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Temporary Staffing Services for  
Emergency Operations – IFB –  
2022-018



Submitted By:  
Talantage, LLC  
Tasha Peck  
President & CEO  
tasha@talantage.com  
404-548-6597

Submitted To:  
City of Coral Gables, FL  
Yusbel Gonzalez, Procurement Specialist  
2800 SW 72<sup>nd</sup> Ave  
Miami, FL 33155  
ygonzalez@coralgables.com

Deadline for Proposals: September 13, 2022, 2pm EST

Deadline for Proposals: April 26<sup>th</sup>, 2022 - 2 pm local

*This proposal or quotation includes data that shall not be disclosed outside of the Government and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate this proposal or quotation. If, however, a contract is awarded to this Offeror or Quoter as a result of or in connection with the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in this data if it is obtained from other sources without restriction. The data subject to this restriction are contained in this entire proposal.*

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# CITY OF CORAL GABLES, FL

2800 SW 72<sup>nd</sup> Avenue, Miami, FL 33155  
 Finance Department / Procurement Division  
 Tel: 305-460-5102/ Fax: 305-261-1601

## BIDDER ACKNOWLEDGEMENT

<p><b>IFB Title: Temporary Staffing Services for Emergency Operations</b></p> <hr/> <p><b>IFB No. 2022-018</b></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><b>Electronic Bid response must be received prior to 2:00 p.m., on September 13, 2022, via PublicPurchase and a to remain valid for 90 calendar days. Submittals received after the specified date and time will not be accepted.</b></p> <p>Contact: Yusbel Gonzalez                  Title: Procurement Specialist                  Telephone: 305-460-5107                  Email: <a href="mailto:ygonzalez@coralgables.com">ygonzalez@coralgables.com</a> / <a href="mailto:contracts@coralgables.com">contracts@coralgables.com</a></p>
--	--

Bidder Name: Talantage, LLC	FEIN or SS Number: 83-0721878
Complete Mailing Address: 2310 Parklake Dr, NE, Suite 248, Atlanta, GA 30345	Telephone No. 404-548-6597
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Cellular No. 404-606-3745
Bid Bond / Security Bond: <u>Not Applicable</u>	Fax No.: 770-680-5597
	Email: tasha@talantage.com

**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.

Tasha Peck	President & CEO	9/7/22
Authorized Name and Signature	Title	Date

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**-- NOTICE --**

**BEFORE SUBMITTING YOUR BID MAKE SURE YOU**

- 1. Carefully read and have a clear understanding of the IFB, including the Specifications/Scope of Work and enclosed Contract or Professional Services Agreement (*draft*).
- 2. Carefully follow the "Submittal Instructions" and "Bid Format" outlined in Section 6 of the IFB and provide **an electronic response package**. DO NOT INCLUDE A COPY OF THE ORIGINAL SOLICITATION.
- 3. **Prepare and submit your RESPONSE electronically via PublicPurchase**
- 4. Make sure your bid is submitted prior to the submittal deadline. **Late bids will not be accepted.**

**FAILURE TO SUBMIT THIS CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR BID NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THESE PAGES MUST BE RETURNED WITH YOUR BID PACKAGE.**

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# SOLICITATION SUBMISSION CHECKLIST

## Invitation for Bids (IFB) No. 2022-018

COMPANY NAME: (Please Print):	Talantage, LLC
Phone: 404-548-6597	Email: tasha@talantage.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 # \_\_\_\_\_

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# State of Florida Department of Revenue

[DOR Home](#)    [e-Service Home](#)    [Print Page](#)    [Contacts](#)    [Logout](#)  
[Reemployment Tax - Click for Help](#)    [RT-6 Instructions](#)    [Amended Instructions](#)

**TALANTAGE LLC**  
 2302 PARKLAKE DR NE STE 534  
 Atlanta, GA 30345-2896    NODE: 4

Access ID: E3694363  
 RT Account#: 3694363  
 FEIN/SSN: 830721878

NOTE: Cancellations must be executed before 5:00 p.m. EST on the date of submission. If the submission is completed after 5:00 p.m. EST, on a weekend, or holiday the cancellation must be executed prior to 5:00 p.m. EST the next business day. By canceling a submission, you are permanently deleting the submission from our database.

Confirmation Number: 20202966684609 DATE/TIME: October 22, 2020 2:23 PM EST [Click Here for Survey](#)

Warning! Employee details are **ONLY DISPLAYED** on original confirmation page. **NOT** included in the reprints.

File and Pay    Original Return     RT-6 Import

Quarter Ending	Due Date	Penalty After Date	Tax Rate
September 30, 2020	October 01, 2020	November 02, 2020	0.027

1st Month Total Employees	2nd Month Total Employees	3rd Month Total Employees
0	2	2

**Debit Date:** 2020/10/23  
**Tax Due:** \$81.55  
**Penalty Due:** \$0.00  
**Interest Due:** \$0.00  
**Amount for Check:** \$81.55  
 Check here to use Bank info on file with DOR.  
**Bank Routing Number:** ██████████  
**Bank Account Number:** ██████████  
**Bank Account Type:** Checking  
**Corporate/Personal:** Corporate  
**Name on Bank Account:** Networkers Funding

An electronically filed return or notice shall be deemed to be signed by an individual authorized to sign who includes his or her name in the filed electronic return data below identified as signature information.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

I hereby authorize the Department of Revenue to process this ACH transaction and to debit the bank account identified above. I understand there may be service charges assessed on any transactions not honored by my bank.

Due to federal security requirements, we can not process international ACH transactions. If any portion of the money used in the payment you may be making today came from a financial institution located outside of the US or its territories for the purpose of funding this payment, please do not proceed and contact the Florida Department of Revenue at 850-488-6800 to make other payment arrangements. By continuing, you are confirming that this payment is not an international ACH transaction. If you are unsure, please contact your financial institution.

