

**CITY OF NORTH MIAMI**  
**PROFESSIONAL SERVICES AGREEMENT**  
**(Housing Inspection Services - RFP #11-21-22)**

**THIS PROFESSIONAL SERVICES AGREEMENT** (“Agreement”) is made and entered into on \_\_\_\_\_, by and between the **City of North Miami**, a Florida municipal corporation, located at 776 NE 125<sup>th</sup> Street, North Miami, FL (“City”) and **TSC Associates, Inc.**, a Florida profit corporation, located at 1171 NW 27<sup>th</sup> Avenue, Fort Lauderdale, FL 33311 (“Contractor”). The City and Contractor shall collectively be referred to as the “Parties”.

**RECITALS**

**WHEREAS**, on November 10, 2021, the City of North Miami (“City”) issued ***Request For Proposals (RFP) No. 11-21-22 – Housing Inspection Services*** (“RFP”) seeking proposals from qualified, licensed and experienced firms to conduct inspections on behalf of the City for home rehabilitation projects in accordance with the terms and conditions of the solicitation (“Services”); and

**WHEREAS**, the City’s evaluation committee completed its review and ranking of all the proposals received in response to the RFP, and selected Contractor as the most responsive and responsible provider of Services, whose qualifications, references and cost of Services demonstrated to be the most advantageous to the City; and

**WHEREAS**, on February 9, 2022, the Mayor and City Council passed and adopted a Resolution, approving the selection of Contractor for the provision of Services, and authorizing the City Manager to execute this Agreement for the provision of Services.

**WHEREAS**, the City Manager finds that entering into this Agreement with Contractor for the provision of Services in accordance with the Contract Documents, is in the best interest of the City.

**NOW THEREFORE**, in consideration of the mutual terms and conditions set forth herein and other good and valuable consideration, the Parties hereto agree as follows:

**ARTICLE 1 - RECITALS**

1.1 The recitals are true and correct and are hereby incorporated into and made a part of this Agreement.

**ARTICLE 2 - CONTRACT DOCUMENTS**

2.1 The following documents are incorporated into and made part of this Agreement (collectively referred to as the "Contract Documents"):

2.1.1 City of North Miami ***Request for Proposals 11-21-22 – Housing Inspection Services***, attached hereto by reference;

2.1.2 Contractor's response to the RFP ("Proposal"), attached hereto as "Exhibit A";

2.1.3 Any additional documents which are required to be submitted by Contractor pursuant to Contract Documents.

2.2 In the event of any conflict between the Contract Documents or any ambiguity or missing specification or instruction, the following priority is hereby established:

2.2.1 Specific written direction from the City Manager or City Manager's designee.

2.2.2 This Agreement.

2.2.3 The RFP.

### **ARTICLE 3 – TERM OF AGREEMENT**

3.1 The Initial Term of this Agreement shall be a period of one (1) year from the date of execution ("Initial Term Period"), unless terminated earlier by the City. Contractor agrees that the performance of Services shall be pursued on schedule, diligently, uninterrupted and at a rate of progress which will ensure full completion of Services within the agreed time for performance. Failure to achieve timely performance of Services shall be regarded as a material breach of this Agreement and subject to the appropriate remedies available to the City at law.

3.2 Following the Initial Term Period, the City shall have the right to exercise four (4) options to renew this Agreement for one (1) year-term periods, subject to Contractor's acceptance and satisfactory performance of Services by Contractor. Upon any extension, the insurance requirements for this Agreement will be subject to review by the City's Risk Manager.

3.3 When, in the opinion of the City, reasonable grounds for uncertainty exists with respect to the Contractor's ability to perform Services or any portion thereof, the City may request that the Contractor, within a reasonable time frame set forth in the City's request, provide adequate assurances to the City in writing, of Contractor's ability to perform in accordance with terms of this Agreement. In the event that the Contractor fails to provide the City the requested assurances within the prescribed time frame, the City may treat such failure as a repudiation or breach of this Agreement, and resort to any remedy for breach provided for in this Agreement or at law.

### **ARTICLE 4 - COMPENSATION**

4.1 Contractor shall be compensated an amount not to exceed Sixty-Six Thousand Two Hundred Fifty and no/100 Dollars (\$66,250.00) for Services rendered in accordance with Contract Documents. Funding for this Agreement is contingent on the availability of funds and the Agreement is subject to amendment or termination due to lack of funds or a reduction of funds, upon ten (10) days written notice to Contractor.

4.2 The City shall pay Contractor within forty-five (45) days of receipt of invoice the total shown to be due on such invoice, provided the City has accepted the Services.

## **ARTICLE 5 - CONTRACTOR'S RESPONSIBILITIES**

5.1 As an inducement for the City to enter into this Agreement, Contractor has represented an expertise in the provision of Services to similar public entities. In reliance upon those representations, the City has entered into this Agreement with Contractor for the provision of Services.

5.2 Contractor shall supervise and direct the work competently and efficiently, devoting such attention and applying Contractor's best skill, attention and expertise. Contractor shall be solely responsible for and have control over the means, methods, techniques, sequences and procedures of the work and shall ensure that the finished Services accurately comply with the Contract Documents, and local, state and federal laws.

5.3 Contractor shall perform the Services in accordance with that degree of care and skill ordinarily exercised by reputable members of its profession.

## **ARTICLE 6 - SCOPE OF SERVICES**

6.1 Services shall be defined as the labor, supervision, materials, equipment, tools, transportation, services and expertise provided by Contractor to provide housing inspection services for the City, in accordance with the terms, conditions and specifications set forth in the Contract Documents.

6.2 Contractor represents and warrants to the City that: (i) Contractor possesses all qualifications, licenses and expertise required for the provision of Services, with personnel fully licensed by the State of Florida; (ii) Contractor is not delinquent in the payment of any sums due the City, including payment of permit fees, local business taxes, or in the performance of any obligations to the City; (iii) all personnel assigned to perform work shall be, at all times during the term hereof, fully qualified and trained to perform the tasks assigned to each; (iv) the Services will be performed in the manner and at such times and locations as described by the City for the budgeted amount; and (v) the person executing this Agreement on behalf of Contractor is duly authorized to execute same and fully bind Contractor as a party to this Agreement.

6.3 Contractor agrees and understands that: (i) any subcontractors used by Contractor shall be paid by Contractor and not paid directly by the City; and (ii) any and all liabilities regarding payment to or use of subcontractors for any of the work related to this Agreement shall be borne solely by Contractor.

## **ARTICLE 7 - INDEPENDENT CONTRACTOR**

7.1 Contractor has been procured and is being engaged by the City as an independent contractor, and not as an agent or employee of the City. Accordingly, Contractor shall not attain, nor be entitled to, any rights or benefits under the Civil Service or Pension Ordinances of the City, nor any rights generally afforded classified or unclassified employees of the City. Contractor further understands that Florida workers' compensation benefits available to employees of the City, are not available to Contractor. Therefore, Contractor agrees to provide workers' compensation insurance for any employee or agent of Contractor rendering services to the City under this Agreement.

## **ARTICLE 8 - CONFLICTS OF INTEREST**

8.1 Contractor represents and warrants to the City that it has not employed or retained any person or company employed by the City to solicit or secure this Agreement and that it has not offered to pay, paid, or agreed to pay any person any fee, commission, percentage, brokerage fee, or gift of any kind contingent upon or in connection with, the award of this Agreement.

8.2 Contractor covenants that no person under its employ who presently exercises any functions or responsibilities on behalf of the City in connection with this Agreement has any personal financial interest, directly or indirectly, with contractors or vendors providing professional construction services on projects assigned to the Contractor, except as fully disclosed and approved by the City. Contractor further covenants that, in the performance of this Agreement, no person having such conflicting interest shall be employed.

## **ARTICLE 9 - DEFAULT**

9.1 If Contractor fails to comply with any term or condition of this Agreement, or fails to perform any of its obligations hereunder, then Contractor shall be in default. The City shall have the right to terminate this Agreement, in the event Contractor fails to cure a default within five (5) business days after receiving Notice of Default. Contractor understands and agrees that termination of this Agreement under this section shall not release Contractor from any obligations accruing prior to the effective date of termination.

## **ARTICLE 10 - CITY'S TERMINATION RIGHTS**

10.1 The City shall have the right to terminate this Agreement, in its sole discretion at any time, with or without cause, upon ten (10) days written notice to Contractor. In such event, the City shall pay Contractor compensation for Services rendered prior to the effective date of termination. The City shall not be liable to Contractor for any additional compensation, or for any consequential or incidental damages.

## **ARTICLE 11 - NOTICES**

11.1 All notices, demands, correspondence and communications between the City and Contractor shall be deemed sufficiently given under the terms of this Agreement when delivered by personal service, faxed, or dispatched by mail or certified mail, addressed as follows:

To Contractor: TSC Associates, Inc.  
Attn: William Lamarr Ruffin, Registered Agent  
1127 NW 27 Avenue  
Fort Lauderdale, FL 33311

To City: City of North Miami  
Attn: City Manager  
776 N.E. 125<sup>th</sup> Street  
North Miami, Florida 33161

With a copy to: City Attorney  
City of North Miami  
776 N.E. 125<sup>th</sup> Street  
North Miami, Florida 33161



11.2 Either Party may at any time designate a different address and/or contact person by giving notice as provided above to the other Party. Such notices shall be deemed given upon receipt by the addressee.

11.3 In the event there is a change of address and the moving Party fails to provide notice to the other Party, then notice sent as provided in this Article shall constitute adequate notice.

#### **ARTICLE 12 - INDEMNIFICATION**

12.1 The Contractor shall defend, indemnify and hold harmless the City, its officers and employees from and against any and all claims, costs, losses and damages including, but not limited to reasonable attorney's fees, caused by the negligent acts or omissions of the Contractor, its officers, directors, agents, partners, subcontractors, employees and managers in the performance of the Services under this Agreement.

12.2 Nothing contained in this Agreement is any way intended to be a waiver of the limitation placed upon the City's liability as set forth in Chapter 768, Florida Statutes. Additionally, the City does not waive sovereign immunity, and no claim or award against the City shall include attorney's fees, investigative costs or pre-judgment interest.

#### **ARTICLE 13 – INSURANCE**

13.1 Prior to the execution of this Agreement, the Contractor shall submit certificate(s) of insurance evidencing the required policy coverage with respect to the Services provided under this Agreement.

13.2 All insurance policies required from Contractor shall be written by a company with a Best rating of B+ or better and duly authorized and licensed to do business in the State of Florida and be executed by duly licensed agents upon whom service of process may be made in Miami-Dade County, Florida.

#### **ARTICLE 14 - PUBLIC RECORDS**

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACTOR, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT 305-893-6511, EXT. 12110.**

14.1 Contractor understands that the public shall have access, at all reasonable times, to all documents and information pertaining to City contracts, subject to the provisions of Chapter 119, Florida Statutes, and agrees to allow access by the City and the public to all documents subject to disclosure under applicable law.

14.2 Contractor shall keep and maintain public records that ordinarily and necessarily would be required by the City in order to perform the service.

14.3 Upon request from the City's custodian of public records, Contractor shall provide the City with a copy of the requested records or allow the records to be inspected or copied within a

reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, as may be amended or revised, or as otherwise provided by law.

14.4 Contractor shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of this contract if the Contractor does not transfer the records to the City.

14.5 Upon completion of the Agreement, Contractor shall transfer, at no cost, to the City all public records in the possession of the Contractor or keep and maintain public records required by the City to perform the service. If the Contractor transfers all public records to the City upon completion of this Agreement, the Contractor shall destroy any duplicate public records that are exempt or confidential and exempt for public records disclosure requirements. If the Contractor keeps and maintains public records upon completion of this Agreement, the Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the City, upon request from the City's custodian of public records, in a format that is compatible with the information technology systems of the City.

#### **ARTICLE 15 - MISCELLANEOUS PROVISIONS**

15.1 No waiver or breach of any provision of this Agreement shall constitute a waiver of any subsequent breach of the same or any other provision hereof, and no waiver shall be effective unless made in writing.

15.2 All representations, indemnifications, warranties and guarantees made in, required by, or given in accordance with this Agreement, as well as all continuing obligations indicated in the Contract Documents, shall survive final payment, completion and acceptance of the Services and termination or completion of the Agreement.

15.3 Should any provision, paragraph, sentence, word or phrase contained in this Agreement be determined by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable under the laws of the State of Florida, such provision, paragraph, sentence, word or phrase shall be deemed modified to the extent necessary in order to conform with such laws, or if not modifiable, then same shall be deemed severable, and in either event, the remaining terms and provisions of this Agreement shall remain unmodified and in full force and effect or limitation of its use.

15.4 This Agreement and Contract Documents constitute the sole and entire agreement between the Parties. No modification or amendments to this Agreement shall be binding on either Party unless in writing and signed by both Parties.

15.5 This Agreement shall be construed and enforced according to the laws of the State of Florida. Venue in any proceedings between the Parties shall be in Miami-Dade County, Florida.

15.6 The City reserves the right to audit the records of the Contractor covered by this Agreement at any time during the provision of Services and for a period of three years after final payment is made under this Agreement.

15.7 The Contractor agrees to comply with and observe all applicable federal, state, and local laws, rules, regulations, codes and ordinances, as they may be amended from time to time.

15.8 Services shall not be subcontracted, transferred, conveyed, or assigned under this Agreement in whole or in part to any other person, firm or corporation without the prior written consent of the City.

15.9 The City of North Miami is exempt from Federal Excise and State taxes. The applicable tax exemption number or certificate shall be made available upon request.

15.10 The professional Services to be provided by Contractor pursuant to this Agreement shall be non-exclusive, and nothing herein shall preclude the City from engaging other firms to perform Services.

15.11 This Agreement shall be binding upon the Parties herein, their heirs, executors, legal representatives, successors and assigns.

15.12 The Contractor agrees that it shall not discriminate as to race, sex, color, creed, national origin, or disability, in connection with its performance under this Agreement.

15.13 All other terms, conditions and requirements contained in the Contract Documents, which have not been modified by this Agreement, shall remain in full force and effect.

15.14 This Agreement may be executed in two or more counterparts, each of which shall constitute an original but all of which, when taken together, shall constitute one and the same Agreement.

**IN WITNESS WHEREOF**, the Parties have executed this Agreement by their respective proper officers duly authorized the day and year first written above.

ATTEST:  
Corporate Secretary or Witness:

TSC Associates, Inc., a Florida profit corporation:  
“**Contractor**”:

By: \_\_\_\_\_

By: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_

ATTEST:

City of North Miami, a Florida municipal  
corporation: “**City**”

By: \_\_\_\_\_  
Vanessa Joseph, Esq.  
City Clerk

By: \_\_\_\_\_  
Theresa Therilus, Esq.  
City Manager

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY:

By: \_\_\_\_\_  
Jeff P. H. Cazeau  
City Attorney

## **Exhibit "A"**

**REVISED**  
**NEGOTIATED PRICE PROPOSAL FORM**  
**Housing Inspection Services**  
**RFP 11-21-22**

This Price Proposal Form has been revised pursuant to reflect Item 4 as a standard service instead of an Optional Service as previously listed.

The prices listed below shall include the total cost to complete the Services requested in this Solicitation including, but not limited to fuel costs, materials, labor, equipment, bonds, insurance, etc., as necessary to ensure proper delivery of Services as requested by the City of North Miami.

	Description	Unit	Unit Cost
1	<b>Initial Inspection:</b> Prepare checklist covering the initial inspection of each home, include any deficiencies discovered and take and submit photographs to the City.	Each Home	<b>\$500</b>
2	<b>Prepare Scope of Work for Bidding.</b> Include detailed cost estimate. Photographs from inspection should be included for each item addressed in the scope of work.	Each Home	<b>\$575</b>
3	<b>Pre-Bid:</b> Conduct a pre-bid meeting at the site with the City's pre-qualified contractors. Must prepare a sign-in sheet and answer contractor's questions.	Each Home	<b>\$475</b>
4	<b>Project Closeout Survey &amp; Final Report:</b> Upon conclusion of each project, meet with the homeowner(s) to assist them in completing a Project Closeout Survey (this survey will be a standard survey and the template will be provided by City staff). Submit a Final Report with the Closeout Survey. This report should provide a review of the work completed by the contractor in relation to the Scope of Work established for that project. <b>This task shall also include the services described in item "B" (Final Inspection) in the Optional Services table below.</b>	Each Home	<b>\$500</b>

**OPTIONAL SERVICES**

The services listed below will be used for projects on an as-needed basis.

