of Government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities);
 - iii. Telecommunications or video surveillance services provided by such entities or using such equipment; or
 - iv. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

24. **Contract with the Enemy:** In accordance with 2 C.F.R. 200.215, it is acknowledged that no services under this contract are to be performed outside the United states and its territories nor in support of a contingency operation in which members of the Armed Forces are actively engaged in hostilities.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above applicable requirements and all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives."

I further acknowledgement that FEMA financial assistance will be used to fund all or a portion of the contract and that any subcontractor utilized will also be required to comply with the requirements above.

DATE: 9/7/22

SIGNATURE: 

COMPANY: PackPlus Inc dba Josnor
Medical Staffing

NAME: Joseph A. Obadeyi

ADDRESS: 633 N.E. 167th Street
Suite 620
NORTH Miami Bch, FL 33162

TITLE: President / CEO

E-MAIL: tstaffing@packplusinc.com

PHONE NO. 305-653-2880

**SCHEDULE "L" - CONTRACTOR CERTIFICATION WORK HOURS AND SAFETY STANDARDS
ADDENDUM**

This certification is incorporated as part of the contract for Temporary Staffing Services for Emergency Operations.

The Contractor acknowledges and certifies that in accordance with the mandatory requirement that this provision be set forth in all FEMA related contracts, that it shall comply with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).

Under 40 U.S.C. s. 3702, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week.

The requirements of 40 U.S.C. s. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchase of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

More particularly, as set forth in 29 CFR s.5.5(b) which provides the required contract clauses:

(1) *Overtime requirements.* No contractor or subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

(2) *Violation; liability for unpaid wages; liquidated damages.* In the event of any violation of the clause set forth in paragraph (b)(1) of this section the contractor and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such contractor and subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (b)(1) of this section, in the sum of \$25 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (b)(1) of this section.

(3) *Withholding for unpaid wages and liquidated damages.* The (write in the name of the Federal agency or the loan or grant recipient) shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the contractor or subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (b)(2) of this section.

(4) *Subcontracts.* The contractor or subcontractor shall insert in any subcontracts the clauses set forth in paragraphs (1) through (4) of this section and also a clause requiring the subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (1) through (4) of this section.

ProPlus Inc dba Bosmar Medical Staffing hereby certifies that it shall adhere to the Work Hours and Safety Standards regulations throughout the duration of this Contract as set forth above.

Contractor Signature

Date: 9/7/22

SCHEDULE "M" – SAFETY ACCIDENT PREVENTION

This provision is applicable to all Federal-aid construction contracts and to all related subcontracts.

1. In the performance of this contract the contractor shall comply with all applicable Federal, State and local laws governing safety, health, and sanitation (23 CFR 635). The contractor shall provide all safeguards, safety devices and protective equipment and take any other needed actions as it determines, or as the contracting officer may determine, to be reasonably necessary to protect the life and health of employees on the job and the safety of the public and to protect property in connection with the performance of the work covered by the contract.
2. It is a condition of this contract, and shall be made a condition of each subcontract, which the contractor enters into pursuant to this contract, that the contractor and any subcontractor shall not permit any employee, in performance of the contract, to work in surroundings or under which are unsanitary, hazardous or dangerous to his/her health or safety, as determined under construction safety and health standards (29 CFR 1926) promulgated by the Secretary of Labor, in accordance with Section 107 of the Construction Work Hours and Safety Standards Act (40 U.S.C. 3704).
3. Pursuant to 29 CFR 1926.3, it is a condition of this contract that the Secretary of Labor or authorized representative thereof, shall have right of entry to any site of contract performance to inspect or investigate the matter of compliance with the construction safety and health standards and to carry out the duties of the Secretary under Section 107 of the Contract Work Hours and Safety Standard Act (40 U.S.C. 3704).

Pack Plus Inc. dba Josmar Medical Staffing, hereby certifies that it shall adhere to the Safety Accident Prevention regulations throughout the duration of this Contract as set forth above.



Contractor Signature

Date: 9/7/22

SCHEDULE "D" CITY OF CORAL GABLES – RESPONDENT'S QUALIFICATION STATEMENT

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

GENERAL COMPANY INFORMATION:

Company Name: Pack Plus Inc. dba Josmar Medical Staffing

Address: 633 N-E. 167th Street Suite 620, North Miami Bch FL 33162
Street City State Zip Code

Telephone No: (305) 653-2880 Fax No: () N/A Email: tstaffing@packplusinc.com

How many years has your company been in business under its present name? 17 Years

If Respondent is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statute:

Under what former names has your company operated? : _____

At what address was that company located? _____

Is your company certified? Yes No _____ If Yes, **ATTACH COPY** of Certification. see attached
Is your company licensed? Yes No _____ If Yes, **ATTACH COPY** of License see attached

Has your company or its senior officers ever declared bankruptcy?
Yes _____ No If yes, explain: _____

LEGAL INFORMATION:

Please identify each incident **within the last five (5) years** where (a) a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the Respondent's rights, remedies or duties under a contract for the same or similar type services to be provided under this solicitation **(A response is required. If applicable please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified)**:

N/A

Has your company ever been debarred or suspended from doing business with any government entity?

Yes _____ No If Yes, explain _____

SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA

1. The undersigned agrees, if this IFB is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the IFB and Contract Documents within the Contract time indicated in the IFB and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the Invitation for Bids.

Failure to adhere to changes communicated via any addendum may render your response non-responsive.

Addendum No. 1 Date 8/30/22

Addendum No. _____ Date _____

Addendum No. 2 Date 9/12/22

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Addendum No. _____ Date _____

SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION

Neither I, nor the company, hereby represent has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any company or person (other than a bona fide employee working solely for me or the respondent) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any company or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any company, organization or person (other than a bona fide employee working solely for me or the respondent) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT

1. He/she is the Joseph A. Obadeyi, owner / Pack Plus Inc dba
(Owner, Partner, Officer, Representative or Agent) Josmar Medical Staffing
of the Respondent that has submitted the attached response.

- 2. He/she is fully informed with respect to the preparation and contents of the attached response and of all pertinent circumstances respecting such response;
- 3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of Respondent's officers or employees are employed by the City, indicate name and relationship below.

Name: none Relationship: N/A

Name: none Relationship: N/A

- 4. No lobbyist or other Respondent is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.