**Signature:** taxes@networkersfunding.com     Check here to use Payment contact info on file with DOR  
**Phone Number:** 262-334-6000  
**E-Mail Address:** Katie Cull     Check here to use Filing contact info on the file with DOR

The Areas listed below have been calculated for you.

Total Gross Wages Paid This Quarter	\$3,020.25
Total wages exceeding \$7,000.00 paid to each employee this quarter	\$0.00
Total Out of State Taxable wages(Paid YTD)	\$0.00
Taxable Wages for this Quarter	\$3,020.25
Tax Due	\$81.55
Penalty Due <input type="checkbox"/>	\$0.00
Interest Due <input type="checkbox"/>	\$0.00
Total Amount Due(if less than \$1.00 no payment necessary)	\$81.55
Installment Fee amount due (annual)	\$0.00
1st Quarter installment amount due	\$0.00

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company," The abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org). Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

**The fees to register are as follows:**

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

➤ **Important Information About the Requirement to File an Annual Report**

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$138.75. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at [www.sunbiz.org](http://www.sunbiz.org). There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Talantage, LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23275098  
Date Inc/Auth/Filed: 05/31/2018  
Jurisdiction : Georgia  
Print Date : 06/29/2022  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Talantage, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tasha Peck  
Name of Person  
Talantage, LLC  
Firm/Company  
2310 Parklake Drive, NE, Suite 248  
Address  
Atlanta, GA 30345  
City/State and Zip Code  
tasha@talantage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tasha Peck at ( 404 ) 548-6597  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

Talantage, LLC

1. \_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-0721878  
(FEI number, if applicable)

4. NA  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4687 Panther Creek Court  
(Street Address of Principal Office)

6. 2310 Parklake Drive, NE, Suite 248  
(Mailing Address)

Lithonia, GA 30345

Atlanta, GA 30345

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Registered agent's signature)

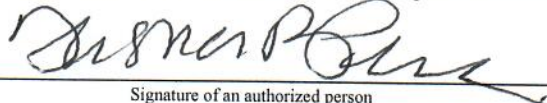
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Tasha Peck</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2302 Parklake Drive, NE</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Suite 248</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Atlanta, GA 30345</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

Tasha Peck

\_\_\_\_\_  
 Typed or printed name of signee

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## References

Partnering with our team means working with a diverse group of professionals that work together to achieve business goals and drive success. We strive to deliver value-added sustainable results by providing solutions that are strategic, measurable, and progressive to help our clients align their resources to meet the bottom line.

Below we have listed several full and complete references for your review:

### Atlanta Housing Authority

230 John Wesley Dobbs Avenue  
Atlanta, Fulton County, GA 30303

Mayra Calhoun, VP of HR

Phone: 404-685-4389

Email: [marya.calhoun@atlantahousing.org](mailto:marya.calhoun@atlantahousing.org)

Website: [www.atlantahousing.org](http://www.atlantahousing.org)

Contract Awarded 3/2020 to Present (2<sup>nd</sup> Renewal Option)

Contract No. 2019-0155006

Contract Value: Open

AH is an agency that provides affordable housing for low-income families in Atlanta. AH is Georgia's largest public housing agency and number 7 for the country's largest serving 50,000 residents. Talantage provides temporary, contract, and direct hire placements; and have been awarded our 2<sup>nd</sup> renewal option. Talantage assist Atlanta Housing Authority's daily operation and the functionality of the organization temporary as needed periodically to assist various departments on an as-needed basis.

Standard procedures in place are as follows:

- Recruiting experienced and qualified individuals for Assignments;
- Interviewing and selecting individuals for Assignments;
- Conducting skills assessments via applicant testing, interviews, etc.; and
- Conducting reference checks/background checks including: credit checks, motor vehicle reports, criminal background checks, education verification, employment verification, personal references and drug testing

95% of temporary placements are converted to permanent placement. Positions that we have successfully placed are as follows: Housing Services Administrator, Technical Writer, Operations Administrator, HRIS, Administrative Assistant II, Marketing and Public Relations Manager, Human Development Service Case Manager, Community Engagement Coordinator, Community Engagement Programs, Customer Service Representative, Manager, Multi-Media, and Distribution.

### City of Stonecrest

3120 Stonecrest Blvd.  
Stonecrest, GA 30038

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Steven McClure, Director of HR  
Phone: 470-727-0070  
Email: smcclure@stonecrestga.gov  
Website: stonecrestga.gov  
Contract Engagement: July 2021  
Contract No. NA  
Contract Value: Open

Incorporated in 2018, The City of Stonecrest is governed by a council-manager system of local government that combines the political leadership of elected officials in the form of a council, with the managerial experience of an appointed city manager.

Talantage provides temporary and direct hire placements for human resources, purchasing, finance and accounting, planning, administrative needs.

Talantage has successfully placed the HR Director a temp to hire position; and two (2) direct hires for the Procurement Manager and HR Analyst positions; (1) temporary Administrative Assistant, (1) Office Manager.

Talantage has previously sourced for a Senior Accountant and Financial Analyst.

The city recently evaluated additional staffing and recruitment needs in which we were asked to assist with filling. The positions are as follows: Planning Assistant, Financial Analyst, Office Manager/Customer Service Representative, Receptionist, and Administrative Assistant. In addition, we were tasked to assist with meeting their budget of \$140,000 over a 6-month period which included providing billable rates for the anticipated positions. The city also has a need for three direct hires in which job titles will be provided.