	Description	Unit	Unit Cost
A	<b>Interim Inspections:</b> Conduct progress inspections and submit inspection reports with photograph. Photographs should relate to initial photographs submitted during the initial inspection.	Each Home	<b>\$300</b>
B	<b>Final Inspection:</b> Conduct up to two (2) final inspections to review and approve the contractor's work. An inspection report should be submitted with photographs corresponding to photographs submitted in previous inspections. Prepare and submit a punch list to the Contractor for review. Submit a Final Inspection Report to the City. <b>This pricing shall apply for projects for which TSC Associates has not provided the standard services listed in items 1-3 above.</b>	Lump Sum per Home	<b>\$600</b>
C	<b>Follow-Up Inspection:</b> Additional inspections may be required for homes that do not pass after the two (2) final inspections covered in line item B or D as applicable. Follow-up inspections should include a report with items referring back to the previous inspection reports.	Each Additional Report per Home	<b>\$200</b>

***[Continued on next page]***

## CERTIFICATIONS

1. I hereby certify that I am authorized to act on behalf of the firm, individual, partnership, corporation or association making this proposal and that all statements made in this document are true and correct to the best of my knowledge. I agree to hold this offer open for a period of one hundred and eighty (180) days from the deadline for receipt of proposals; or, if I am selected as the Top-Ranked Proposer, for such further period as is necessary for finalizing contract approval and execution.
2. I understand that it is the objective of the City of North Miami to select a Proposal that is in the best interest of the City. All terms listed in the Proposal shall be subject to negotiation between the Proposer and the City. No understanding, whether oral or written, whether made prior to or contemporaneously with the negotiations, shall serve to enlarge, modify, limit or otherwise affect the terms and conditions as ultimately detailed in the executed contract.
3. I understand and agree to be bound by the conditions contained in the Request for Proposal and shall conform to all requirements of the Request for Proposal.

TSC Associates, Inc

Company Name

William La'Marr Ruffin

Authorized Company Representative (Print Name)



Authorized Company Representative (Signature)

MARCH 14, 2022

Date

President

Title



**COVER PAGE & CONTACT INFORMATION**

**RFP No. 11-21-22  
HOUSING INSPECTION SERVICES**

This form should be included as the very first page of your Proposal. Please complete the form in its entirety and have it signed by an authorized officer and/or principal of the Respondent. The "Contact Person" listed below should be an authorized designee of the Respondent whom the City may contact for any questions and/or to forward any correspondence related to this Solicitation.

Legal Name of  
Proposer(s): TSC ASSOCIATES INC.

Federal Employee  
Identification (FEIN)  
Number: 20-0040973

Mailing Address: P.O. Box 120487

City, State, Zip Code: Fort Lauderdale FL 33311

Contact Person: William La'Marr Ruffin

Title: President

Email Address: tscinspectservices@gmail.com

Telephone Number: 954-316-8952

Fax Number:  
(if any) 954-533-8952





I hereby certify that I am authorized to act on behalf of the Respondent, individual, partnership, corporation or association making this Proposal and that all statements made in this document are true and correct to the best of my knowledge.

By submitting a Proposal, the Respondent certifies that it has fully read and understands this Solicitation and that it has full knowledge of the scope, nature, and quality of Work to be performed.

The Respondent, individual, partnership, corporation or association responding to this Solicitation certifies that all statements made in this document are true and correct to the best of their knowledge. Moreover, the Respondent agrees to hold this offer open for a period of one hundred and eighty (180) days from the deadline for receipt of Response.

Respondent understands and agrees to be bound by the conditions contained in this Solicitation and shall conform to all the requirements outlined herein.

TSC ASSOCIATES INC.

\_\_\_\_\_  
Company Name

William L Ruffin

\_\_\_\_\_  
Authorized Company Representative (Print Name)

\_\_\_\_\_  
Date

11/30/21

\_\_\_\_\_  
Authorized Company Representative (Signature)

\_\_\_\_\_  
President

\_\_\_\_\_  
Title



# **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
 954-316-8952  
 954-533-8952 Fax  
 Email: tscinspectservices@gmail.com

HI-687 Home Inspector  
 MRSR187 Mold Remediator  
 MRSA176 Mold Assessor  
 CGC061653 State Certified General Builder  
 CCC1325961 State Certified Roofing Contractor

## **RFP 11-21-22, CITY OF NORTH MIAMI FLORIDA HOUSING INSPECTION SERVICES DECEMBER 15 2021**

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HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

# **LETTER OF INTRODUCTION**



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
State Certified General Builder-CGC061653  
State Certified Roofing Contractor-CCC1325961

### **LETTER OF INTRODUCTION**

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TSC Associates Inc. hereby acknowledges receipt of the City of North Miami Florida Request for Proposal # 25-15-16, Home Inspection. We are dedicated to providing the very best solutions for improvement of basic residential habitability with a dedicated focus on cost savings and energy conservation and efficiency with respect to determining the extent of rehabilitation needed. This dedication and efficiency will dictate the quality of services we will deliver to the City of North Miami and its residents.

Our firm has over sixty-five (65) years of combined experience empowering us to perform the scope of services within the time frame allotted to achieve the goals of the Florida Housing Finance Corporation Community Development Block Grant, Department of Housing and Urban Development, Home Investment Partnership, and State Housing Initiatives Partnership Programs to the complete satisfaction of the City of North Miami and the Homeowner.

In accordance with the Purpose and Scope of Work specified in Request for Qualifications Number 25-15-16, TSC Associates Inc. is committed to providing Home Inspection and Cost Estimating Services for general repairs and modifications. As Home Inspector, we obligate our entire staff to the monitoring and completion of all phases of work and performance requirements.

This proposal is being submitted by TSC Associates Inc. without collusion with any other person or entity submitting a proposal pursuant to Request for Proposal Number 25-15-16.

The contact person in this proposal shall be:

William LaMarr Ruffin, CEO/President  
1171 NW 27<sup>th</sup> Avenue  
Fort Lauderdale Florida 33311  
954-709-0471 Cell Phone  
954-316-8952 Office  
954-533-8952 Fax

### **OUR MANAGEMENT TEAM: Qualifications and Experience:**

#### **William L. Ruffin, CEO/President, Inspector, Project Manager**

Industrial Engineer and Graduate of the University of Toledo Wm. LaMarr Ruffin has been a key figure in the construction industry for over twenty-five (25) years. Mr. Ruffin, Owner and Chief Executive Officer of TSC Associates Inc. is a licensed Home Inspector, General Contractor, Roofing Contractor, Mold Assessor and Mold Remediator certified in the State of Florida. The consistency demonstrated by Mr. Ruffin and his support team to deliver within the contractual time frame has enabled the firm to thrive and develop expanded services. Mr. Ruffin's past completed projects include single and multi-family home design, residential rehabilitation, commercial road and building construction. Currently the firm specializes in providing excellent residential and commercial property inspection service. Mr. Ruffin's construction knowledge and proficiency includes all phases of building and highway construction, public sector government contracting, residential development, and commercial construction projects. Mr. Ruffin leads his team's standard operating practices by demonstrating consistent attention to detail, skillful and diplomatic

management techniques, and effective methods enabling completion prior to deadline dates, and prompt courteous communication with Homeowners and Contract Administrators.

**Myriam Thomas, Office Manager**

Ms. Thomas has over fifteen (15) years of professional experience as an office manager. Ms. Thomas administers all inspection schedules, pre-bid schedules, and coordinates the subcontractors, contract administrators, and home inspector to assure the continuous uninterrupted progress of all rehabilitation projects. Ms. Thomas prepares the bid documents, construction documents, inspection reports, billing documents, and compliance documents. Ms. Thomas is the center focal hub around whom all contract activity occurs, and by whom all contract activity is monitored.

**Sharon Levia, Research Analyst, Accounting**

Ms. Levia has more than twenty-five (25) years of professional experience as a business development specialist, having worked with the City of Phoenix AZ, the Rochester NY U.S.S.B.A., and numerous city and state agencies and individual entrepreneurs for the advancement of small and disadvantaged enterprises. Ms. Levia has extensive experience in financial statement accounting, government procurement, project management, strategic development planning, implementation, and maintenance. Ms. Levia supports the Home Inspector as directed by establishing rapport with local officials, as well as research and investigation of administration of Florida Residential Building Code, Energy Code, Accessibility Code, LHAPs, HUD Policies and Procedures, U.S. Administrative Code, CFRs, etc.

**List of Equipment:**

Inspection and construction tools, hand tools, ladders, cameras, smartphones, touch pads, desktops, laptops, printers, faxes, scanners, highly specialized state of the art home inspection and construction specification writing software, as well as standard office ergonomic accommodations.

TSC Associates Inc. looks forward to joining with and progressing with the City of North Miami Florida and its residents to provide a quality of life in the community that will foster the desire to live, work, and raise a family in North Miami, and to enhance the quality of life within the community through proactive and effective efforts. We pledge to provide superior service to the complete approval of the Contract Administrators and Homeowners.

Respectfully submitted,  
**TSC ASSOCIATES INC.**  
Wm. LaMarr Ruffin  
President



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

# **BUSINESS STRUCTURE Certificate of Corporate Status**

# *State of Florida*

## *Department of State*

I certify from the records of this office that TSC ASSOCIATES, INC. is a corporation organized under the laws of the State of Florida, filed on September 23, 2002.

The document number of this corporation is P02000102555.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on February 9, 2021, and that 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 Capital, this  
the Ninth day of February, 2021*



*Randy Rye*  
**Secretary of State**

Tracking Number: 7985343072CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2011

WILLIAM L. RUFFIN  
TWENTY SECOND CENTURY ROOFING, INC.  
P O BOX 120487  
FORT LAUDERDALE, FL 33311

Re: Document Number P02000102555

The Articles of Amendment to the Articles of Incorporation for TWENTY-SECOND CENTURY ROOFING, INC. which changed its name to TSC ASSOCIATES, INC., a Florida corporation, were filed on March 17, 2011.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Tina Roberts  
Regulatory Specialist II  
Division of Corporations

Letter Number: 711A00006699



**TSC ASSOCIATES INC., a Florida Corporation**  
**P02000102555**

**RESOLUTIONS OF THE BOARD OF DIRECTORS**

***CERTIFIED RESOLUTION IN WRITING*** of the board of directors of **TSC ASSOCIATES INC.**, a Florida corporation, dated the 18<sup>th</sup> day of March 2011.

The Secretary of the Corporation Certifies that the Corporation is a Corporation duly organized and operating under the laws of the State of Florida.

***IT WAS RESOLVED THAT:***

1. The Officers and directors are authorized to enter into the following contract (the "Contract"): all contracts and agreements to provide goods and services in accordance with the Corporate Mission Statement.  
Authorizing Officer to enter into, sign, and authorize Contracts in the name of the Corporation.  
Any one Officer or Director is authorized to execute the Contract on behalf of the Corporation.
2. Any one Director or Officer of the Corporation is authorized to sign all documents and perform such acts as may be necessary or desirable to give effect to the above resolution.
3. This Resolution may be executed in counterparts. Facsimile or scanned signatures are binding and are considered to be original signatures.

In witness whereof, I have duly executed this Certificate of Corporate Resolution this 18<sup>th</sup> day of March 2011.

  
\_\_\_\_\_

Wm. La'Marr Ruffin, Secretary

I, William La'Marr Ruffin, President of the Corporation, do hereby certify that Wm. La'Marr Ruffin is the duly elected Secretary of the Corporation. I also certify that any signatures set out above are the correct signatures of those persons. I further certify that I have executed this Resolution for the purpose stated above for and on behalf of the Corporation.

***In witness whereof, I have duly executed this Certificate this 18<sup>th</sup> day of March 2011.***

  
\_\_\_\_\_

Wm. La'Marr Ruffin, President

affixing seal



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email: [tscinspectservices@gmail.com](mailto:tscinspectservices@gmail.com)

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

# **BROWARD COUNTY BUSINESS TAX RECEIPTS/ OCCUPATIONAL LICENSES**

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

**VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022**

**DBA:**  
**Business Name:** TSC ASSOCIATES INC

**Receipt #:** 185-1113  
**Business Type:** ROOFING/SHEET METAL CONTRACTOR  
(ROOFING CONTRACTOR)

**Owner Name:** WILLIAM LAMARR RUFFIN  
**Business Location:** 1171 NW 27 AVE  
FT LAUDERDALE  
**Business Phone:** 954-709-0471

**Business Opened:** 09/23/2002  
**State/County/Cert/Reg:** CCC1325961  
**Exemption Code:**

**Rooms**                      **Seats**                      **Employees**                      **Machines**                      **Professionals**  
2

		For Vending Business Only				
		Number of Machines:			Vending Type:	
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

TSC ASSOCIATES INC  
1171 NW 27 AVE  
FORT LAUDERDALE, FL 33311

**Receipt #** 30A-20-00010134  
**Paid** 09/17/2021 27.00

**2021 - 2022**

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022**

**DBA:**  
**Business Name:** WILLIAM L RUFFIN

**Receipt #:** 180-7170  
**Business Type:** GENERAL CONTRACTOR (GENERAL CONTRACTOR)

**Owner Name:** WILLIAM L RUFFIN  
**Business Location:** 1171 NW 27 AVE  
FT LAUDERDALE  
**Business Phone:** 954-709-0471

**Business Opened:** 08/01/2003  
**State/County/Cert/Reg:** CGC061653  
**Exemption Code:**

**Rooms**                      **Seats**                      **Employees**                      **Machines**                      **Professionals**  
1

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

WILLIAM L RUFFIN  
1171 NW 27 AVE  
FORT LAUDERDALE, FL 33311

**Receipt #** 30A-20-00010134  
**Paid** 09/17/2021 27.00

**2021 - 2022**



# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

**VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022**

**DBA:**  
**Business Name:** WILLIAM LAMARR RUFFIN INC

**Receipt #:** 329-251806  
**Business Type:** ALL OTHERS (HOME INSPECTOR/MOLD ASSESSOR)

**Owner Name:** WILLIAM LAMARR RUFFIN  
**Business Location:** 1171 NW 27 AVE  
FT LAUDERDALE  
**Business Phone:** 954-316-8952

**Business Opened:** 10/26/2012  
**State/County/Cert/Reg:** HI687/MRSA176  
**Exemption Code:**

**Rooms**                      **Seats**                      **Employees**                      **Machines**                      **Professionals**  
2

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT  
WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

WILLIAM LAMARR RUFFIN  
P O BOX 120487  
FORT LAUDERDALE, FL 33312

**Receipt #** 30A-20-00010134  
**Paid** 09/17/2021 33.00

**2021 - 2022**

# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022

DBA:  
Business Name: WILLIAM L RUFFIN

Receipt #: 377-13613  
Business Type: OFFICE/SALES/BUSINESS/ADMIN  
(SALES/FURNITURE)

Owner Name: WILLIAM L RUFFIN  
Business Location: 1171 NW 27 AVE  
FT LAUDERDALE  
Business Phone: 954-709-0471

Business Opened: 11/09/2006  
State/County/Cert/Reg:  
Exemption Code:

Rooms                      Seats                      Employees                      Machines                      Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
45.00	0.00	0.00	0.00	0.00	0.00	45.00

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

**THIS BECOMES A TAX RECEIPT**

**WHEN VALIDATED**

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

**Mailing Address:**

WILLIAM L RUFFIN  
1171 NW 27 AVE  
FORT LAUDERDALE, FL 33311

Receipt #30A-20-00010134  
Paid 09/17/2021 45.00

**2021 - 2022**



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

# **QUALIFICATIONS AND EXPERIENCE of the HOME INSPECTION FIRM**



## **WM. LA'MARR RUFFIN**

HOME INSPECTOR

P.O. Box 120487 Fort Lauderdale FL 33312

954-316-8952

954-533-8952 Fax

HI-687 FL Certified Home Inspector

MRSR187 FL Certified Mold Remediator

MRSA176 FL Certified Mold Assessor

CGC061653 State Certified General Builder-

CCC1325961 FL Certified Roofing Contractor

### **PROFILE**

For more than 32 years, Florida Certified Home Inspector William La'Marr Ruffin has built a reputation for proven experience in the preparation of residential rehabilitation construction documents/scope of work including retrofitting for handicap accessibility, identification of barriers and improvement of accessibility for elderly and disabled persons, progress inspections, final inspections, including appropriate documentation, etc. Mr. Ruffin emphasizes health and safety repairs and energy efficiency using his expansive knowledge of Florida Residential Building Code, Florida Accessibility Code, HUD Policies & Procedures, LHAP's, administrative codes, zoning ordinances, etc.

Mr. Ruffin has performed in this capacity in the South Florida area for numerous municipalities, and is highly regarded in the communities for his excellent reliable service and integrity, his concise, comprehensive documentation detail, and adherence to guidelines established in HUD Procurement Handbook for PHAs (7460.8Rev2).

Presiding over pre-bid meetings, Mr. Ruffin determines the need for release of additional construction information and develops and issues addenda, performs initial, periodic progress, and final inspections, advises and interacts with subcontractors, monitors subcontractor work specification compliance.

Mr. Ruffin also reviews bids and change orders for reasonableness by evaluating pricing using cost comparisons, current commodity indices, and direct professional quotes.

### **KEY STRENGTHS**

Detailed knowledge of and extensive experience facilitating Residential Housing Rehabilitation Programs such as: *State Housing Initiatives Partnership, Florida Housing Finance Corporation, Housing & Urban Development, Home Investment Partnership, Neighborhood Stabilization Programs, Community Development Block Grant, Disaster Relief.*

Process evaluation and improvement: *examine work processes, create solutions, measure improvements.*

Review & recommend for cost savings: *supervise development of strategic planning processes.*

Effective administration of federal housing rehabilitation programs terms and conditions; *diplomatic communication skills, professional interaction with clients and business constituents, ability to successfully manage difficult situations.*

Manage multiple projects simultaneously to oversee construction progress; *determine necessity for and nature of directives to clients and subcontractors.*

Interpret, explain and apply Federal, State and Local building codes, ordinances and administration orders applicable to building and construction trades, uniform housing code, building codes and/or ordinances.