Talantage engaged in a contract with the City of Stonecrest in July 2021

**Atlanta University**

Atlanta University Center Robert W. Woodruff Library  
Connie Jacobs-Walton, PHR, SHRM-CP  
Director – Human Resources  
Human Resources Department  
111 James P. Brawley Drive SW  
Atlanta, GA 30314  
P) 404.978.2080  
Email: cj-walton@auctr.edu

Atlanta University is a library in Atlanta which serves the four members of the Atlanta University Center, the world's oldest consortium of historically black colleges and universities (Clark Atlanta University, Morehouse College, Spelman College) and the Interdenominational Theological Center.<sup>1</sup>

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Talantage engaged in a temporary general staffing contract 2021. Talantage successfully placed the HR Generalist and Maintenance Tech position. The agency is currently sourcing for security officers.



### Time Sheets

Talantage uses Paychex Flex Time to track and record employee worked hours. This powerful timekeeping tool has a GPS tracker that logs clocking activity from a pinpoint location; provides real-time workforce management solutions managers and supervisors can appreciate seeing real-time attendance data, labor analytics, and tracking key performance indicators. Employees can download the web time clock app for Android or IOS app using their mobile device to track and submit their time for approval.

Talantage will invoice the Agency for service's provided in accordance with the agreement on a weekly basis. The agency's representative's signature on the proposer's employee timesheet certifies that the hours shown are correct and that the work was performed to the Agency's satisfaction and authorizes the proposer to bill the Agency for the hours worked by the assigned employee.

### Payroll Taxes

Talantage agrees to assume full responsibility for paying withholding, and transmitting payroll taxes, making unemployment contributions, and handling unemployment and workers' compensation claims involving employees.

Paychex our payroll provider will process weekly payroll and payroll related activities, year-end W-2's and W-3 transmittals, files quarterly 941's and year-end 940 annual return, ensures weekly income withholdings and employer taxes are filed as required by state and federal agencies, pay contract requirements insurance premium payments.

Overtime rates shall be paid to temporary personnel for work in excess of 40 hours per week in accordance with federal labor laws.

### Reporting Requirements

Talantage works towards ensuring customer satisfaction and has adopted various measures in tracking reporting and quality assurance. Talantage will provide to the state agency on a monthly basis detailing information that includes:

- List of active temporary employee names
- Temporary employee's start date and assignment anticipated end date
- Department name, job title, and supervisor
- Total hours regular and overtime hours worked
- Pay and bill rates; and
- Total hours billed

Please note: Talantage is capable of providing customized reports as per the requirements of the hiring manager.

### Proposer's responsibility and workers' compensation

Talantage will comply with required state and federal employment labor laws, licenses and permits, as required by the agency. Talantage will be required to obtain insurance protecting the agency, proposer, personnel, and any subcontractor or vendor performing services covered by the solicitation. Talantage agrees to immediately comply with the insurance provisions and maintain insurance levels at

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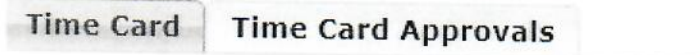
its sole expense. Talantage shall provide acknowledgment and evidence of such insurance prior to execution of contract during the entire duration of initial contract term(s), and additional terms (if applicable).

The Agency's supervisor or manager would be responsible for completing the proposers Incident Report Form and returning to the proposers for reporting to the workers' compensation carrier. If possible, on the day of injury and depending on severity the injured employee should be drug screened to mitigate potential risk. As part of the onboarding process, all employees sign an Active Drug and/or Alcohol Testing Consent Form.



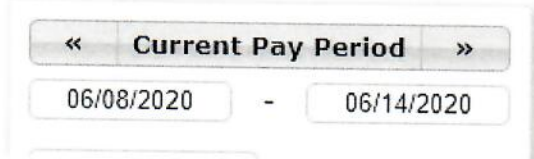
**Approving time cards – manager level**

The manager will go to the “time cards” tab at the top of the screen and will click on “time card approvals.”



They will then make sure that they are on the correct pay period that is being reviewed/submitted. To update the pay period dates, you can click on the left arrow next to the words “current pay period.”

**Step 1 - Select Filter**



Any employees that report directly to the specified manager that have time on their time card will be listed towards the bottom of the screen under “approve time cards.”

All the manager will need to do at this point is check the box to the left of the employee’s name to approve the time. The circle all the way to the right under the manager column will change to green showing that it was approved. If the time was approved by the employee, the circle under the employee column will also be green.

Step 4 - Approve Time Cards  Show employees having no time cards

<input checked="" type="checkbox"/> Employee -	Regular	OT	Non Work	Emp	Mgr
<input checked="" type="checkbox"/> Employee, Test		0.00	0.00	40.00	<input type="radio"/>

\*\*Please note that this time card approval is not required but is for checks and balances on your end to confirm that the time is correct.

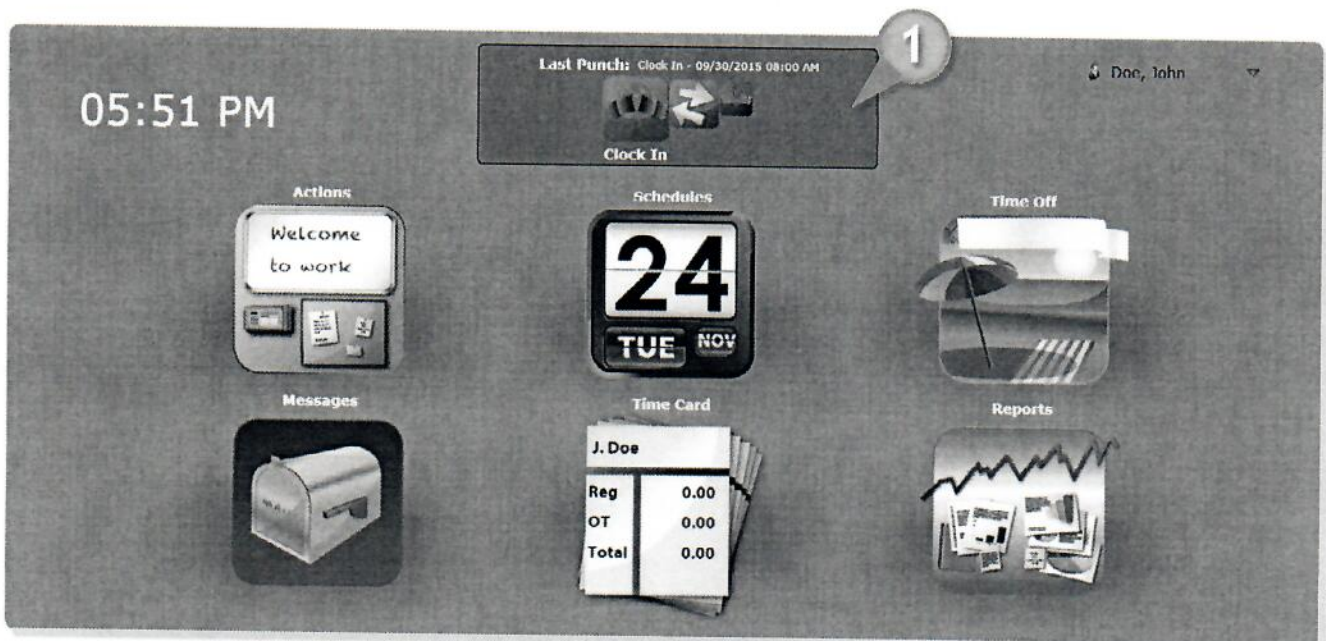
15

# Punching In or Out in Paychex Flex Time

There are two main ways to punch in or out in Paychex Flex<sup>SM</sup> Time. You can use the Action Bar or the Actions Icon.

## Using the Action Bar

1. The Actions Bar (1) displays on top of the Employee Dashboard. Click the appropriate punch action, as needed. The punch records to your time card.



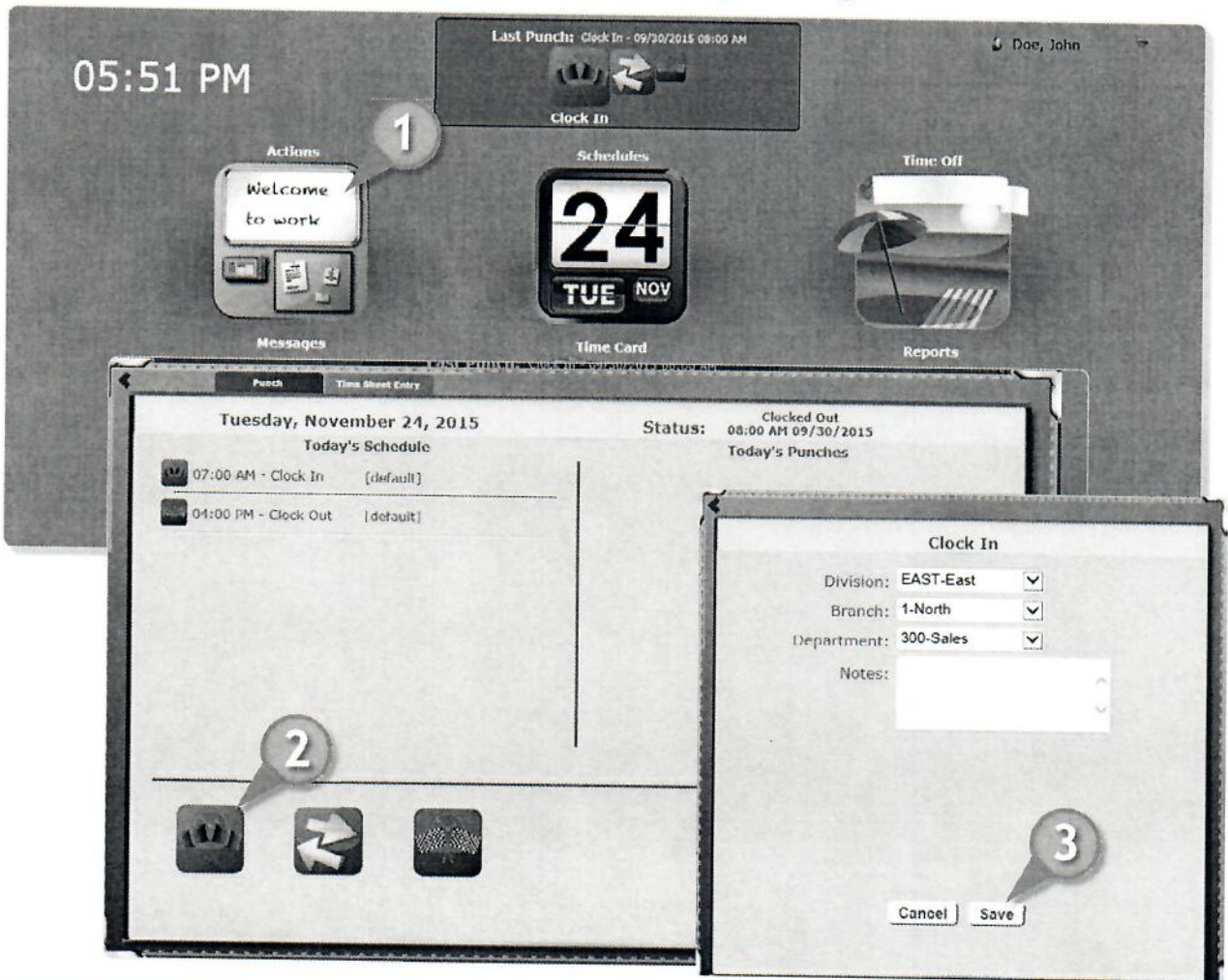
16

# Punching In or Out - continued

## USING THE ACTIONS ICON

The other option for punching in or out is to use the Actions Icon. To use the Actions Icon