Interact tactfully and effectively with homeowners, contractors, staff and others contacted in the course of work, communicate effectively both written and verbal.



Continued...

**WM. LA'MARR RUFFIN**, HOME INSPECTOR  
P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952 \*\*\* 954-533-8952 Fax

## **LICENSING AND CERTIFICATION**

HI-687 Florida Certified Home Inspector  
CGC061653 Florida Certified General Builder  
CCC1325961 Florida Certified Roofing Contractor  
MRSR187 Florida Certified Mold Remediator  
MRSA176 Florida Certified Mold Assessor  
My Safe Florida Home Wind and Hurricane Mitigation Inspector  
CI-BCA Building Contaminant Inspector, Assessor, and Technician  
H.U.D. Section 3 Certificate of Completion  
U.S. E.P.A. Toxic Substances Control Certification NAT99033-1, Florida 99033-1  
Association of Construction Industry Certified Professionals Member in Good Standing

## **QUALIFICATIONS**

### **TSC ASSOCIATES INC. FORT LAUDERDALE FLORIDA**

*President/Chief Executive Officer*

Florida Certified Home Inspector, Florida Certified General Contractor, Florida Certified Roofing Contractor, Florida Certified Mold Remediator, Florida Certified Mold Inspector.  
Residential and Commercial Inspections and Specification Writing, progress inspections, final inspections.  
Financial and operational management, leadership, supervision.  
Negotiations and Procurement.  
Expert knowledge and application of Florida Building Code, Florida Building Code Residential, Florida Building Code Energy Conservation, Florida Accessibility Code, ADA Standards and Guidelines, HUD Policies & Procedures, LHAP's, CFR's.  
Long term proven experience in home inspection, general contracting, roofing, government contracting, public and private sector contracting.

### **FIRST METRO BUILDERS INC. FORT LAUDERDALE FLORIDA**

*Chief Estimator, Project Manager*

### **RUFFIN CONSTRUCTION INC. ROCHESTER NEW YORK**

*Chief Operations Officer, Chief Estimator, Project Manager*

TSC ASSOCIATES INC. PAST PROJECTS: STAFF-PERSON IN CHARGE: WM. LA'MARR RUFFIN				
DATES	PROJECT TYPE	CONTACT NAME	LOCATION	SCOPE OF WORK
2012 and 2016-2021  \$51,230	Home Inspection and Specification Writing for home repair & rehab, code corrections	City of North Miami Housing Marie-Frantz Jean-Pharun, CFM Housing Manager 776 NE 125th St North Miami FL 33161 305-893-6511	North Miami	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.
2009-2021  \$204,525	Home Inspection and Specification Writing for home repair & rehab, code corrections	Community Redevelopment Agency of South Florida Inc. Andrew Azebeokhai, President 8569 Pines Blvd Pembroke Pines FL 33024 954-431-7866	Coconut Creek, Davie, Plantation, Cooper City, Pembroke Pines, Pompano Beach, Lauderhill, Lauderdale, Lauderdale Lakes, Dania Beach	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.
2010-2021  \$322,485	Home Inspection and Specification Writing for home repair & rehab, code corrections, sewer & water	Broward County Minority Builders Coalition Janice Hayes, Director of Business & Workforce Development 665 SW 27 <sup>th</sup> Ave #16 Fort Lauderdale FL 33312 954-792-1121, ext 25	Broward County	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule. Water/sewer: septic tank to municipal sewer system, barrier free improvements.
2009-2021  \$155,235	Home Inspection and Specification Writing for home repair & rehab, code corrections	City of Deerfield Beach Community Development Vickki Placide-Pickard 533 S Dixie Hwy Deerfield Beach FL 33441 954-571-2675	Deerfield Beach	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.
2013-2015  \$12,750	Home Inspection and Specification Writing for home repair & rehab, code corrections	City of West Palm Beach Housing & Community Development Jennifer Ferriol 401 Clematis St West Palm Beach FL 33401 561-822-1250	West Palm Beach	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.
2009-2021  \$115,250	Home Inspection and Specification Writing for home repair & rehab, code corrections	City of Pembroke Pines Joe Yaciuk, AICP Planning Administrator 10100 Pines Blvd Pembroke Pines FL 33026 954-435-6513	Pembroke Pines	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.
2009-2016  \$62,000	Home Inspection and Specification Writing for home repair & rehab, code corrections	Mildred J Reynolds, Housing & Community Development Mgr, Environmental Protection & Growth Mgmt Dept, Housing, Finance & Community Development Division 110 NE 3 <sup>rd</sup> St #300 Fort Lauderdale FL 33301 954-357-4939	Broward County	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.
2009-2021  \$222,075	Home Inspection and Specification Writing for home repair & rehab, code corrections	City of Coral Springs Neirah Sankar, Assistant Planner/Housing Specialist Dept of Community Development 2730 University Dr Coral Springs FL 33065 954-344-1161	Coral Springs	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation, repair and upgrade major building systems, abate health and safety issues, to preserve housing stock.

**TSC ASSOCIATES INC. PAST PROJECTS: STAFF-PERSON IN CHARGE: WM. LA'MARR RUFFIN**

DATES	PROJECT TYPE	CONTACT NAME	LOCATION	SCOPE OF WORK
2017-2021  \$36,040	Home Inspection and Specification Writing for home repair & rehab, code corrections	Center for Independent Living Brian Johnson, Chief Program Officer 4800 North State Road 7, Bldg F, Ste 102 Lauderdale Lakes FL 33319 954-547-8771	Broward County	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.
2010-2021  \$137,512	Home Inspection and Specification Writing for home repair & rehab, code corrections, sewer & water	City of Miramar Edlyn Griffith, Client Services Coordinator 2200 Civic Center Place Miramar FL 33025 954-602-3247	Miramar FL	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule. Water/sewer: septic tank to municipal sewer system, barrier free improvements.
2015-2021  \$211,225	Home Inspection and Specification Writing for home repair & rehab, code corrections	City of Tamarac Nichola Lewis, Housing and Community Development Coordinator 7525 NW 88 <sup>th</sup> Ave Tamarac FL 33321 954-597-3538	Tamarac FL	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.
2016-2015  \$125,982	Home Inspection and Specification Writing for home repair & rehab, code corrections	Town of Davie Glenda Martinez, Community Services Manager 4700 SW 64 <sup>th</sup> Ave Davie FL 33314 954-797-1196	Davie FL	Home Inspector and Specification Writer to provide repairs necessary for safe standards in housing, eliminate sub-standard housing, eliminate building code violations, storm and hurricane mitigation and prevention of weather penetration, repair and upgrade major building systems, abate health and safety issues, all in an effort to preserve the City's affordable housing stock, all within schedule.



# TSC ASSOCIATES INC.

P.O. Box 120487 Fort Lauderdale FL 33312  
 954-316-8952  
 954-533-8952 Fax  
 Email: tscinspectservices@gmail.com

HI-687 Home Inspector  
 MRSR176 Mold Assessor  
 MRSA187 Mold Remediator  
 CGC061653 State Certified General Contractor  
 CCC1325961 State Certified Roofing Contractor  
 Certified RPP Lead Renovator  
 Certified Aging in Place Specialist

## PAST PERFORMANCE: BUILDING CONSTRUCTION TRADES EXPERIENCE

<u>Work Scope</u>	<u>Description</u>	<u>Project Cost</u>
Masonry contractor; Underground Magazine, Military base Project Manager	US Army Corps of Engineers Fort Drum, NY	\$10,000,000
Masonry Contractor; Military base Project Manager	US Army Corps of Engineers Governors Island, NY	\$3,000,000
Masonry contractor; prison Project Manager	New York State Department of Corrections Attica Prison Attica, NY	\$3,000,000
Roof Replacement, Install Fire Doors, Install handrails Prime Contractor	Veterans Administration Medical Center Batavia, NY Canandaigua, NY	\$3,000,000
Masonry contractor Project Manager	University of Buffalo Buffalo, NY	\$2,750,000
Foundation Subcontractor Rochester NY Convention Center Project Manager, Subcontractor	John B. Pike & Sons, Prime Contractor Rochester, NY	\$2,750,000
North Garage Parking-West Ramp Port Everglades, Hollywood FL Prime Contractor	North Garage Parking-West Ramp Port Everglades, Hollywood, FL	\$196,000
Commercial Roofing, Esserman Plaza Prime Contractor	Esserman Nissan 16725 NW 57 <sup>th</sup> Ave Miami, FL	\$147,000
Re-roof Various Sites Fort Lauderdale Housing Authority Prime Contractor	Fort Lauderdale Housing Authority 100 SW 18 <sup>th</sup> Ave Fort Lauderdale, FL	\$44,500
Weatherization I Weatherization II Prime Contractor	Broward County Minority Builders Coalition Various Sites Broward County, FL	\$33,400
Replace Roof; Residential Renovation Prime Contractor	Broward County Minority Builders Coalition 3777 NW 78 <sup>th</sup> Davie, FL	\$22,600
Home Inspector, Specification Writer	Direct contracting with Program Administrators for Residential Home Inspection & Cost Estimating Services in the following Cities:  Pembroke Pines, Coconut Creek, Cooper City, Coral Springs, Dania Beach, Deerfield Beach, Fort Lauderdale, Hollywood, Lauderdale Lakes, Margate, Miramar, North Miami, Plantation, West Palm Beach.	\$1,953,434



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

### **Sampling of Contracts Awarded Similar Scopes of Work**



December 28, 2015

**NOTICE OF INTENT TO AWARD  
A CONTRACT FOR  
RESIDENTIAL INSPECTION AND COST ESTIMATING SERVICE FOR FEDERAL AND  
STATE FUNDED HOUSING AND COMMUNITY DEVELOPMENT PROGRAMS  
RFQ #2015-16/07**

to

**TSC ASSOCIATES, INC. AND HOUSING AND ASSISTIVE TECHNOLOGY, INC.**

Please be advised that City of Deerfield Beach staff has evaluated and ranked all responsive and responsible submittals received in accordance with the criteria stated in the RFQ. Based on the final ranking, staff is recommending approval of the ranking and award of the subject contract at the January 19, 2016 Commission Meeting as follows:

Pool 1 – Regular Home Repair Projects: TSC Associates, Inc. and Housing and Assistive Technology, Inc.

Pool 2 – Accessibility Home Repair Projects: Housing and Assistive Technology, Inc.

Please be advised that a cone of silence is still in effect. Should you have any questions please contact the Purchasing Division at 954-480-4381. We appreciate the time and effort put forth by all those who responded to this solicitation and hope you continue to show interest in City of Deerfield Beach Projects.

Best Regards,

Christine Miller  
Senior Buyer





## CITY OF MIRAMAR

An Equal Opportunity Employer

### Mayor

Wayne M. Messam

### Vice Mayor

Winston F. Barnes

### City Commission

Maxwell B. Chambers

Yvette Colbourne

Darline B. Riggs

### City Manager

Kathleen Woods-Richardson

"We're at the  
Center of Everything"

**Procurement Dept.**  
2200 Civic Center Place  
Miramar, Florida 33025

Phone: (954) 602-3047

January 8, 2017

To Whom It May Concern:

### RE: **NOTICE OF INTENT TO AWARD**

Request for Qualifications (RFQ) 17-05-28

Pool of Qualified General Inspectors for Residential Rehabilitation Projects

RFQ#17-05-28 was issued on August 14, 2017 to solicit to identify highly qualified General Inspectors for Residential Rehabilitation Projects who can provide services for the program, which is funded by the federal government ("CDBG") for the City of Miramar. The RFQ closed on October 4, 2017 with a total of four responses. The resulting library of firms will be used to secure services necessary to complete commercial rehabilitation projects. Three firms were determined to be qualified for selection to the pools with a score of 75 or above, as indicated in Exhibit "B". The three qualified firms are Absolute Civil Engineering, Housing and Assistive Technology and **TSC Associates**.

This Notice of Intent to Award must be posted to the public for a total of five (5) business days prior to recommendation for this award.

A recommendation for this award is scheduled to be presented to the City Commission on January 17, 2018 as required by city code section 2-412.

Thank You.

  
Thomas Blaine, CPPO, FCPM, FCPA  
Contract Administration Manager

Cc: Alicia Ayum, Procurement Director

**AGREEMENT BETWEEN THE CITY OF CORAL SPRINGS AND  
TSC ASSOCIATES, INC. FOR RESIDENTIAL/COMMERCIAL INSPECTION  
AND COST ESTIMATING SERVICES**

THIS AGREEMENT, made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2017, by  
and between:

CITY OF CORAL SPRINGS, FLORIDA  
a municipal corporation  
9551 West Sample Road  
Coral Springs, Florida 33065  
(hereinafter referred to as "CITY")

AND

**TSC ASSOCIATES, INC.**  
a Florida profit corporation  
1171 NW 27<sup>th</sup> Avenue  
Fort Lauderdale, Florida 33311  
(hereinafter referred to as "CONTRACTOR")

WHEREAS, on December 6, 2016 CITY issued a Request for Proposal (RFP No. 17-B-025) for residential/commercial inspection and cost estimating services; and

WHEREAS, the intent of CITY is to recommend multiple awards to the City Commission and establish a rotating list of qualified contractors; and

WHEREAS, the recommended contractors will provide residential/commercial inspection and cost estimating services for various state and federally funded rehabilitation projects; and

WHEREAS, the Evaluation Committee recommends the inclusion of CONTRACTOR on CITY'S rotating list; and

WHEREAS, the City Commission concurs with the recommendation of the Evaluation Committee and deems it to be in the best interests of CITY;

NOW, THEREFORE, in consideration of the benefits provided by CONTRACTOR to the citizens of Coral Springs and the covenants and conditions herein expressed and the faithful performance of all such covenants and conditions, the parties agree as follows:

**Section 1.** The above recitals are true and correct and are incorporated herein.



## NOTICE OF INTENT TO AWARD

**Solicitation Number:** 08-08-17-10  
**Solicitation Name:** Residential Inspection and Cost Estimating Services  
**Organization:** City of Coconut Creek  
**Bid Creator:** Lorie Messer, Purchasing Analyst

**Bid Type:** Request for Proposal  
**Issue Date and Time:** 7/9/2017 07:01:00 AM (ET)  
**Close Date and Time:** 8/8/2017 10:00:00 AM (ET)

**Email:** [lmesser@coconutcreek.net](mailto:lmesser@coconutcreek.net)  
**Phone:** 954-973-6730  
**Fax:** 954-973-6754

### RECOMMENDED VENDOR(S)

Vendor Name	City	State	Per Fee Schedule	Commission Meeting Date
<b>Regular Home Repair Projects</b>				
SoFI Corporation	Fort Lauderdale	FL		Thursday, September 14, 2017
TSC Associates, Inc.	Fort Lauderdale	FL		Thursday, September 14, 2017
<b>Accessibility Home Repair Proj.</b>				
Housing and Assistive Tech., Inc.	Miami	FL		Thursday, September 14, 2017
GLE Associates, Inc.	Tampa	FL		Thursday, September 14, 2017



# City of Pembroke Pines, FL

## Agenda Request Form

10100 Pines Blvd.  
Pembroke Pines, Florida  
33026  
www.ppines.com

**Agenda Number: 5.**

**File Number:** 17-0056

**File Type:** Bid

**Status:** Passed

**Version:** 0

**Reference:**

**Controlling Body:** City Commission

**Requester:**

**Initial Cost:**

**Introduced:** 02/16/2017

**File Name:** Motion to approve RFQ # PL-16-02 "Residential Home Inspection and Cost Estimating Services"

**Final Action:** 03/01/2017

**Title:** MOTION TO APPROVE THE FOLLOWING FOUR (4) SELECTED VENDORS FOR RFQ # PL-16-02 "RESIDENTIAL HOME INSPECTION AND COST ESTIMATING SERVICES" AS RECOMMENDED BY THE EVALUATION COMMITTEE:

1. HOUSING AND ASSISTIVE TECHNOLOGY, INC.
2. SOFL CORPORATION (JEFFREY IGOE ARCHITECT, P.A.)
3. **TSC ASSOCIATES, INC.**
4. BERYL PROJECT ENGINEERING, LLC.