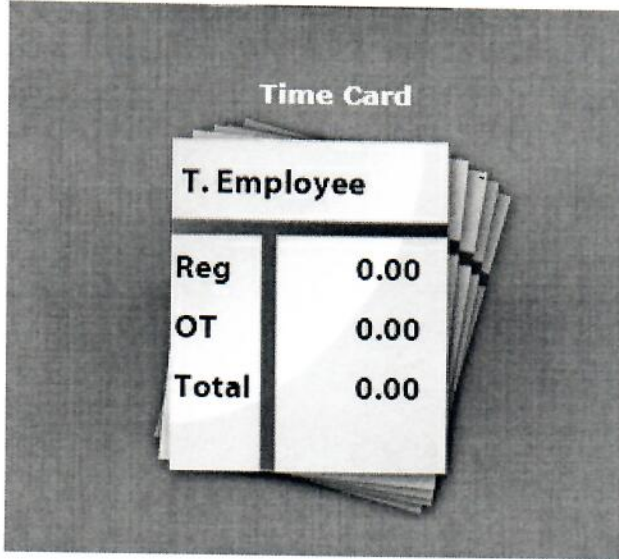
1. Click **Actions** (1) on the Employee Dashboard.
2. Select the appropriate punch icon. (2) Enter details as needed.
3. Click **Save**. (3) The punch saves and is immediately visible to your manager.



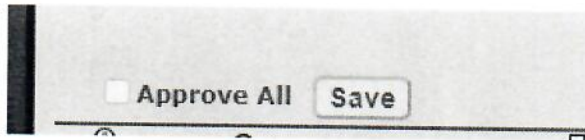
17

Submitting and approving time cards- employee level

When the employee is ready to submit their time sheet to their manager they will click the "time card" icon



They will see the days/times that they worked for the current pay period. All they will need to do from here is check the "approve all" box at the bottom of the screen and then save.



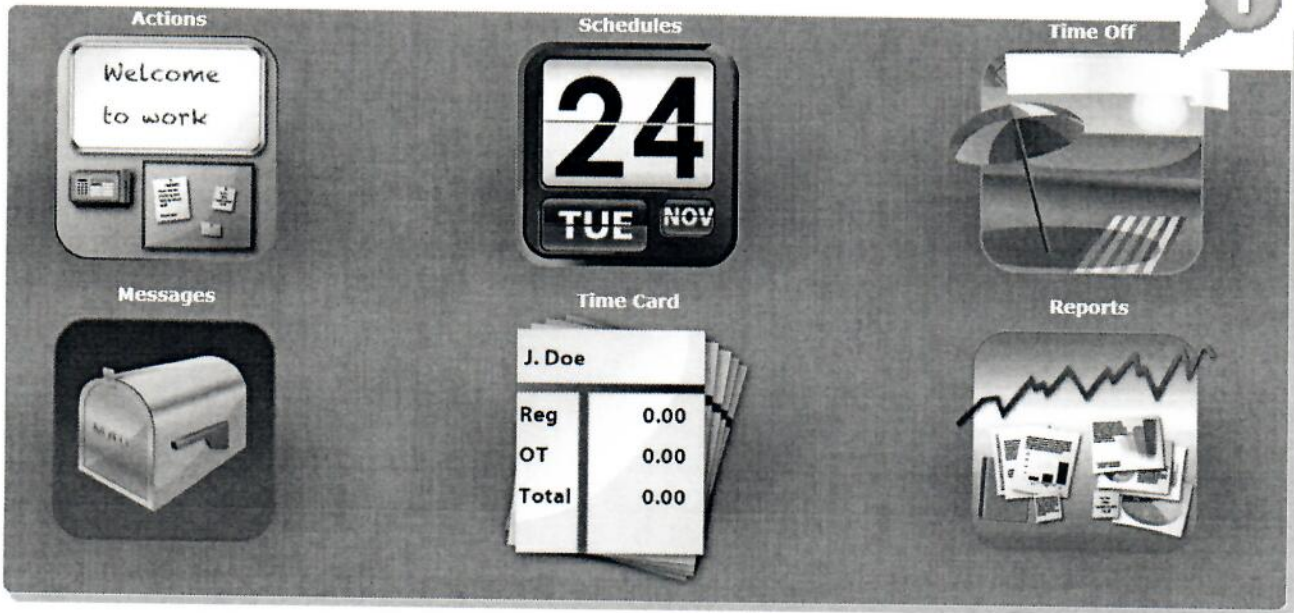
Once the time card is approved the manager will receive an email notification and will be able to approve the time card on their end as well.

18

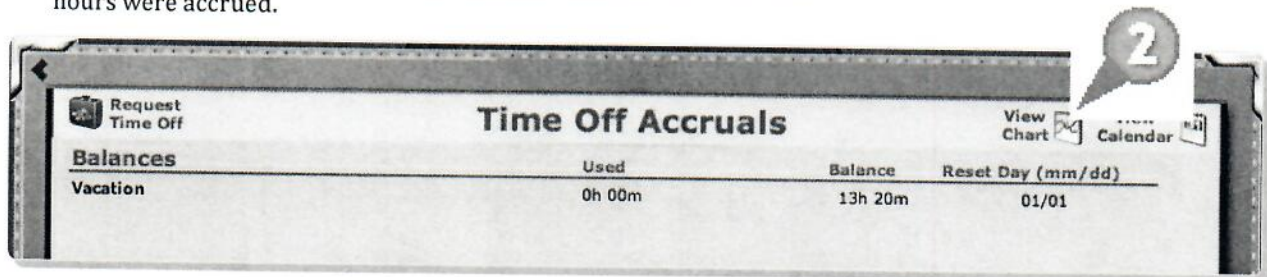
# Requesting Time Off in Paychex Flex Time

As an employee, you can request time off in Paychex Flex™ Time. To request time off:

1. On the Employee Dashboard, click **Time Off**. (1) Note, the white banner displays the current available time off balance.