**Notes:**

**Attachments:** 1. RFQ # PL-16-02 - Evaluation Score Sheet  
2. RFQ # PL-16-02 - Draft Minutes  
3. RFQ # PL-16-02 - Bid Tab  
4. RFQ # PL-16-02 "Residential Home Inspection and Cost Estimating Services"

**Agenda Date:** 03/01/2017

**Agenda Number:** 5.

**Enactment Date:**

**Enactment Number:**

### History of Legislative File

Ver- sion:	Acting Body:	Date:	Action:	Sent To:	Due Date:	Return Date:	Result:
0	City Commission	03/01/2017	approve				Pass
		Aye: 5	Mayor Ortis, Vice Mayor Shechter, Commissioner Castillo, Commissioner Schwartz and Commissioner Siple				
		Nay: 0					



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

### **Professional Licensing:**

**Home Inspector  
General Contractor  
Roofing Contractor  
Mold Assessor  
Mold Remediator  
Certified Aging in Place Specialist  
EPA RPP Cetified Lead Renovator  
Realtor**



Ron DeSantis, Governor

Halsey Beshears, Secretary



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## HOME INSPECTORS LICENSING PROGRAM

THE HOME INSPECTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

**RUFFIN, WILLIAM LAMARR**

2622 NW 20TH STREET  
FORT LAUDERDALE FL 33311

**LICENSE NUMBER: HI687**

**EXPIRATION DATE: JULY 31, 2022**

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

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Ron DeSantis, Governor



Halsey Beshears, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**RUFFIN, WILLIAM LAMARR**

INDIVIDUAL

2622 NW 20TH STREET  
FORT LAUDERDALE FL 33311

**LICENSE NUMBER: CGC061653**

**EXPIRATION DATE: AUGUST 31, 2022**

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Ron DeSantis, Governor



Halsey Beshears, Secretary



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**CONSTRUCTION INDUSTRY LICENSING BOARD**

THE ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**RUFFIN, WILLIAM LAMARR**

TSC ASSOCIATES INC  
2622 NW 20TH STREET  
FORT LAUDERDALE FL 33311

**LICENSE NUMBER: CCC1325961**

**EXPIRATION DATE: AUGUST 31, 2022**

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Ron DeSantis, Governor



Halsey Beshears, Secretary



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**MOLD-RELATED SERVICES LICENSING PROGRAM**

THE MOLD ASSESSOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

**RUFFIN, WILLIAM LAMARR**

2622 NW 20TH STREET  
FORT LAUDERDALE FL 33311

**LICENSE NUMBER: MRSA176**

**EXPIRATION DATE: JULY 31, 2022**

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Ron DeSantis, Governor

Halsey Beshears, Secretary



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## MOLD-RELATED SERVICES LICENSING PROGRAM

THE MOLD REMEDIATOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 468, FLORIDA STATUTES

**RUFFIN, WILLIAM LAMARR**

2622 NW 20TH STREET  
FORT LAUDERDALE FL 33311

**LICENSE NUMBER: MRSR187**

**EXPIRATION DATE: JULY 31, 2022**

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# CERTIFICATE OF COMPLETION

For having successfully completed the Marketing & Communicating with the Aging In Place Client (CAPS I) course, earning 6 continuing education hours offered by Golden

Age Living, LLC on January 24, 2018

**William L. Ruffin**

This certificate is evidence of a continued commitment to  
excellence and professionalism in the building industry



*John Barrows CGB, CGP, GMB, Master CGP*  
2018 NAHB Education Committee Chair



# CERTIFICATE OF COMPLETION

For having successfully completed the Design Concepts for Livable Homes and Aging  
In Place (CAPS II) course, earning 6 continuing education hours offered by Golden Age  
Living, LLC on January 25, 2018

**William L. Ruffin**

This certificate is evidence of a continued commitment to  
excellence and professionalism in the building industry



*John Barrows CGB, CGP, GMB, Master CGP*  
2018 NAHB Education Committee Chair



# CERTIFICATE OF COMPLETION

For having successfully completed the Details & Solutions for Livable Homes and Aging In Place (CAPS III) course, earning 6 continuing education hours offered by

Golden Age Living, LLC on January 26, 2018

## William L. Ruffin

This certificate is evidence of a continued commitment to excellence and professionalism in the building industry



*John Barrows CGB, CGP, GMB, Master CGP*  
2018 NAHB Education Committee Chair





You are here: [EPA Home](#) » [Lead](#) » [Certified Renovation Firms](#)

## Certified Renovation Firms

The following certified firm matches the criteria that you specified.

- Firm Name : TSC ASSOCIATES
- Discipline: Renovation

[New Search](#)

Renovation firms must apply for recertification every 5 years. The expiration of each firm's current certification is listed below. Go to [EPA's lead-safe certification program webpage](#) for more information or to apply online.

Show  entries

Filter results:

Firm	Discipline	Certification Number	Expiration Date
TSC Associates, Inc. 1171 NW 27th Avenue Fort Lauderdale , Florida 33311 954-316-8952	Renovation	NAT-99033-2	11/03/2021

Showing 1 to 1 of 1 entries

First Previous  Next Last

### Disclaimer

For your convenience, the U.S. Environmental Protection Agency (EPA) publishes this list of certified renovation firms that meet EPA's standards to perform renovation activities involving lead-based paint. The list is an information resource only. EPA does not endorse any of the firms included on this list nor do we provide any warranty about their performance. Consumers are advised to request bids and conduct reference checks before engaging any firm/contractor.

FEBRUARY 10, 2017

## Licensee Details

### Licensee Information

Name: **THOMAS, MYRIAM (Primary Name)**  
 Main Address: **1925 NW 51 TERRACE**  
**MIAMI Florida 33142**  
 County: **DADE**

License Mailing:

LicenseLocation:

### License Information

License Type: **Real Estate Broker or Sales**  
 Rank: **Broker Sales**  
 License Number: **BK3043624**  
 Status: **Current,Inactive**  
 Licensure Date: **12/31/2002**  
 Expires: **09/30/2022**

**Special Qualifications**      **Qualification Effective**

### Alternate Names

[View Related License Information](#)

[View License Complaint](#)

.....  
**2601 Blair Stone Road, Tallahassee FL 32399** :: Email: [Customer Contact Center](#) :: Customer Contact Center: 850.487.1395

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## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

## **Litigation History**

# LITIGATION HISTORY

**NAME OF RESPONDENT:**      **TSC ASSOCIATES INC**

Party: <b>N/A</b>	Respondent is Plaintiff: Yes [ ] No <input checked="" type="checkbox"/> Defendant: Yes [ ] No <input checked="" type="checkbox"/>
Case Name: <b>Not Applicable</b>	
Case Number: <b>N/A</b>	
Date Filed: <b>N/A</b>	
Name of Court or other Tribunal	<b>N/A</b>
Type of Case: <b>N/A</b>	Civil [ ]      Administrative/Regulatory [ ] Criminal [ ]      Bankruptcy [ ]
Claim or Cause of Action and Brief Description of each Count:	<b>N/A</b>
Brief description of the Subject Matter and Project Involved:	<b>N/A</b>
Disposition of Case: <b>N/A</b> (Attach copy of any applicable Judgment, Settlement Agreement and Satisfaction of Judgment.) <b>N/A</b>	Pending [ ]   Settled [ ]   Dismissed [ ] <b>N/A</b> Judgment Respondent's Favor [ ] <b>N/A</b> Judgment Against Respondent [ ] <b>N/A</b> If Judgment Against, is Judgment Satisfied? <b>N/A</b> Yes [ ]   No [ ]
Opposing Counsel: <b>N/A</b>	Name: <b>N/A</b> Email:  Phone Number:

TSC ASSOCIATES INC. has no pending, current  
or past litigation history.





## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

## **REFERENCES**

### **Form A14**

## Form A-14: References

Provide the information requested below for each reference. If available, such references should be from public agencies. It is the sole responsibility of each Respondent to provide accurate information regarding these references. In the event that the City is unable to verify the project information submitted or if the information provided is incorrect, the Respondent may be deemed **NON-RESPONSIVE**. Attach additional pages as necessary.

**Client Name:** City of North Miami Housing **Contact Person (Name & Title):** Marie Frantz-Jean Pharuns Housing & Social Services Assistant Director

**E-Mail:** Mjean-pharuns@northmiamifl.gov **Phone Number:** 305-895-9824

**Address:** 12400 NE 8th Ave

**City:** North Miami **State:** FL **Zip Code:** 33161

**Contract # (if available):** n/a **Dates Services Were Provided:** 2012 & 2016-2021

**Description of Services Provided and Cost:** home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards

**Client Name:** Broward County Housing Finance & Community Redevelopment Division **Contact Person (Name & Title):** Mildred Reynolds Housing Program Supervisor

**E-Mail:** mreynolds@broward.org **Phone Number:** 954-357-4939

**Address:** 110 NE 3rd St #300

**City:** Fort Lauderdale **State:** FL **Zip Code:** 33301

**Contract # (if available):** n/a **Dates Services Were Provided:** 2009-2016

**Description of Services Provided and Cost:** home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards

**Client Name:** Center for Independent Living of Broward **Contact Person (Name & Title):** Brian Johnson Chief Program Officer

**E-Mail:** bjohnson@cilbroward.org **Phone Number:** 954-547-8771

**Address:** 4800 N State Rd 7 #102

**City:** Lauderdale Lakes **State:** FL **Zip Code:** 33319

**Contract # (if available):** n/a **Dates Services Were Provided:** 2017-2021

**Description of Services Provided and Cost:** home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards

## Form A-14: References

Provide the information requested below for each reference. If available, such references should be from public agencies. It is the sole responsibility of each Respondent to provide accurate information regarding these references. In the event that the City is unable to verify the project information submitted or if the information provided is incorrect, the Respondent may be deemed **NON-RESPONSIVE**. Attach additional pages as necessary.

<b>Client Name:</b>	Broward County Minority Builders Coalition, Inc. (MBC)	<b>Contact Person (Name &amp; Title):</b>	Janice Hayes Director of Housing & Community Development
<b>E-Mail:</b>	Janice.Hayes@MinorityBuilders.org	<b>Phone Number:</b>	(954) 792-1121 ext 25
<b>Address:</b>	499 NW 70th Ave #101		
<b>City:</b>	Plantation	<b>State:</b>	FL <b>Zip Code:</b> 33317
<b>Contract # (if available):</b>	n/a	<b>Dates Services Were Provided:</b>	2010-2021
<b>Description of Services Provided and Cost:</b>	home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards		

<b>Client Name:</b>	City of Pembroke Pines	<b>Contact Person (Name &amp; Title):</b>	Joseph Yaciuk Planning Administrator
<b>E-Mail:</b>	jyaciuk@ppines.com	<b>Phone Number:</b>	954-392-2100
<b>Address:</b>	10100 Pines Blvd		
<b>City:</b>	Pembroke Pines	<b>State:</b>	FL <b>Zip Code:</b> 33026
<b>Contract # (if available):</b>	n/a	<b>Dates Services Were Provided:</b>	2009-2021
<b>Description of Services Provided and Cost:</b>	home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards		

<b>Client Name:</b>	City of Deerfield Homeowner Rehabilitation Program	<b>Contact Person (Name &amp; Title):</b>	Sheryl Dickey Project Coordinator
<b>E-Mail:</b>	sdickey@dbhaonline.org	<b>Phone Number:</b>	954-290-7236
<b>Address:</b>	533 S Dixie Highway		
<b>City:</b>	Deerfield Beach	<b>State:</b>	FL <b>Zip Code:</b> 33441
<b>Contract # (if available):</b>	n/a	<b>Dates Services Were Provided:</b>	2009-2021
<b>Description of Services Provided and Cost:</b>	home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards		

## Form A-14: References

Provide the information requested below for each reference. If available, such references should be from public agencies. It is the sole responsibility of each Respondent to provide accurate information regarding these references. In the event that the City is unable to verify the project information submitted or if the information provided is incorrect, the Respondent may be deemed **NON-RESPONSIVE**. Attach additional pages as necessary.

**Client Name:** Town of Davie **Contact Person (Name & Title):** Glenda Martinez

**E-Mail:** Glenda\_Martinez@davie-fl.com **Phone Number:** 954-797-1196

**Address:** 4700 SW 64th Ave Suite D

**City:** Davie **State:** FL **Zip Code:** 33314

**Contract # (if available):** n/a **Dates Services Were Provided:** 2019-2021

**Description of Services Provided and Cost:** home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards

**Client Name:** City of Coral Springs Community Development **Contact Person (Name & Title):** Neirah Sankar Community Development & Housing Coordinator

**E-Mail:** nsankar@coralsprings.org **Phone Number:** 954-344-1181

**Address:** 2730 University Dr

**City:** Coral Springs **State:** FL **Zip Code:** 33065

**Contract # (if available):** n/a **Dates Services Were Provided:** 2010-2021

**Description of Services Provided and Cost:** home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards

**Client Name:** Community Redevelopment Agency of South Florida **Contact Person (Name & Title):** Andrew Azebeokhai President

**E-Mail:** aazebeokhai@crafla.org **Phone Number:** 954-431-7866

**Address:** 8569 Pines Blvd

**City:** Pembroke Pines **State:** FL **Zip Code:** 33024

**Contract # (if available):** n/a **Dates Services Were Provided:** 2009-2021

**Description of Services Provided and Cost:** home inspection cost estimating & specification writing for home repair & rehabilitation, code corrections, ADA fitting, hurricane mitigation, health & safety standards



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

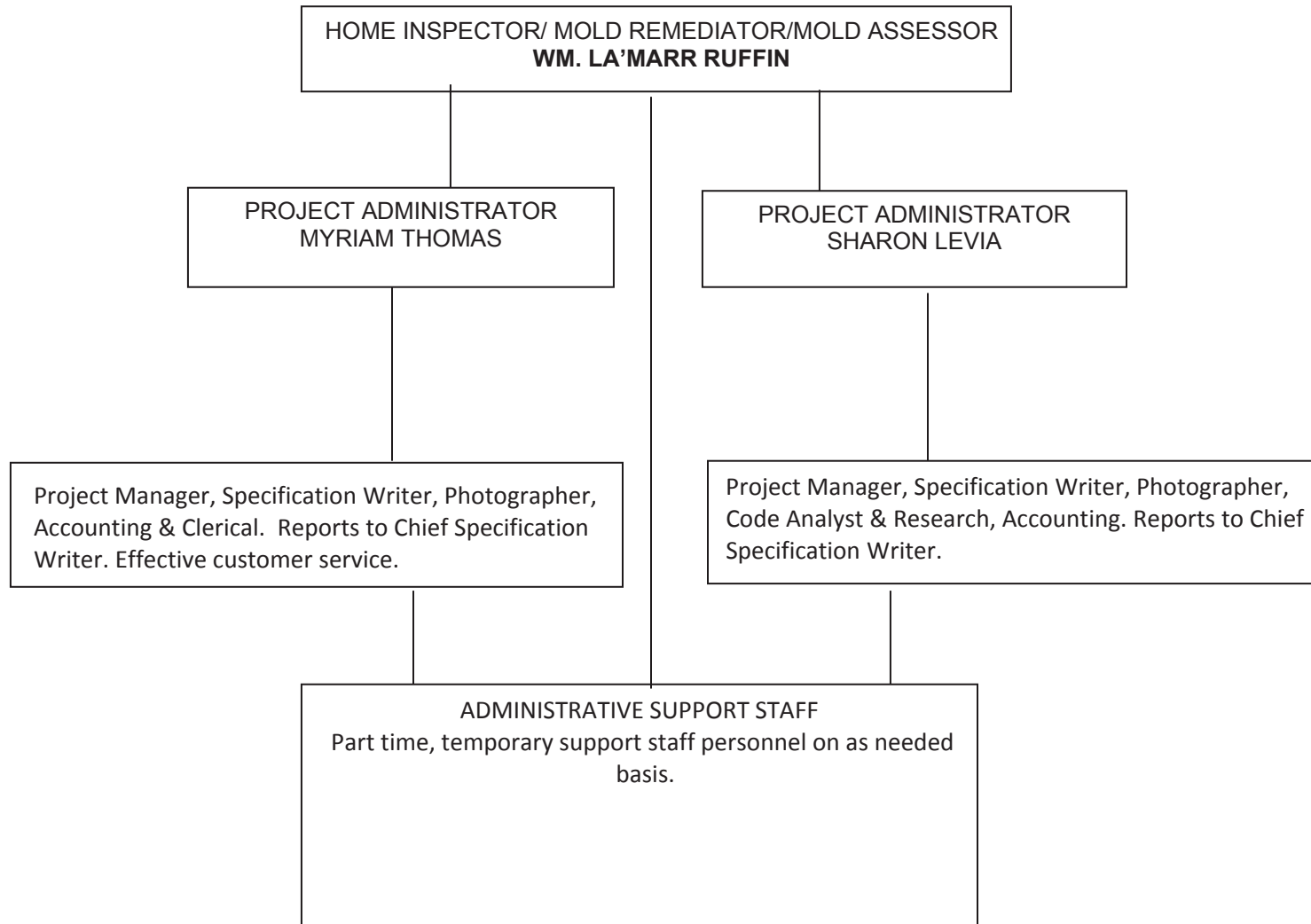
HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

### **KEY PERSONNEL QUALIFICATIONS AND EXPERIENCE**

### **TEAM LEADS**

### **TEAM CAPACITY**

**TSC ASSOCIATES INC.**  
**ORGANIZATIONAL CHART**



## TSC ASSOCIATES INC.

### TEAM LEADS CAPACITY

**Wm. La'Marr Ruffin, President, Director, Chairman**

**PROJECT ASSIGNMENT:**

Project Manager, Home Inspector, Chief Specification Writer, Photographer

**FIRM NAME:**

TSC ASSOCIATES INC.

**YEARS EXPERIENCE:** 38

**QUALIFICATIONS:**

Industrial Engineering University of Toledo  
FL Certified Home Inspector  
FL Certified Mold Remediator  
FL Certified Mold Assessor  
General Contractor  
Roofing Contractor

**REGISTRATIONS:**

FL Home Inspector HI-687, Mold Remediator MRSR-187,  
Mold Assessor MRSA-176, General Contractor  
CGC061653, Roofing Contractor CCC1325961

**EXPERIENCE/OTHER QUALIFICATIONS:**

Florida Certified Home Inspector specializing in home inspections and specification writing. Project Manager, Industrial Engineer, Graduate of the University of Toledo, and President of TSC Associates Inc. Mr Ruffin employs consistent adherence to scheduling, detailed specifications, consideration of cost, and effective human resource management; strives to meet the complete approval of homeowner and/or contract administrators on all projects. Accomplishments include detailed specification writing, residential design & build, commercial and residential building construction and renovation, government contracting, highway/road construction, building code knowledge and expertise.

**EXPERIENCE/OTHER QUALIFICATIONS, continued:**

Write specifications, research products and materials including Energy Star program & Green construction, building codes, accessibility codes, zoning ordinances, HUD Policies & Procedures, LHAP's, CFRs. Monitor contract general and technical conditions for compliance. Review bids for reasonableness by evaluating prices for initial cost estimates.

Government procurement, reporting & compliance; monitor contract general and technical conditions compliance.

Detailed knowledge of and extensive administrative experience facilitating Community Development Block Grant Funds Residential Housing Rehabilitation Programs such as: Florida Housing Finance Corporation State Housing Initiatives Partnership, Housing & Urban Development Home Investment Partnership, Neighborhood Stabilization Programs.

Effective and diplomatic liaison between contractual parties, strategically proficient in conflict avoidance and resolution.



## TSC ASSOCIATES INC.

### TEAM LEADS CAPACITY

Sharon Levia, Project Administrator

**PROJECT ASSIGNMENT:**

Project Manager, Proposal and Specification Writer, Photographer, Code Analyst & Research, Accounting. Reports to Chief Specification Writer/Home Inspector

**FIRM NAME:**

TSC ASSOCIATES INC.

**YEARS EXPERIENCE:** 36

**QUALIFICATIONS:**

Business Administration & Accounting  
USSBA/DOD Certified Contract Negotiator

**REGISTRATIONS:**

National Association of Women in Construction  
Association of Minority Enterprises  
Certified Legal Document Preparer

**EXPERIENCE/OTHER QUALIFICATIONS:**

Write specifications, research products and materials including Energy Star program & Green construction, building codes, accessibility codes, zoning ordinances, HUD Policies & Procedures, LHAP's, CFRs. Monitor contract general and technical conditions for compliance. Review bids for reasonableness by evaluating prices for initial cost estimates, report to home inspector. Monitor contract general and technical conditions for compliance. Government procurement, reporting & compliance; monitor government contracting available opportunities, preparation of response documents for solicitations and RFQ's. Accounting manager; preparation of financial reports; Business Development proposal writer.

Myriam Thomas, Project Administrator

**PROJECT ASSIGNMENT:**

Project Manager, Specification Writer, Photographer, Accounting & Clerical. Reports to Chief Specification Writer/Home Inspector

**FIRM NAME:**

TSC ASSOCIATES INC.

**YEARS EXPERIENCE:** 26

**QUALIFICATIONS:**

Real Estate Broker  
Business Administration & Accounting

**REGISTRATIONS:**

Real Estate Broker BK3043624

**EXPERIENCE/OTHER QUALIFICATIONS:**

Document management quality control for completeness and compliance. Write specifications, scheduling management including inspections and pre bid conferences. Detailed knowledge of and extensive experience facilitating Community Development Block Grant Funds Residential Housing Rehabilitation Programs such as: Florida Housing Finance Corporation State Housing Initiatives Partnership, Housing & Urban Development Home Investment Partnership, Neighborhood Stabilization Programs. Preparation and collection of all accounts receivable billing. Effective customer service.

**William LaMarr Ruffin**  
**1171 NW 27<sup>th</sup> Avenue**  
**Fort Lauderdale Florida 33311**  
**954-709-0471**

**PROFILE**

As President of **TSC Associates Inc.** LaMarr Ruffin has built a staff who collectively represent more than fifty (50) years of successful experience utilizing the management approach that there are three (3) important elements to a successful project:

- 1) Professional workmanship
- 2) Quality materials and services
- 3) Effective and courteous customer relations

To accomplish these objectives, we pledge to:

- 1) Maintain focused involvement from every level of operations in every aspect of our entire range of professional services and field services
- 2) Address and process customer calls promptly and efficiently, offering a 24-hour emergency telephone contact number so we can be reached around the clock

**QUALIFICATIONS**

**TSC ASSOCIATES FORT LAUDERDALE FLORIDA**

2002 - current

*President/Chief Executive Officer*

- Residential and Commercial Inspections and Specification Writing, Estimator
- Florida Certified Home Inspector
- Negotiations and Procurement
- Financial and operational management and leadership

**FIRST METRO BUILDERS INC. FORT LAUDERDALE FLORIDA**

1996 – 2002

*Chief Estimator, Commercial & Residential Building and Highway Construction*

- Human Resources Management; Administrative & Field personnel
- Marketing & Sales
- Bid Preparation Chief Estimator, evaluate cost estimates using comparison procedures
- General Conditions compliance
- Specification Compliance/MSDS Compliance
- Negotiations and Procurement

**RUFFIN CONSTRUCTION INC.**

1977-1994

*Chief Operations Officer, Chief Estimator, Commercial & Residential Building and Highway Construction*

- Human Resources Management, Administrative & Field personnel
- Bid Preparation Chief Estimator, evaluate cost estimates using comparison procedures
- Project Manager, Union Representative
- Contract and Specification Compliance/MSDS Compliance
- Negotiations and Procurement, Marketing & Sales

**EDUCATION and CERTIFICATIONS:**

University of Toledo OH Industrial Engineer

Florida Certified Home Inspector, Mold Remediator, Mold Assessor, General Contractor, Roofing Contractor, Building Contaminant Assessor and Technician

**SHARON LEVIA**  
Fort Lauderdale Florida  
954-316-8952  
sharon.tsc.associates@gmail.com  
tscinspectservices@gmail.com

***Qualifications:***

- Proficient with Adobe Creative Suite, Picasa, Google Analytics, Excel, MS Word, OneDrive, Cloud applications, QuickBooks & multiple custom software programs, computerized/digital methods of document production, data conversion utilizing multiple platforms, online commerce.
- Install, maintain, troubleshoot, diagnose & repair computer software, hardware & peripherals, proficient in working with end-users remotely, set up and troubleshoot networks, analyze standalone PC, laptop, surface & other devices for problems, wiring, connection set up, monitor system & software updates, upgrades, and security.
- Ability to present complex information in an easy to understand format; communication and technical writing skills.
- Ability to interpret schematic diagrams, MSDAs, & other source materials, knowledge of HUD Handbook for PHAs 7460.8, Florida Building Codes and LHAPs, code analysis, etc.
- In depth knowledge of construction contracts, procurement methods, administrative procedure and industry standards, comprehensive understanding of project management methodologies.
- Public, private, non-profit sectors comprehensive accounting thru F/S, G/L analysis & repair.
- Automated data maintenance including general ledger, financial reports, budgeting, job cost, certified payroll, % of completion billing; customization of chart of accounts to dovetail with IRS reporting requirements for entity structure, knowledge and application of GAAP
- Government contracting, reporting & compliance, tax reporting & compliance, tax incentive opportunities.

***Experience Includes:***

**TSC Associates Inc., Fort Lauderdale FL**

Senior Proposal Writer, Specification Writer, Research Analyst, Accounting: Review and analyze home inspection/specification writing bid proposals, prepare qualifications, evaluate proposal content requirements and manage deliverables, utilize digital processes for responses, submit inquiries regarding subject matter for clarification, track competitor data and project details.

Review construction specifications for conformity to standards; Data mining including permit histories/code research/code compliance; Research building products and components; Determine materials and building systems for projects, submittal reviews. Write technical descriptions specifying material properties & standards, industrial processes and manufacturing procedures; Online commerce and custom designed packaging of specifications, inspections reports, photography.

Multiple entity in-house accounting review, year-end reconciliations & adjustments, production of financial reports, process analysis & improvement, forecasting & planning, variance analysis.

**Small Business Services, Phoenix AZ**

Contract Position with City of Phoenix Community and Economic Development Department Light Rail Project providing comprehensive business development technical assistance to small enterprises negatively impacted by light rail construction, emphasizing business and marketing plans, accounting, tax reporting, government procurement. Resolution of operational obstacles, completed projects within budget and deadline, met all deliverables. Hire and supervise temporary personnel to establish accounting and data management systems. Manage multiple clients in diverse industries simultaneously.

**Mountain States Asbestos Removal**, Scottsdale AZ

Office Manager: Environmental Remediation for HUD projects Arizona, Oregon, and New Jersey. Accountant,, job cost, Work in Process reports, periodic tax reporting, payroll, union reports, monthly financial statements, Davis-Bacon reports. Supervise payroll department and clerical staff.

**Business Documents Inc.** Phoenix AZ

General Manager for full service printer including accounting through financial statements and reporting, outsourced payroll & human resource management. Automated a completely manual shipping system to reduce expenses and labor costs and procured free equipment from UPS to accomplish this. Procurement of automated equipment & training for high volume in-house printing. Facilitated development & implementation of interactive ordering system for national customer base.

**Pima Companies**, Scottsdale AZ

Project Accounting for land speculation, development, construction, and property management including financial reporting, subsidiary journals including job cost and WIP reports, and eventually, trustee reports for Resolution Trust submitted to the US Bankruptcy court, submit payment draw requests to trustee for work in progress. Production of comprehensive cash flow spreadsheets for speculation projects based on data provided by engineers and consultants.

**Ruffin Construction, Inc.**, Rochester NY

Accounting for construction and property management including all data entry, financial reporting, subsidiary journals, including job cost and WIP reports, certified payrolls, AIA billing, secure MBE certification, 8(a) certification. Obtained MESBIC (Minority Enterprise Small Business Investment Committee) loan to fund cash flow, project manager for under \$150K government construction, project manager VAMC various sites repairs & improvements ADA retrofitting, assistant project manager (reporting to La'Marr Ruffin Project Manager) for Rochester Convention Center foundation phase under internship with John B. Pike & Sons Construction Co., Project Superintendent supervising crews for residential renovation and weatherization projects, completed projects within schedule with no back-charges. Assist with bids and estimating, preparation of transmittals for procurement of specified materials, maintain compliance with general and technical conditions for US Army Corps construction projects (reporting to La'Marr Ruffin Project Manager).

***Affiliations & Education:***

Internship NYS DOL & AGC/GBC Construction Management

USSBA DOD/USAC certified contract negotiator

NYS HMO Regional Finance Directors Annual Review conference

NYS DOT & City of Rochester NY Affirmative Action Advisory Councils

NYS Annual Black & Puerto Rican Legislative Caucus

NYS DOL/City of Rochester Women in Business Workshops

Association of Minority Enterprises of NY Inc

Great Lakes Minority Contractors Association

Monroe Community College, Accounting, Journalism

University of Rochester, Contract Negotiation

**Myriam Thomas**  
P.O. Box 120487  
Fort Lauderdale, FL 33312  
(954) 316-8952

## **PROFILE**

Detailed knowledge of and extensive experience facilitating Community Development Block Grant Funds Residential Housing Rehabilitation Programs such as:

- Florida Housing Finance Corporation
- State Housing Initiatives Partnership
- Housing & Urban Development
- Home Investment Partnership
- Neighborhood Stabilization Programs

Mortgage Broker License

Real Estate Broker License

Associate Degree, Accounting

Associate Degree, Business Administration and Management

## **KEY STRENGTHS**

Process evaluation and improvement:

*examine work processes, create solutions, and measure improvements.*

Review & recommend for cost savings:

*participate in development of strategic planning processes.*

Operations management;

*communicate with inspectors and coordinate field activities.*

*effective administration of federal housing rehabilitation programs terms and conditions.*

Improve internal data tracking;

*develop internal data/paper flow processes, reduce completion time.*

Effective customer service

*professional interaction with clients and business constituents, ability to successfully manage difficult situations.*

## **CAREER HISTORY**

TSC Associates Inc.

Fort Lauderdale Florida

Office Manager

2010 – current

Manage multiple projects simultaneously to provide support to the home inspectors as needed. Schedule appointments and meetings, coordinate calendars, distribute directives to clients and subcontractors, research and create presentations.

Receive and monitor purchase orders, prepare job set-up media, prepare home inspection reports, schedule and coordinate pre-bid conferences and announcements, assist in technical document research and production, monitor job schedules, manage job compliance throughout entire process, manage billing and accounts receivable processes and collections.

Centurion Capital Investments, Inc.

Miami Florida

Broker

2004 - 2010

Assist sellers and buyers of real estate. Conduct due diligence processes, review contract preparation for accuracy and completeness, approval of transactions ready for closing. Oversee and supervise accounting and customer service personnel.

ES Cummings Construction

Miami Florida

Office Manager

2000 - 2004

Accounting clerk managing accounts receivable, payable, payroll including periodic filing compliance, bank reconciliations, lien releases, permitting, customer service

K-Mart Corporation

Miami Florida

1989 – 2000:

Customer Service Supervisor 1989 – 1992

Train, manage, and supervise customer service desk personnel

Cash Office Supervisor 1992 – 1994

Reconcile daily receipts and balance to bank deposit, prepare vouchers and expense reports

Office Manager 1995 – 1998

Oversee and coordinate office scheduling, assist department managers as needed, administer corporate policy and procedure, review and approve departmental accounting transactions, maintain automated inventory

Human Resource Manager 1999 - 2000

Manage team member training activities, develop customer focused team. Recruit, interview, and hire qualified team members. Implement and coach the “Guide to Excellence” corporate personnel program, including administration of corporate human resource policies and programs. Ensure compliance to federal, state and local employment law.

Mildred & Claude Pepper Towers

Miami Florida

Property Manager

1998 - 1999

Responsible for tenant annual recertification and compliance with HUD rules and regulations. Automated data management and maintenance including processing of accounts payable, etc., monitor online marketing and communications Trac Systems, review official correspondences and communications for approval.

**EDUCATION**

Florida Licensed Real Estate Broker/Sales, License #BK3043624, Expires 09/20/2016

Gold Coast School of Real Estate, 2006

Gold Coast School of Real Estate, 2005

Keiser University, 2003

Computer Business Administration and Management Carol City Senior High School, 1989



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

### **Other Certifications**

**Florida Office of Supplier Diversity  
Certified MBE**

**Section 3 Firm**





## Minority Business Certification

TSC ASSOCIATES INC.

Is certified under the provisions of  
287 and 295.187, Florida Statutes, for a period from:

01/13/2020 to 01/13/2022

Erin Rock, Secretary  
Florida Department of Management Services





## TSC ASSOCIATES INC.

Active

Profile

Commodity Codes

**Name:**

TSC ASSOCIATES INC.

**Shortname:**

**Business Designation:**

corporation

**Contact:**

Wm. La'Marr Ruffin

**Address:**

PO Box 120487

Fort Lauderdale, FL 33312

**County:**

Broward

**Phone:**

954-316-8952

**Fax:**

954-533-8952

**Email:**

tscinspectservices@gmail.com

### Designations

**AFRICAN AMERICAN:**

January 13, 2020 - January 13, 2022



# TSC ASSOCIATES INC.

## Contact Information

### Address

TSC ASSOCIATES INC.  
1171 NW 27th Ave  
FORT LAUDERDALE , FL 33311

### Telephone

(954) 316-8952

### Website Address

### Email

tscinspectservices@gmail.com

### Point of Contact

Wm. La'Marr Ruffin  
(954) 700-0471

## Business Details

### Employer Identification Number

20-0040973

### Business License

P02000102555

### DUNS Number

039623571

### NAICS

238190

### County

Broward

### Year Business Established

2002

**Number of Employees**

2

**Locations NOT Willing to Serve**

outside Broward County

**Registration Date**

07/26/2017

**Business Capabilities**

- Consulting
- home inspection and cost estimating services

residential home inspection and cost estimating services, construction inspection and monitoring services.

**Section 3 Business Criteria**

- ☒ a) Fifty-one percent or more of the business is owned by Section 3 Residents;
  - ☐ b) Thirty percent or more of the business' full time employees are Section 3 Residents; or
  - ☐ c) The business can provide evidence of a firm commitment to subcontract a minimum of 25 percent of the total dollar amount of contracts to a business that meets the criteria listed in (a) and/or (b).
- 

**Disclaimer**

HUD has not verified the information submitted by businesses listed in this registry and does not endorse the services that they provide. Users of this database are strongly encouraged to perform due diligence by verifying Section 3 eligibility before providing preference or awarding contracts to firms that have self-certified their Section 3 status with the Department.

---

To correct your business's information, contact [Sec3Biz@hud.gov](mailto:Sec3Biz@hud.gov).