2. The Time Off Accruals screen displays. Click **View Chart** (2) to view how hours were accrued.



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# Requesting Time Off - continued

- 3. Click **View Calendar** (1) to view scheduled time off or the scheduled time off of others in your work group. If you wish to only display your time off, select **Show only my Time Off**. (2)

**Request Time Off** **Time Off Accruals** **View Chart** **View Calendar**

Balances	Used	Balance	Reset Day (mm/dd)
Vacation	0h 00m	13h 20m	01/01

**November 2015**  Show only my Time Off

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23 Tommy, Tommy (8h 00m)	24 Tommy, Tommy (8h 00m)	25 Tommy, Tommy (8h 00m)	26 Tommy, Tommy (8h 00m)	27 Tommy, Tommy (8h 00m)	28
29	30 Billy, Billy (8h 00m)	1	2	3	4	5
6	7	8	9	10	11	12

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## Requesting Time Off - continued

Here is some key Time Off Requests terminology that may display on the Time Off Requests screens:

- **Pay Type** - The type of Time Off hours. For example, "Vacation".
- **Used** - The number of hours that have already been taken or used within the accrual cycle.
- **Balance** - The number of hours available for time off requests.
- **Reset Day** - The date when all accruals are reset. Note, carryover rules may apply. See your manager for more details.
- **Grant Frequency** - Determines how often an employee earns time. Time is not available until it is granted.
- **Accrual Frequency** - Determines how often an employee receives time in their available bucket.

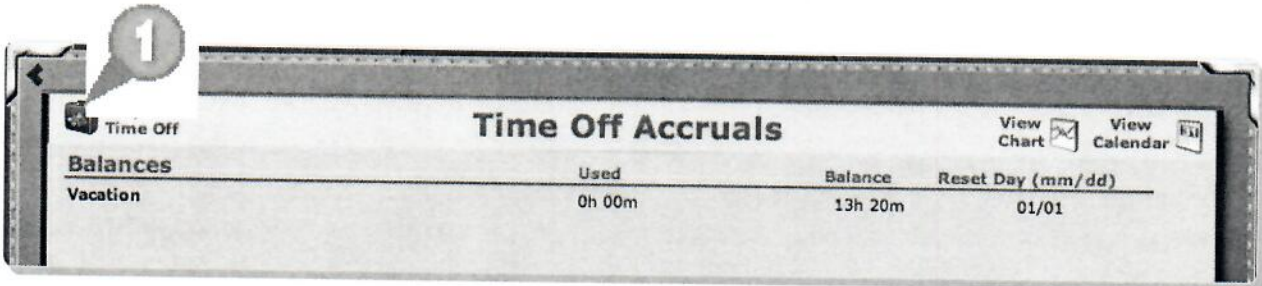
21

# Requesting Time Off - continued

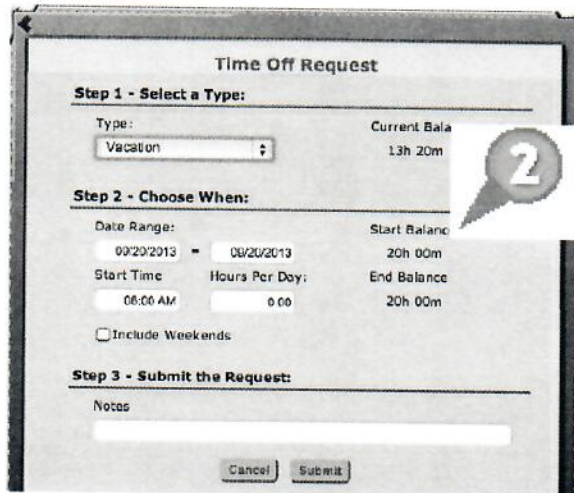
## SUBMIT A TIME OFF REQUEST

To request time off:

1. On the Time Off Accruals screen, click **Request Time Off**. (1)



2. The Time Off Requests screen displays. Enter data in the fields, as needed. Note, the Start Balance and End Balance (2) update as you enter the requested Date Range.

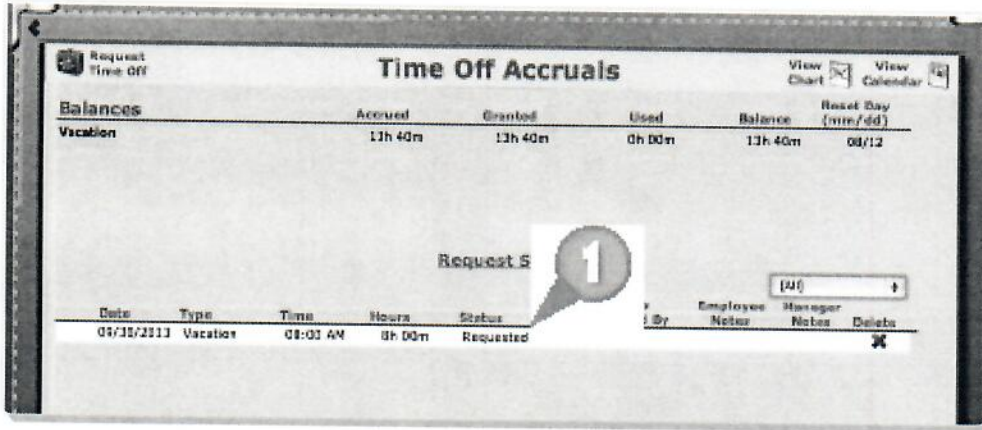


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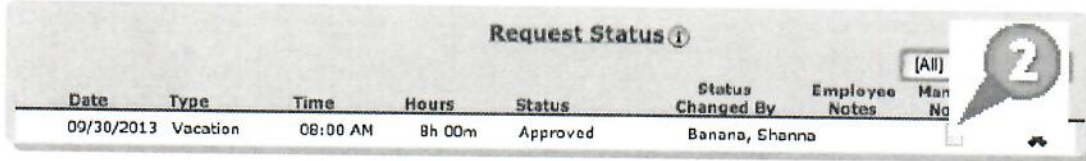