**How Do I Notify HUD if I Suspect that a Business in this Registry Does Not Meet Section 3 Eligibility Criteria?**

If you believe that a firm has misrepresented itself as a Section 3 Business, please [email the U.S. Department of Housing and Urban Development](#) at [Sec3Biz@hud.gov](mailto:Sec3Biz@hud.gov).

**Your email should contain the following information:**

- Your name, telephone number, and email address (this information will not be shared outside of HUD)
- Name, city, and state of firm that has allegedly misrepresented their status as a Section 3 business.
- Any narrative explanations describing why you believe that this firm does not meet the Section 3 Business eligibility criteria.



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR176 Mold Assessor  
MRSA187 Mold Remediator  
CGC061653 State Certified General Contractor  
CCC1325961 State Certified Roofing Contractor

### **TSC ASSOCIATES INC.**

#### **SECTION 3 PLAN**

**TSC ASSOCIATES INC.** has implemented the following affirmative action steps directed at increasing the utilization of low income residents within the City of Tamarac, Florida:

1. To ascertain local boundaries of the Section 3 covered project area.
2. To attempt to recruit from within the city the necessary number of low income residents through local advertising media, signs placed at the proposed site for the project, and community organizations, and public or private institutions operating within or serving the project area, such as Service Employment and Redevelopment (SER), Opportunities Industrialization Center (OIC), Urban League, Concentrated Employment Program, Hometown Plan, or the U.S. Employment Service, if employment becomes available..
3. To maintain a list of low income area residents who have applied either on their own or by referral from any source, and to employ such persons, if otherwise eligible and if a vacancy exists.
4. To insert Section 3 of the Housing and Urban Development Act of 1968 Contract Provisions clause in all subcontracts over \$100,000, to obtain Contracts and Subcontracts (Table A), and Estimated New Hires (Table B) from said subcontractors, and to obtain all documentation for completion of New Hire Report (Table C), and Business Utilization Report (Table D) prior to final payment, (contracts for less than \$100,000 are exempt) in all distributed specifications.
5. To contact unions, subcontractors, and trade associations to secure their cooperation for this program.
6. To ensure that all appropriate project area business concerns are notified of pending subcontracting opportunities.
7. To maintain records which document that affirmative action steps have been taken.
8. To appoint or recruit an executive official of the company or agency as Equal Opportunity Officer to coordinate the implementation of this Section 3 plan.
9. To list on Contracts and Subcontracts (Table A) information related to proposed subcontracts to be awarded to Section 3 businesses.
10. To list on Estimated New Hires (Table B ) all projected workforce needs for all phases of this project by occupation, trade, skill level, and number of positions.
11. If successful bidder of a contract in excess of \$100,000, to submit New Hire Report (Table C ) and Business Utilization Report (Table D) to City of Tamarac, Florida.



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
 954-316-8952  
 954-533-8952 Fax  
 Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
 MRSR176 Mold Assessor  
 MRSA187 Mold Remediator  
 CGC061653 State Certified General Contractor  
 CCC1325961 State Certified Roofing Contractor

## **RELATED TRADE CERTIFICATIONS & TRAINING**

### **EMPLOYEE TRAINING and Continuing Education for Re-Certification**

<b>ATTENDEE:</b>	<b>FACILITY:</b>	<b>CERTIFICATION:</b>
Wm. La'Marr Ruffin	Association of Construction Industry Certified Professionals	Home and Property Inspector
Wm. La'Marr Ruffin	Contractors Institute	Home Inspector, Hurricane Mitigation Home Inspector, Building Systems
Wm. La'Marr Ruffin	My Safe Florida Home	Wind & Hurricane Mitigation Inspector
Wm. La'Marr Ruffin	Contractors Institute	Principles of Mold Assessment and Remediation
Wm. La'Marr Ruffin	Contractors Institute	Mold & Moisture Remediation Florida Statute 455, Business & Professional Regulation
Wm. La'Marr Ruffin	Contractors Institute	Certified EPA RRP Lead Renovator Certified EPA RRP Lead Renovations Certified EPA RRP Lead Renovation C.I.L.B.
Wm. La'Marr Ruffin	Contractors Institute	2014 Adv Code Energy Conservation Chapter 4 Construction Industry Licensing Board Required Subjects
Wm. La'Marr Ruffin	Association of Construction Industry Certified Professionals	Building Contaminant Assessor
Wm. La'Marr Ruffin	Association of Construction Industry Certified Professionals	Building Contaminant Technician
Wm. La'Marr Ruffin	HUD	H.U.D. Section 3 Training U.S. Dept of Housing & Urban Development



# Association of Construction Industry Certified Professionals

## William Ruffin

Having met the required experience, attained the requisite training, and  
passed the proctored examination has hereby achieved the status of:

*Home & Property Inspector*

and is hereby entitled to use the designation of:

*CI-HPI*

Awarded this 13th day of October, 2010

**CI Certified**  
**Construction Training**  
**and Certification**

*Robert Koning*

Robert Koning - Director  
Association of Construction Industry  
Certified Professionals  
[www.ACICP.org](http://www.ACICP.org)





# CERTIFICATE OF ATTENDANCE

William L Ruffin

License Number(s):

HI687

THIS CERTIFICATE PROVIDES EVIDENCE THAT THE ABOVE NAMED STUDENT ATTENDED THE FOLLOWING CONTINUING EDUCATION COURSE(S) ON JUL 28 & 29, 2016 IN HUDSON, FLORIDA BY PROVIDER #0001189

Home Inspector Day 1: Course #00000934

THIS IS A 7 HOUR CLASS INCLUDING:

2 hour(s) Hurricane Mitigation, 5 hour(s) Building Systems

Home Inspector Day 2: Course #00000935

THIS IS A 7 HOUR CLASS INCLUDING:

7 hour(s) Building Systems

**CONTRACTORS  
INSTITUTE**

A division of Koning Enterprises, Inc.,  
a Florida corporation  
Florida DBPR Provider #0001189

8301 Joliet Street • Hudson, FL 34667  
1-877-LICENSE • 727-861-7225  
[www.ContractorsInstitute.com](http://www.ContractorsInstitute.com)

*Robert J. Koning*

Robert J. Koning, Director  
Rhonda E. Koning, Director



[www.mysafe-florida-home.com](http://www.mysafe-florida-home.com)

**UF** | UNIVERSITY of  
**FLORIDA**

**William Ruffin**

has successfully completed

**My Safe Florida Home**  
**Wind and Hurricane Mitigation Inspector Training**

**Alex Sink**  
Chief Financial Officer  
State of Florida

**Craig R. Miller**  
My Safe Florida Home Inspector  
Training Coordinator

**January 31, 2008**  
**ARA**  
3710 Corporex Park Drive  
Suite #200  
Tampa, FL 33619



# CERTIFICATE OF ATTENDANCE

William L Ruffin

License Number(s):

MRSA176, MRGR187

THIS CERTIFICATE PROVIDES EVIDENCE THAT THE ABOVE NAMED STUDENT ATTENDED THE FOLLOWING CONTINUING EDUCATION COURSE(S) ON JUL 28 & 29, 2016 IN HUDSON, FLORIDA BY PROVIDER #0001189

Principles of Mold Assessment and Remediation CLASS: Course #0000110

THIS IS A 14 HOUR CLASS INCLUDING:

14 hour(s) General



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[www.ContractorsInstitute.com](http://www.ContractorsInstitute.com)

Robert J. Koning, Director  
Rhonda E. Koning, Director

# CERTIFICATE OF ATTENDANCE

William L Ruffin

License Number(s):

CCC1325961, CGC061653

THIS CERTIFICATE PROVIDES EVIDENCE THAT THE ABOVE NAMED STUDENT ATTENDED THE FOLLOWING CONTINUING EDUCATION COURSE(S) ON JUL 28,  
2016 IN HUDSON, FLORIDA BY PROVIDER #0001189

**Mold & Moisture Remediation: Course #0007559**

THIS IS A 7 HOUR CLASS INCLUDING:

4 hour(s) General, 1 hour(s) Workplace Safety, 1 hour(s) Workers Compensation, 1 hour(s) Business Practice

**F.S. Chapter 455-Business & Professional Regulation: Course #0009759**

THIS IS A 1 HOUR CLASS INCLUDING:

1 hour(s) Business Practice

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*Robert J. Koning*

Robert J. Koning, Director  
Rhonda E. Koning, Director



# CONTRACTORS INSTITUTE

## *Certificate of Attendance and Successful Completion*

WILLIAM RUFFIN

2622 NW 20<sup>th</sup> Street, Ft. Lauderdale FL 33311

HAS SUCCESSFULLY COMPLETED AND PASSED AN EXAMINATION AND HANDS ON SKILLS-ASSESSMENT  
COVERING THE CONTENTS OF A COURSE TITLED

### **Renovator – Initial – English (8-hour) Training Course**

Per 40 CFR part 745.225



Certificate Number R-I-19139-16-02436

Course Date: August 6, 2016

Exam Date: August 6, 2016

Expiration Date: August 6, 2021

Course Location: Tamarac, FL

**CONTRACTORS  
INSTITUTE**

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a Florida corporation  
Florida DBPR Provider #0001189

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*Robert J. Koning*

Robert J. Koning, Director  
Rhonda E. Koning, Director

# CERTIFICATE OF ATTENDANCE

William L Ruffin

License Number(s):

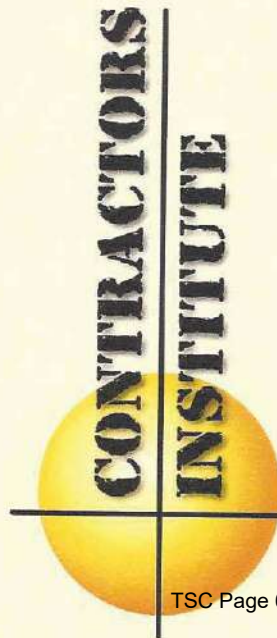
CCC1325961, CGC061653

THIS CERTIFICATE PROVIDES EVIDENCE THAT THE ABOVE NAMED STUDENT ATTENDED THE FOLLOWING CONTINUING EDUCATION COURSE(S) ON AUG 06,  
2016 IN TAMARAC, FLORIDA BY PROVIDER #0001189

Lead Renovation - 8 hr: Course #0608260

THIS IS A 8 HOUR CLASS INCLUDING:

6 hour(s) General, 1 hour(s) Workplace Safety, .1 hour(s) Business Practice



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Florida DBPR Provider #0001189

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Robert J. Koning, Director  
Rhonda E. Koning, Director

# CERTIFICATE OF ATTENDANCE

**William L Ruffin**

License Number(s):

HI687

THIS CERTIFICATE PROVIDES EVIDENCE THAT THE ABOVE NAMED STUDENT ATTENDED THE FOLLOWING CONTINUING EDUCATION COURSE(S) ON AUG 06,  
2016 IN TAMARAC, FLORIDA BY PROVIDER #0001189

**Lead Renovation - 8 hr CLASS: Course #CILB0608260**

THIS IS A 8 HOUR CLASS INCLUDING:

8 hour(s) General

**CONTRACTORS  
INSTITUTE**

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a Florida corporation  
Florida DBPR Provider #0001189

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1-877-LICENSE • 727-861-7225

[www.ContractorsInstitute.com](http://www.ContractorsInstitute.com)

*Robert J. Koning*

Robert J. Koning, Director  
Rhonda E. Koning, Director



# United States Environmental Protection Agency

This is to certify that

TSC Associates, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226

In the Jurisdiction of:

All EPA Administered Lead-based Paint Activities Program States, Tribes and Territories

This certification is valid from the date of issuance and expires November 03, 2022

LBP-99033-2

Certification #

November 06, 2019

Issued On



*Michelle Price*

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch

# CERTIFICATE OF ATTENDANCE

**William L Ruffin**

License Number(s):

CCC1325961, CGC061653

THIS CERTIFICATE PROVIDES EVIDENCE THAT THE ABOVE NAMED STUDENT ATTENDED THE FOLLOWING CONTINUING EDUCATION COURSE(S) ON JUL 28, 2016 IN HUDSON, FLORIDA BY PROVIDER #0001189

## CILB Required Subject Areas: Course #0609008

THIS IS A 5 HOUR CLASS INCLUDING:

1 hour(s) Workplace Safety, 1 hour(s) Workers Compensation, 1 Hour(s) in Laws and Rules, 1 Hour(s) Wind Mitigation Methodologies, 1 hour(s) Business Practice

## 2014 Adv Code Energy Conservation - Ch 4: Course #0611278

THIS IS A 1 HOUR CLASS INCLUDING:

1 Advanced hours(s)

**CONTRACTORS  
INSTITUTE**

A division of Koning Enterprises, Inc.,  
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Florida DBPR Provider #0001189

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[www.ContractorsInstitute.com](http://www.ContractorsInstitute.com)



Robert J. Koning, Director  
Rhonda E. Koning, Director



# Association of Construction Industry Certified Professionals

## William Ruffin

Having met the required experience, attained the requisite training, and passed the proctored examination has hereby achieved the status of:

*Building Contaminant Assessor*

and is hereby entitled to use the designation of:

*CI-BCA*

Awarded this 27th day of October, 2010

**CI Certified**  
Construction Training  
and Certification

*R. Koning*

Robert Koning - Director  
Association of Construction Industry  
Certified Professionals  
[www.ACICP.org](http://www.ACICP.org)



# Association of Construction Industry Certified Professionals

## William Ruffin

Having met the required experience, attained the requisite training, and passed the proctored examination has hereby achieved the status of:

*Building Contaminant Technician*

and is hereby entitled to use the designation of:

*CI-BCI*

Awarded this 20th day of October, 2010

*R. Koning*

Robert Koning - Director  
Association of Construction Industry  
Certified Professionals  
[www.ACICP.org](http://www.ACICP.org)



ACICP  
ORG

ASSOCIATION OF CONSTRUCTION INDUSTRY  
CERTIFIED PROFESSIONALS

CI Certified  
Construction Training  
and Certification



*U. S. Department of Housing and Urban Development*

# **CERTIFICATE OF COMPLETION**

*Presented To*

**WILLIAM RUFFIN**

*For Successfully Completing*

**HUD's SECTION 3 TRAINING**

*Presented on June 8, 2011*

***Candace M. Tapscott***

**Candace Tapscott**

Miami Center Director

Office of Fair Housing & Equal Opportunity



**Brian Johnson**

Executive Director

Broward County Minority Builders Coalition





## **Appendix "B"**

### **Price Proposal Form**



## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

# **LOCAL BUSINESS PREFERENCE Form A3**



## LOCAL BUSINESS PREFERENCE AFFIDAVIT

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.**

### **SECTION 1: GENERAL TERMS**

The evaluation of competitive bids is subject to Section 7-151 of the City of North Miami Code of Ordinances which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses.

This preference shall apply to submittals received from bidders in the purchase of supplies or services in which objective factors are used to evaluate the submittals received from offerors are assigned point totals, **a preference of ten (10) percent of the total evaluation points, or ten (10) percent of the total price**, shall be given to a local business.

To satisfy this requirement, the business shall affirm in writing that it meets the following requirements:

1. Business must be located in the City of North Miami (City) with a current city business tax receipt **and** certificate of use issued at least twelve (12) months prior to the City's issuance of the Solicitation **AND**;
2. Business must have a physical business location/address located within the City's limits, in an area zoned for the conduct of such business, from which the vendor operates or performs business on a day-to-day basis, that is a substantial component of the goods or services being offered to the City **AND**;
3. Business must certify in writing and provide all required documentation supporting its compliance with the foregoing at the time of submitting its bid or proposal by signing and notarizing this form.

**Alternatively, a business who subcontracts at least twenty (20) percent of the contractual amount of a City project with subcontractors who meet the above listed criteria is deemed a Local Business for award of preference in accordance with Section 7-151 of the City of North Miami Code of Ordinances. In the event that the prime Bidder/Respondent utilizes sub-contractors to qualify for Local Business Preference, the prime Bidder/Respondent must also submit Contract Form A-6 with their submittal, along with this form.**

Business location means a permanent office or other site where the local business conducts, engages in, or carries on all or a portion of its business. A post office box or location at a postal service center shall not constitute a business location.

**The offeror, supplier, or contractor seeking the local business preference has the burden to show that it qualifies for the preference, to the satisfaction of the City.**

**Comparison of Qualifications:** The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Furthermore, the preference established in no way prohibits the right of the City to give any other preference permitted by law instead of preferences granted, nor does it prohibit the City from selecting the bid or proposal which is the most responsible and in the best interests of the City.

## SECTION 2: AFFIRMATION

**Failure to fully complete this affidavit and to submit the requisite supporting documents may render the Bidder/Respondent ineligible for Local Preference. The Bidder/Respondent must check the applicable box below.**

☐ Place a check mark here if the **Bidder/Respondent** meets the requirements listed below:

OR

☐ Place a check mark here if the **Bidder/Respondent** is applying for Local Business Preference by subcontracting 20% or more of the contract amount to local subcontractors which meet the requirements listed below:

- Has a business located in the City with a current City Business Tax Receipt and certificate of use issued at least twelve (12) months prior to the City's issuance of the Solicitation. **(NOTE: A copy of applicable business tax receipt(s) and certificate(s) of use must be submitted along with this form)**
- Has a physical business location/address located within the City's limits, in an area zoned for the conduct of such business, from which the vendor operates or performs business on a day-to-day basis that is a substantial component of the goods and services being offered to the City.