# Requesting Time Off - continued

- Once you have submitted the Time Off Request, it displays beneath the Request Status Menu. (1)



- Once the Time Off Request is approved, the Status displays "Approved". If your manager has left you a note along with the request, click (2) to view the manager's note. To cancel a request, click and a cancellation request is sent to your manager.



**i** Time Off Requests that are approved and then cancelled display under the Request Status Menu as a cancellation, but if it is still in the Request Status (meaning it was not approved or denied) it is removed completely from the Request Status menu.

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Addendum 2\_Attachment 2

**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: Talantage, LLC FEIN: 83-0721878

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**GROUP 1 - LABOR POSITIONS**

Position Number	Position Description	Estimated Hours	Hourly Rate Billed <sup>1</sup> (To the City)	Extended Amount (Estimated Hours x Hourly Rate Billed)
1	Equipment Operator I	480	\$ 32.16	\$ 15,209.37
2	Maintenance Worker I	480	\$ 27.66	\$ 13,079.53
3	Solid Waste Operator I	480	\$ 36.68	\$ 17,345.96
4	Solid Waste Worker	480	\$ 26.00	\$ 12,925.69
<b>TOTAL BID AMOUNT FOR GROUP 1</b>				<b>\$ 57,925.69</b>

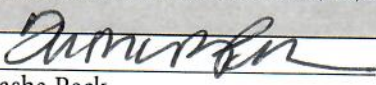
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**GROUP 2 - PROFESSIONAL / CLERICAL POSITIONS**

Position Number	Position Description	Estimated Hours	Hourly Rate Billed <sup>1</sup> (To the City)	Extended Amount (Estimated Hours x Hourly Rate Billed)
1	Accountant I	480	\$ 33.04	\$ 15,860.70
2	Administrative Assistant	160	\$ 23.08	\$ 3,691.93
3	Payroll Clerk	160	\$ 27.38	\$ 4,381.93
4	Receptionist	160	\$ 17.20	\$ 2,751.83
<b>TOTAL BID AMOUNT FOR GROUP 2</b>				<b>\$ 26,686.40</b>

<sup>1</sup>Per 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  
 Print/Type Name: Tasha Peck Phone: 404-548-6597  
 E-mail: tasha@talantage.com Fax: 770-680-5597  
 Address: 2310 Parklake Drive, NE, Suite 245 City: Atlanta State: GA

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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# CITY OF CORAL GABLES, FL

2800 SW 72<sup>nd</sup> Avenue, Miami, FL 33155  
 Finance Department / Procurement Division  
 Tel: 305-460-5102/ Fax: 305-261-1601

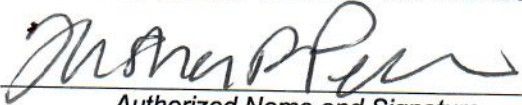
## REVISED BIDDER ACKNOWLEDGEMENT

<p><b>IFB Title: Temporary Staffing Services for Emergency Operations</b></p> <hr/> <p><b>IFB No. 2022-018</b></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><b>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.</b></p> <p>Contact: Yusbel Gonzalez              Title: Procurement Specialist              Telephone: 305-460-5107              Email: <a href="mailto:ygonzalez@coralgables.com">ygonzalez@coralgables.com</a> / <a href="mailto:contracts@coralgables.com">contracts@coralgables.com</a></p>
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<p><b>Bidder Name:</b> Talantage, LLC</p>	<p><b>FEIN or SS Number:</b> 83-0721878</p>
<p><b>Complete Mailing Address:</b> 2310 Parklake Drive, NE, Suite 248 Atlanta, GA 30345</p>	<p><b>Telephone No.</b> 404-548-6597</p>
<p><b>Indicate type of organization below:</b> Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/></p>	<p><b>Cellular No.</b> 404-6063745</p>
<p><b>Bid Bond / Security Bond:</b> <u>Not Applicable</u></p>	<p><b>Fax No.:</b> 770-680-5597</p>
	<p><b>Email:</b> tasha@talantage.com</p>

**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.

  
 \_\_\_\_\_  
 Authorized Name and Signature

President & CEO  
 \_\_\_\_\_  
 Title

09/12/2022  
 \_\_\_\_\_  
 Date

**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 CONE 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.

Tasha Peck, 

Authorized Name and Signature

President & CEO

Title

09/06/2022

Date

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STATE OF GA

COUNTY OF DEKALB

On this 21<sup>st</sup> day of September, 2022, before me the undersigned Notary Public of the State of GA, personally appeared TASHA Beck  
(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.

William E. Wetherholt  
NOTARY PUBLIC, STATE OF GA



WILLIAM E. WETHERHOLT  
(Name of notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC  
SEAL OF OFFICE:

Personally know to me, or Produced Identification:

GA DRIVERS LICENSE  
(Type of Identification Produced)

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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:

1324931

Federal Work Authorization User Identification Number

07/19/2018

Date of Authorization

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

Executed on 9-7-2022 in TUCKER (city), GA (state).

Signature of Authorized Officer or Agent

Tasha Peck, President & CEO

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 7th DAY OF sept, 2022

NOTARY PUBLIC

My Commission Expires:

05-21-2026



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

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

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

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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: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Authorized Signature:   
Printed Name: Tasha Peck  
Date: 9/16/22  
Title: President & CEO  
Bidder/Proposer Name: Talantage, LLC

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**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: Talantage, LLC

Address: 2310 Parklake Drive, NE, Suite 248, Atlanta, GA 30345  
Street City State Zip Code

Telephone No: (404)548-6597 Fax No: (770)680--5597 Email: tasha@talantage.com

How many years has your company been in business under its present name? 4.3 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.  
Is your company licensed? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, **ATTACH COPY** of License

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**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes \_\_\_\_\_ No  If Yes, explain \_\_\_\_\_

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**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 9/19/22 Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

**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.

Talantage, LLC

The Respondent, \_\_\_\_\_, 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

Tasha Peck, President & CEO \_\_\_\_\_ Name and Title of Company's Authorized Official

9/6/22 \_\_\_\_\_ Date

CITY OF CORAL GABLES  
FINANCE DEPARTMENT/PROCUREMENT DIVISION

LOBBYIST AFFIDAVIT

Solicitation Name/Number: Talantage, LLC

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

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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: [Signature]

Printed Name: Tasha Peck Title: President & CEO

Date: 009/06/2022

Bidder/Proposer's Name: Talantage, LLC

NOTARY PUBLIC

STATE OF CA

COUNTY OF DEKALB

On this 7th day of SEPTEMBER, 2022, before me the undersigned Notary Public of the State of CA, personally appeared TASHA PECK (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.

[Signature]

NOTARY PUBLIC, STATE OF CA

William E. Wetherkat (Name of notary Public; Print, Stamp or Type as Commissioned.)



Personally know to me, or Produced

Identification: CA DRIVERS LICENSE

(Type of Identification Produced)

**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

Tasha Peck, President & CEO

\_\_\_\_\_  
Printed Name and Title of Authorized Representative



\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Date

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**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.

Talantage, LLC  
\_\_\_\_\_, 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 [Handwritten Signature]  
Date: 9/6/22

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**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 carryout the duties of the Secretary under Section 107 of the Contract Work Hours and Safety Standard Act (40 U.S.C. 3704).

Talantage, LLC

\_\_\_\_\_, 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: 9/6/22



# WBENC

WOMEN'S BUSINESS ENTERPRISE  
NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

## HEREBY GRANTS WOMAN OWNED SMALL BUSINESS (WOSB) CERTIFICATION TO

**Talantage, LLC**

The identified small business is an eligible WOSB for the WOSB Program, as set forth in 13 C.F.R. part 127 and has been certified as such by an SBA approved Third Party Certifier pursuant to the Third Party Agreement, dated June 30, 2011, and available at [www.sba.gov/wosb](http://www.sba.gov/wosb).

The WOSB Certification expires on the date herein unless there is a change to the SBA's regulation that makes the WOSB ineligible or there is a change in the WOSB that makes the WOSB ineligible. If either occurs, this WOSB Certification is immediately invalid. The WOSB must not misrepresent its certification status to any other party, including any local or State government or contracting official or the Federal government or any of its contracting officials.

Majority Female Owner: Tasha Peck
NAICS: 561320, 561311 UNSPSC: 80111600, 80111601, 80111602, 80111603, 80111604, 80111605, 80111606, 80111607, 80111608, 80111609, 80111610, 80111611, 80111616, 80111619, 80111621, 80111623, 80111801
Certification Number: WOSB190336
Renewal Date: February 28, 2023
WOSB Regulation Expiration Date: 02/28/2023



Handwritten signature of Roz Lewis in black ink.

Roz Lewis, Women's Business Center President & CEO

Handwritten signature of Pamela Prince-Easton in black ink.

Pamela Prince-Easton, WBENC President & CEO

Handwritten signature of LaKesha White in black ink.

LaKesha White, Vice President, Certification

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# WBENC

WOMEN'S BUSINESS ENTERPRISE  
NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

hereby grants

## National Women's Business Enterprise Certification

to

Talantage, LLC

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).  
This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

Certification Granted: February 18, 2019  
Expiration Date: February 28, 2023  
WBENC National Certification Number: WBE1900364

WBENC National WBE Certification was processed and validated by Greater Women's Business Council, a WBENC Regional Partner Organization.



Authorized by Roz Lewis, President & CEO  
Women's Business Center



NAICS: 561320, 561311  
UNSPSC: 80111600, 80111601, 80111602, 80111603, 80111604, 80111605, 80111606, 80111607, 80111608, 80111609, 80111610, 80111611, 80111616, 80111619, 80111621, 80111623, 80111801



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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09012022

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> Jones Group Insurance Services 707 Whitlock Ave SW B24 Marietta GA 30064		<b>CONTACT NAME:</b> Kristine Jones <b>PHONE (A/C, No, Ext):</b> 770-933-7929 <b>E-MAIL ADDRESS:</b> info@jonesgroupinsurance.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Talantage LLC 2310 Parklake Drive, NE, Suite 248 Atlanta GA 30345		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hiscox Insurance Company NAIC # 10200 <b>INSURER B:</b> Liberty Mutual Insurance 23043 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	UDC-4941830-EO-21	08/27/2022	08/27/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	UDC-4941830-EO-21	08/27/2022	08/27/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A 63434226MLN1Q1	07/06/2022	07/06/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability & Medical Malpractice incl/ limits	Y	UDC-4941830-EO-21	08/27/2022	08/27/2023	1 MILL PER OCC 2 MILL PER OCC 3 MILL ACG CYBER LIAB

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

Staffing Agency; Business content coverage applied; 10,000 w 500 ded

**CERTIFICATE HOLDER****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

Kristine Jones

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