**Bidder/Respondent Certification:**

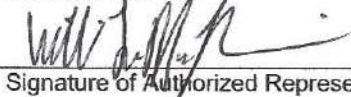
I certify that the information and responses on this form or attached hereto are true, accurate, and complete. I understand that the submittal of this form to the City's Purchasing Department is for this public entity only. I also understand that I am required to inform the City's Purchasing Department of any change in the information contained in this form or any attachments hereto.

TSC ASSOCIATES INC.

Company Name

1127 NW 27th Ave Fort Lauderdale FL 33311

Business Address



Signature of Authorized Representative

William L. Ruffin

Print Name of Authorized Representative

President

Title

November 22, 2021


Date

STATE OF FLORIDA  
COUNTY OF Broward

Sworn to (or affirmed) and subscribed before me on this 22 day of November, 2021, by  
William L. Ruffin (name of person making statement).



Signature of Notary Public – State of Florida



Name of Notary (Please Type, Print or Stamp Neatly)

☒ Personally Known

☐ Produced Identification (Type of Identification  
Produced: \_\_\_\_\_)

Place Notary Symbol Below:





**Subcontractor Certification (if applicable):**

Type of Work to be Performed	Percentage of Contract
provide inspection and cost estimating services and final inspections for general repairs, correction of code violations, abatement of health and safety issues, repair/replacement of electrical and mechanical systems, weatherization, and improvement of the general conditions of a structure	100

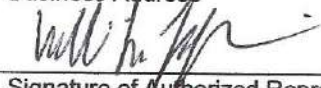
I certify that the information and responses on this form or attached hereto are true, accurate, and complete. I understand that the submittal of this form to the City's Purchasing Department is for this public entity only. I also understand that I am required to inform the City's Purchasing Department of any change in the information contained in this form or any attachments hereto.

TSC ASSOCIATES INC.

Company Name

1127 NW 27th Ave Fort Lauderdale FL 33311

Business Address



Signature of Authorized Representative

William L. Ruffin

Print Name of Authorized Representative

President

Title

November 22, 2021

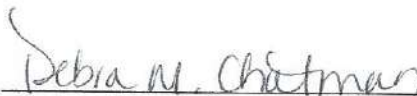
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☒ Personally Known

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Produced: \_\_\_\_\_)

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**NOTE:** In the event that the Bidder/Respondent is using more than one subcontractor to qualify for Local Business Preference, then each eligible subcontractor must also complete and certify page 3 of this form to be submitted by the Bidder/Respondent as part of their proposal, along with the requisite supporting documents.





## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

### **Additional Information:**

#### **Example Home Inspection Standards Checklist**

#### **Sample Cost Estimating & Specifications**

#### **Sample Construction Progress Inspection**

#### **Sample Photo Album**

# CITY OF NORTH MIAMI

## RESIDENTIAL REHABILITATION

### HOME INSPECTION OCCUPANCY STANDARDS CHECKLIST

#### A. General Information

Date of Inspection: 12/8/2020

Address of Inspected Unit 1234 Street: NW 9999<sup>TH</sup> AVENUE

City: NORTH MIAMI County: Broward State: FLORIDA Zip: 33181

PROPERTY OWNER NAME: JOHN AND JANE DOE

OWNER TELEPHONE: 954-555-5555

INSPECTOR NAME: WM LA'MARR RUFFIN, HI-687

INSPECTOR SIGNATURE: \_\_\_\_\_

INSPECTOR PHONE #: 954-709-0471

#### B. How to Fill Out This Checklist

- ☐ Proceed through the inspection as follows:

Area	Checklist Category
Room by Room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
Outside	6. Building Exterior
Basement or Utility Room	7. Heating and Plumbing
Overall	8. General Health and Safety

- ☐ Each part of the checklist will be accompanied by an explanation of the item to be inspected.
- ☐ Important: For each item numbered on the checklist, check one box only (e.g., check one box only for item 1.4 "Security," in the Living Room).
- ☐ In the space to the right of the description of the item, if the decision on the item is "Fail," give a detailed description of the current condition of the item along with what repairs are necessary.
- ☐ Also, if "Pass" but there are additional code items or items not consistent with rehab standards or area codes, write these in the space to the right.

# 1. LIVING ROOM

For each item numbered, check one box only.

Item #	Living Room Only Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
1.1	<b>LIVING ROOM PRESENT</b> Is there a living room?	X		
1.2	<b>ELECTRICITY</b> Are there at least two working outlets or one working outlet and one working light fixture?	X		
1.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?	X		
1.4	<b>SECURITY</b> Are all windows and doors that are accessible from the outside lockable?	X		
1.5	<b>WINDOW CONDITION</b> Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?		X	Install Accordion Shutters
1.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?	X		
1.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
1.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?			
1.9	<b>LEAD PAINT</b> Are all interior surfaces either free of cracking, scaling, peeling, chipping, and loose paint or adequately treated and covered to prevent exposure of the occupants to lead-based paint hazards?	X		
1.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
1.11	<b>OTHER</b>	X		
1.12	<b>OTHER</b>	X		

Notes: (Give Item #)

## 2. KITCHEN

For each item numbered, check one box only.

Item #	Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
2.1	<b>KITCHEN AREA PRESENT</b> Is there a kitchen?	X		
2.2	<b>ELECTRICITY</b> Is there at least <i>one</i> working electric outlet and <i>one</i> working, permanently installed light fixture?	X		
2.3	<b>ELECTRICAL HAZARDS</b> Is the kitchen free from electrical hazards?	X		
2.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
2.5	<b>WINDOW CONDITION</b> Are all windows free of signs of deterioration or missing or broken out panes?		X	Install Accordion Windows
2.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?	X		
2.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
2.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	X		
2.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping and loose paint, <i>adequately treated and covered</i> to prevent exposure of the occupants to lead-based paint hazards?	X		
2.10	<b>STOVE OR RANGE WITH COOKTOP</b> Is there an oven and stove (or range) with top burners? <i>Two</i> . Please indicate if stove is energy star rated?	X		
2.11	<b>REFRIGERATOR</b> Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time? Please indicate if energy star rated?	X		
2.12	<b>SINK</b> Is there a kitchen sink that works with hot and cold running water?	X		
2.13	<b>SPACE FOR STORAGE AND PREPARATION OF FOOD</b> Is there space to store and prepare food?	X		
2.14	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
2.15	<b>OTHER</b>	X		

Notes: (Give Item #)

### 3. BATHROOM

For each item numbered, check one box only.

Item #	MASTER Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
3.1	<b>BATHROOM (see description)</b> Is there a bathroom?	X		
3.2	<b>ELECTRICITY</b> Is there at least <i>one</i> permanently installed light fixture?	X		
3.3	<b>ELECTRICAL HAZARDS</b> Is the bathroom free from electrical hazards?	X		
3.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
3.5	<b>WINDOW CONDITION</b> Are all windows free of signs of deterioration or missing or broken out panes?		X	Install Accordian Shutters
3.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?	X		
3.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
3.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	X		
3.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
3.10	<b>FLUSH TOILET IN ENCLOSURE ROOM IN UNIT</b> Is there a wall-hung toilet in the unit for exclusive private use of occupants?	X		
3.11	<b>FIXED WASH BASIN OR LAVATORY IN UNIT</b> Is there a working, permanently installed wash basin with hot and cold running water in the unit?	X		
3.12	<b>TUB OR SHOWER IN UNIT</b> Is there a working tub or shower with hot and cold running water in the unit?	x		
3.13	<b>VENTILATION</b> Are there operable windows or a working vent system?	X		
3.14	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
3.15	<b>OTHER</b>	X		

Notes: (Give Item #)



### 3. BATHROOM

For each item numbered, check one box only.

Item #	MAIN Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
3.1	<b>BATHROOM (see description)</b> Is there a bathroom?	X		
3.2	<b>ELECTRICITY</b> Is there at least <i>one</i> permanently installed light fixture?	X		
3.3	<b>ELECTRICAL HAZARDS</b> Is the bathroom free from electrical hazards?	X		
3.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
3.5	<b>WINDOW CONDITION</b> Are all windows free of signs of deterioration or missing or broken out panes?		X	Install Accordian Shutters
3.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?	X		
3.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
3.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	X		
3.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
3.10	<b>FLUSH TOILET IN ENCLOSURE ROOM IN UNIT</b> Is there a wall-hung toilet in the unit for exclusive private use of occupants?	X		
3.11	<b>FIXED WASH BASIN OR LAVATORY IN UNIT</b> Is there a working, permanently installed wash basin with hot and cold running water in the unit?	X		
3.12	<b>TUB OR SHOWER IN UNIT</b> Is there a working tub or shower with hot and cold running water in the unit?	X		
3.13	<b>VENTILATION</b> Are there operable windows or a working vent system?	X		
3.14	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
3.15	<b>OTHER</b>	X		

Notes: (Give Item #

#### 4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

Item #	Bedroom SOUTHWEST Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
4.1	<b>ROOM CODE and ROOM LOCATION:</b>  right/left _____ front/rear _____ floor level _____	<b>ROOM CODES</b> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6 = Other		
4.2	<b>ELECTRICITY</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	X		
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?	X		
4.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
4.5	<b>WINDOW CONDITION</b> If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?		X	Install Accordion Shutters
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	X		
4.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
4.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
4.11	<b>OTHER</b>	x		
4.12	<b>OTHER</b>	X		

Notes: (Give Item #)

#### 4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

Item #	Bedroom MIDDLE Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
4.1	<b>ROOM CODE and ROOM LOCATION:</b>  right/left _____ front/rear _____ floor level _____	<b>ROOM CODES</b> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6 = Other		
4.2	<b>ELECTRICITY</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	X		
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?	x		
4.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?			
4.5	<b>WINDOW CONDITION</b> If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?		X	Install Accordion Shutters
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	x		
4.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
4.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
4.11	<b>OTHER</b>	x		
4.12	<b>OTHER</b>	x		

Notes: (Give Item #)

#### 4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

Item #	Bedroom MASTER Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
4.1	<b>ROOM CODE and ROOM LOCATION:</b>  right/left _____ front/rear _____ floor level _____	<b>ROOM CODES</b> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6 = Other		
4.2	<b>ELECTRICITY</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	X		
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?	X		
4.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
4.5	<b>WINDOW CONDITION</b> If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?		X	Install Accordion Shutters
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	X		
4.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
4.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
4.11	<b>OTHER</b>	x		
4.12	<b>OTHER</b>	X		

Notes: (Give Item #)

#### 4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

Item #	Bedroom SOUTH MIDDLE Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
4.1	<b>ROOM CODE and ROOM LOCATION:</b>  right/left _____ front/rear _____ floor level _____	<b>ROOM CODES</b> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6 = Other		
4.2	<b>ELECTRICITY</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	X		
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?	X		
4.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
4.5	<b>WINDOW CONDITION</b> If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?		X	Install Accordion Shutters
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	x		
4.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
4.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
4.11	<b>OTHER</b>	x		
4.12	<b>OTHER</b>	x		

Notes: (Give Item #)



#### 4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

Item #	Utility room Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
4.1	<b>ROOM CODE and ROOM LOCATION:</b>  right/left _____ front/rear _____ floor level _____	<b>ROOM CODES</b> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6 = Other		
4.2	<b>ELECTRICITY</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	X		
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?	x		
4.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
4.5	<b>WINDOW CONDITION</b> If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?	X		
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	X		
4.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
4.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
4.11	<b>OTHER</b>	X		
4.12	<b>OTHER</b>		X	Exterior door is malfunctioning and unsafe

Notes: (Give Item #)

#### 4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

Item #	Family Room Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
4.1	<b>ROOM CODE and ROOM LOCATION:</b>  right/left _____ front/rear _____ floor level _____	<b>ROOM CODES</b> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6 = Other		
4.2	<b>ELECTRICITY</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	X		
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?	X		
4.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
4.5	<b>WINDOW CONDITION</b> If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?		X	Install Accordion Shutters
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?			
4.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	X		
4.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
4.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	x		
4.11	<b>OTHER</b>	X		
4.12	<b>OTHER</b>	X		

Notes: (Give Item #)

#### 4. OTHER ROOMS USED FOR LIVING AND HALLS

For each item numbered, check one box only.

Item #	HALLWAY Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
4.1	<b>ROOM CODE and ROOM LOCATION:</b>  right/left _____ front/rear _____ floor level _____	<b>ROOM CODES</b> 1 = Bedroom or any other room used for sleeping (regardless of type of room) 2 = Dining Room, or Dining Area 3 = Second Living Room, Family Room, Den, Playroom, TV Room 4 = Entrance Halls, Corridors, Halls, Staircases 5 = Additional Bathroom 6 = Other		
4.2	<b>ELECTRICITY</b> If Room Code = 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code does not = 1, is there a means of illumination?	X		
4.3	<b>ELECTRICAL HAZARDS</b> Is the room free from electrical hazards?	X		
4.4	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable?	X		
4.5	<b>WINDOW CONDITION</b> If Room Code = 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken panes?	X		
4.6	<b>CEILING CONDITION</b> Is the ceiling sound and free from hazardous defects?	X		
4.7	<b>WALL CONDITION</b> Are the walls sound and free from hazardous defects?	X		
4.8	<b>FLOOR CONDITION</b> Is the floor sound and free from hazardous defects?	X		
4.9	<b>LEAD PAINT</b> Are all interior surfaces either <i>free</i> of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated and covered</i> to prevent exposure of the occupants to lead based paint hazards?	X		
4.10	<b>WEATHER STRIPPING</b> Is weather stripping present and in good condition on all windows and exterior doors?	X		
4.11	<b>OTHER</b>	x		
4.12	<b>OTHER</b>	X		

Notes: (Give Item #)

5. ALL SECONDARY ROOMS NOT USED FOR LIVING

For each item numbered, check one box only.

Item #	Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
5.1	NONE. GO TO PART 6	X		
5.2	<b>SECURITY</b> Are <i>all</i> windows and doors that are accessible from the outside lockable in each room?	X		
5.3	<b>ELECTRICAL HAZARDS</b> Are all these rooms free from electrical hazards?	X		
5.4	<b>OTHER POTENTIALLY HAZARDOUS FEATURES IN ANY OF THESE ROOMS</b> Are all of these rooms free of any other potentially hazardous features? For each room with an "other potentially hazardous feature" explain hazard and means of control of interior access to room.	X		
5.5	OTHER			
5.6	OTHER	X		

Notes: (Give Item #)

## 6. BUILDING EXTERIOR

For each item numbered, check one box only.

Item #	Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
6.1	<b>CONDITION OF FOUNDATION</b> Is the foundation sound and free from hazards?	X		
6.2	<b>CONDITION OF STAIRS, RAILS, AND PORCHES</b> Are all the exterior stairs, rails and porches sound and free from hazards?	X		
6.3	<b>CONDITION OF ROOF AND GUTTERS</b> Are the roof, gutters and downspouts sound and free from hazards?		X	Verify hurricane tie down, prior to completing work item  Install new dimensional shingles roof and secondary water barrier, existing roof is in poor condition and has missing shingles or tiles
6.4	<b>CONDITION OF EXTERIOR SURFACES</b> Are exterior surfaces sound and free from hazards?	X		
6.5	<b>CONDITION OF CHIMNEY</b> Is the chimney sound and free from hazards? Please indicate N/A if Not applicable.	X		
6.6	<b>LEAD PAINT: EXTERIOR SURFACES</b> Are all exterior surfaces which are accessible to children under seven years of age free of cracking, scaling, peeling, chipping, and loose paint, or <i>adequately treated or covered</i> to prevent exposure of such children to lead based paint hazards?	X		
6.7	<b>MOBILE HOMES: TIE DOWNS</b> If the unit is a mobile home, is it properly placed and tied down? If not a mobile home, check "Not Applicable."	X		
6.8	<b>MOBILE HOMES: SMOKE DETECTORS</b> If unit is a mobile home, does it have at least one smoke detector in working condition? If not a mobile home, indicate "Not Applicable."	X		
6.9	<b>CAULKING</b> Are all fixed joints including frames around doors and windows, and around all holes for pipes, ducts, water faucets or electric conduits, and other openings which may allow unwanted air flow appropriately caulked.	X		
6.10	<b>OTHER</b>	X		
6.11	<b>OTHER</b>	X		

Notes: (Give Item #)



## 7. HEATING, PLUMBING AND INSULATION

For each item numbered, check one box only.

Item #	Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
7.1	<b>ADEQUACY OF HEATING EQUIPMENT</b> a. Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living? b. Is the heating equipment oversized by more than 15%? c. Are pipes and ducts located in unconditioned space insulated?	X		
7.2	<b>SAFETY OF HEATING EQUIPMENT</b> Is the unit free from unvented fuel burning space heaters, or any other types of unsafe heating conditions?	X		
7.3	<b>VENTILATION AND ADEQUACY OF COOLING</b> Does this unit have adequate ventilation and cooling by means of operable windows or a working cooling system?	X		
7.4	<b>HOT WATER HEATER</b> Is hot water heater located, equipped, and installed in a safe manner?	X		
7.5	<b>WATER SUPPLY</b> Is the unit served by an approved public or private sanitary water supply?	X		
7.6	<b>PLUMBING</b> Is plumbing free from leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	X		
7.7	<b>SEWER CONNECTION</b> Is plumbing connected to an approved public or private disposal system, and unit free from sewer backup?	X		
7.8	<b>INSULATION</b> Are the attic and walls appropriately insulated for regional conditions?	X		
7.9	<b>OTHER</b>	X		
7.10	<b>OWNER</b>	X		

Notes: (Give Item #)

# 8. GENERAL HEALTH AND SAFETY

For each item numbered, check one box only.

Item #	Description	DECISION		Description of Current Condition and Repairs Required
		Yes, PASS	No, FAIL	
8.1	<b>ACCESS TO UNIT</b> Can the unit be entered without having to go through another unit?	X		
8.2	<b>EXITS</b> Is there an acceptable fire exit from the unit that is not blocked?	X		
8.3	<b>EVIDENCE OF INFESTATION</b> Is the unit free from rats or severe infestation by mice or vermin?	X		
8.4	<b>GARBAGE AND DEBRIS</b> Is the unit free from heavy accumulation of garbage or debris inside and outside?	X		
8.5	<b>REFUSE DISPOSAL</b> Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approved by a local agency?	X		
8.6	<b>OTHER INTERIOR HAZARDS</b> Is the interior of the unit free from any other hazards not specifically identified previously?			
8.9	<b>INTERIOR AIR QUALITY</b> Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel gas, dust, or other pollutants?			
8.10	<b>SITE CONDITIONS</b> Is the site free from conditions, which would seriously and continuously endanger the health or safety of the occupants?			
8.11	<b>LEAD PAINT/OWNER CERTIFICATION</b> If the owner of the unit is required to treat or cover any interior or exterior surfaces, has the certification of compliance been obtained?  If the owner is not required to treat surfaces, check "Not Applicable"	X		
8.12	<b>OTHER</b>	X		
8.13	<b>OTHER</b>	X		

Notes: (Give Item #)

# Announcement of Mandatory Pre-Bid

CITY OF North Miami  
N.S.P./S.H.I.P./C.D.B.G./HOME  
HOME REPAIR/IMPROVEMENT PROGRAM

Request Quotation No.: NM79920

**-Date CRA Approved Specs-**

**TO:** Contractors on the Qualified List

**FROM:** William La'Marr Ruffin, 954-709-0471

**SUBJECT:** Pre-Bid Conference for Home Repair/Improvement Program

Please be advised that a **MANDATORY** Pre-Bid Conference has been scheduled:

**PROJECT MEETING SITE:** John and Jane Doe  
1234 NW 9999th Court  
North Miami, FL 33181

**LEGAL DESCRIPTION:** F R HUMPHRIES VILLA 81-9 B LOT 59

**PRE BID DATE:** -PreBid Date-

**TIME:** Time of PreBid-

**BID DUE DATE AND TIME:** -Bid Date- BY 2:00 PM  
**BID OPENING DATE AND TIME:** -Bid Date- AT 2:30 PM

See attached Bid Documents/Specifications. **Print and bring documents/specifications to Pre-Bid Conference. No copies will be issued at the Pre-Bid Conference.**

Attendance at this Pre Bid Conference is **MANDATORY**. Failure to attend promptly will preclude you from bidding on this project.

If you have any questions, contact William La'Marr Ruffin 954-709-0471

**Sealed Bid Submission To:**  
**City of \_\_\_\_\_**  
**Residential Rehabilitation Program**  
**NSP/SHIP/CDBG/HOME**

**Contractor**

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Homeowner/Project**

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City** \_\_\_\_\_

**State/Zip** \_\_\_\_\_

**Sealed Bid Due:**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Bid Opening:**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**All Sealed Bids must be delivered to:**  
**North Miami Family Empowerment, Inc. ()**

**North Miami, FL 33181**

**Sealed bids will be time stamped upon submission.**

# **Bid Procedures Cover Page**

**CITY OF: North Miami  
N.S.P./S.H.I.P./C.D.B.G./HOME  
HOME REPAIR/IMPROVEMENT PROGRAM  
Mandatory Pre-Bid  
Request Quotation No.: NM79920**

**-PreBid Date-**

**TO:** Contractors from Qualified List attending Pre-Bid Conference

**FROM:** William La'Marr Ruffin, 954-709-0471

**SUBJECT:** **MANDATORY** Pre-Bid Conference for  
Home Repair/Improvement Program

**PROJECT MEETING SITE:** John and Jane Doe  
1234 NW 999th Court  
North Miami, FL 33181

**BID DUE DATE AND TIME:** -Bid Date- **BY 4:00 PM**

**BID OPENING DATE AND TIME:** -Bid Date- **AT 2:30 PM**

Please review the following:

- 1) Contractors who want to bid on this project must attend the Pre-Bid Conference.
- 2) Contractors will be responsible for verifying all job conditions, measurements, code requirements and pricing prior to bid submission.
- 3) Contractors must submit his/her bid on the form provided in a sealed envelope. The envelope is to display:
  - a. Name of customer
  - b. Full address
  - c. Bid due date and time
  - d. The name of the City in which the customer(s) resides
- 4) Any additions, deletions or changes to the form will disqualify the bid.
- 5) The bid document must be signed and dated by the qualifier
- 6) The bid should be hand delivered to:  
**North Miami Family Empowerment, Inc. (DBFE)**

**North Miami, FL 33181**

**Attention: Program Administrator**

- 7) The bid closing date is the "due date" cited above The Contractor's bids must be turned in no later than 4:00 PM on the due date.
- 8) Any bids received late will be disqualified.

If you have any questions, you may contact William La'Marr Ruffin 954-709-0471.



# **SPECIFICATIONS FOR WORK**

**CITY OF North Miami  
N.S.P./S.H.I.P./C.D.B.G./HOME  
HOME REPAIR/ IMPROVEMENT PROGRAM  
-PreBid Date-**

PROPERTY OWNER: **John and Jane Doe  
1234 NW 9999<sup>th</sup> Court  
North Miami, FL 33181**

HOME TELEPHONE: **954-555-5555**

LEGAL DESCRIPTION: **F R HUMPHRIES VILLA 81-9 B LOT 59**

JOB NUMBER: **NM79920**



## **GENERAL SPECIFICATIONS**

The Contractor shall perform the services with the standard of skill, care and due diligence, which a competent and suitable qualified person performing such services would reasonably be expected to exercise, and in accordance with the Work Specifications. The work shall be performed in a "Workman Like Manner." Contractor to include cost of services of any licensed professional, if necessary, in procuring permits for the work.

To the fullest extent permitted by law, the Contractor shall indemnify, defend and hold harmless the owner and the City and its agents and employees, from and against claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of the work or providing of materials to the extent caused in whole or in part by negligent or wrongful acts or omissions of,

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or a breach of this agreement by, the contractor, a subcontractor, anyone directly or indirectly employed by them or anyone whose acts they are legally responsible.

The Contractor certifies that the location of the proposed work has been examined, as necessary to fully understand the nature of the obligation. The Contractor is responsible for measurements. The work should be complete in the time limit(s) specified and in accordance with the plans and Work Specifications.

The Contractor must pull the permit within thirty (30) days of the issuance of the Notice to Proceed. Construction work must begin within forty-five (45) days from the date of the Building Permit issuance and shall be carried out at a rate that insures its full completion no later than one hundred and twenty (120) days from the date of the issuance of the Notice to Proceed.

The Contractor shall provide all necessary materials, equipment and personnel who have the appropriate qualifications and experience to undertake the scope of the Work Specifications.

The Contractor agrees to provide a one (1) year warranty for all work performed under these specifications. This will include all labor and materials. If certain items require different warranty periods, those items will be cited in the individual specifications.

All work performed under these specifications must be done in compliance with the local City Ordinance and within the interpretation of the Florida Building Code. Attempts were made to identify the required permits, per line items cited below. However, it is the Contractor's responsibility to identify and pull all required permits.

All applicable State and Federal Statutes must be followed (i.e. Davis Bacon, Child Labor Laws etc.). Failure to comply with general conditions may result in suspension or removal from the program.

There can be no verbal agreements between the Contractor and Homeowner.

Each of the Parties (by notice) in writing to the other can request a modification(s) to the requirement(s) cited in the Work Specifications should such modification(s) (at any time) become necessary due to Code requirements or unforeseen conditions or circumstances. In the event of any such modifications, the payment or credit for these (documented) changes shall be subject to fair and reasonable adjustment(s) agreed upon between the City agent and the Contractor; these payment or credit adjustment(s) will be recorded in writing, by way of Change Order.

Change Orders - The Contractor's written proposal for change order shall be submitted in the form of a lump sum proposal supported with an itemized breakdown of all increases and decreases in the contract in at least the following details:

- (1) Direct costs.
  - a. Materials (list individual items, the quantity and unit cost of each, and the aggregate cost);
  - b. Transportation and delivery costs associated with materials;
  - c. Labor breakdowns by hours or unit costs (identified with specific work to be performed);
  - d. Construction equipment exclusively necessary for the change;
  - e. Costs of preparation and/ or revision to permits resulting from the change;
  - f. Worker's Compensation and Liability Insurance; Employment taxes under FICA and FUTA.
- (2) Indirect Costs. Indirect costs may include overhead, general and administrative expenses, and fringe benefits not normally treated as direct costs.
- (3) Profit. The amount of profit shall be negotiated and may vary according to the nature, extent, and complexity of the work required by the change. The allow ability of the direct and indirect costs shall be determined in accordance with the Contract Cost Principles and Procedures in Part 31 of the Federal Acquisition Regulation (48 CFR 1-31), as implemented by HUD Handbook 2210.18, in effect on the date of this contract. The Contractor shall not be allowed a profit on the profit received by any subcontractor. Equitable adjustments for deleted work shall include a credit for profit and may include a credit for indirect costs. On proposals covering both increases and decreases in the amount of the contract, the application of indirect costs and profit shall be on the net-change in direct costs for the Contractor or subcontractor performing the work.

- (4) The Contractor shall include in the proposal its request for time extension (if any), and shall include sufficient information and dates to demonstrate whether and to what extent the change will delay the completion of the contract in its entirety.

Except in an emergency endangering life or property, no change shall be made by the Contractor without a prior order from the Contracting Officer.

If there are conflicts between the Homeowner and the Contractor, the requirements cited in the Work Specifications shall prevail. Exception: Contractor and Homeowner must receive written approval from the Homeowner Association or Condo Association and/or Property Manager for all work items.

The Contractor acknowledges that the agent of the City shall perform pre and post inspections of all work performed. Final and full payment for all work completed pursuant to the Work Specifications (as amended/modified, if applicable) shall be made upon completion of all inspection(s) required by the program and the work has been deemed satisfactory.

The invoice for work satisfactorily completed must be submitted to the City agents and shall include the following documents at a minimum;

1. Invoice with invoice numbers (#)
2. Amount of invoice must match the signed proposal and signed Change Order(s), if applicable.
3. Homeowner's signature stipulating work satisfaction and completion
4. Contractor Release of Liens and each Sub-contractor Release of Liens
5. Copies of all required Permits, signed off and approved
6. Warranty for work performed.

Homeowner shall provide the Contractor access to the property; Monday thru Saturday between 8am and 6pm. Homeowner shall provide the water and electric service necessary to accomplish this work.

If at any point in the following Specifications a "maximum retail price or material allowance" is quoted for an item to be installed, the Homeowner will be responsible for selecting and approving this item within the quoted price range. The Contractor must have written acceptance from the Homeowner, prior to the installation of this product. All material allowance includes sales tax.

It is the Homeowner responsibility to remove and replace all personal property to facilitate the performance of the work. This includes but is not limited to rugs, furniture, antennas and alarm system.

Contractor shall repair/relocate any phone wires that are affected by this work, Homeowner responsible for all TV cables or satellite wiring.

All exterior and interior walls, ceilings, doors and trim paint will be the responsibility of the Homeowner unless otherwise stated in individual specification.

## SECTION 3 CLAUSE AND PROVISIONS

### 1. "Section 3" Compliance in the Provision of Training, Employment and Business Opportunities

(A) The work to be performed under this contract is subject to the requirements of section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (section 3). The purpose of section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

(B) The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 135, which implement section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 135 regulations.

(C) The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitment under this section 3 clause, and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the section 3 preference, shall set forth minimum number and job titles subject to the availability of apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

(D) The contractor agrees to include this section 3 clause in every subcontract subject to compliance with regulations in 24 CFR part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this section 3 clause, upon determining that the subcontractor is in violation of the regulations in 24 CFR part 135. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR part 135.

(E) The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations in 24 CFR part 135 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR part 135.

(F) Noncompliance with HUD's regulations in 24 CFR part 135 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts.

(G) With respect to work performed in connection with section 3 covered Indian housing assistance, section 7(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450e) also applies to the work to be performed under this contract. Section 7(b) requires that to the greatest extent feasible but not in derogation of compliance with section 7(b).

(H) Preference and opportunities for training and employment shall be given to Indians, and (ii) preference in the award of contracts and subcontracts shall be given to Indian organizations and Indian-owned Economic Enterprises. Parties to this contract that are subject to the provisions of section 3 and section 7(b) agree to comply with section 3 to the maximum extent feasible, but not in derogation of compliance with section 7(b).

**SECTION 3 STATEMENT OF COMPLIANCE****TRAINING, EMPLOYMENT, AND CONTRACTING OPPORTUNITIES FOR BUSINESS AND LOWER INCOME PERSONS**

A. The project assisted under this (contract) (agreement) is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S. C. 70U. Section 3 requires that to the greatest extent feasible opportunities for training and employment be given to lower income residents of the project area and contracts for work in connection with the project be awarded to business concerns which are located in or owned in substantial part by persons residing in the area of the project.

B. Notwithstanding any other provision of this (contract) (agreement), the (applicant) (recipient) shall carry out the provisions of said Section 3 and the regulations issued pursuant thereto by the Secretary set forth in 24 CFR Part 135 (published in 38 Federal Register 29220, October 23, 1973), and all applicable rules and orders of the Secretary issued there under prior to the execution of this (contract) (agreement). The requirements of said regulations include but are not limited to development and implementation of an affirmative action plan for utilizing business concerns located within or owned in substantial part by persons residing in the area of the project; the making of a good faith effort as defined by the regulation, to provide training, employment and business opportunities required by Section 3 and incorporation of the "Section 3 Clause" specified by Section 135.20 (b) of the regulations into contracts for work in connection with the project. The (applicant) (recipient) certifies and agrees that it is under no contractual or other disability which would prevent it from complying with these requirements.

C. Compliance with the provision of Section 3, the regulations set forth in 24 CFR Part 135, and all applicable rules and orders of the Secretary issued thereunder prior to approval by the City of the application for this (contract) (agreement), shall be a condition of the Federal financial assistance provided to the project, binding upon the (applicant) (recipient), its successors and assigns. Failure to fulfill these requirements shall subject the (applicant) (recipient), its contractors and subcontractors, its successors, and assigns to the sanctions specified by the (contract) (agreement), and to such sanctions as are specified by 24 CFR Section 135.

Name of Contractor: \_\_\_\_\_

Title of RFP or Spec: \_\_\_\_\_

Spec # or RFP # or Purchase Order Bid No. \_\_\_\_\_

Will you hire new employees as a result of this contract? Yes [ ☐ ] No [ ☐ ]

Contractor: \_\_\_\_\_

Contractor's Signature and Title \_\_\_\_\_ Date: \_\_\_\_\_



## GENERAL REQUIREMENTS

### GENERAL PAINT SPECIFICATIONS

Unpainted materials require priming and two coats of paint. Tint the primer per color selection. Previous paint surface should receive two coats of paint. All stains should be spot-primed before painting. Unless otherwise mentioned in the specifications, all paint must be mid-grade or better, and minimum 15 years warranty paint, which are ZERO VOC products, for interior paint and ZERO OR LOW VOC 100% acrylic products, for exterior paint. Acceptable paint manufacturers (unless specified in the line item) are Benjamin Moore, Sherwin Williams, Glidden/ICI, PPG, Olympic, Valspar or approved equal. Housing Inspector shall verify brand and VOC level. The Homeowner is to select all colors and confirmed in writing. Upon completion, contractor must provide the Homeowner a list of all paint code numbers per rooms and locations, for later color matching.

### CLEAN UP

Contractor agrees to keep the property clean and orderly during the course of the work and to remove all materials, debris, equipment and machinery at the completion of the workday. Clean interior and exterior work in a professional, workmanship type manner with all O.S.H.A. safety laws and rules observed.

- Remove all debris daily and broom clean the worksite at all times.
- Contractor shall not use residential bulk and regular trash pickup system to remove construction debris.
- **Contractor cannot use Homeowner cleaning equipment, broom and supplies.**
- **Cover and protect the furniture and all surfaces from construction dust.**
- All related construction items removed will become the property of the Contractor, unless a prior agreement is reached (in writing) with Homeowner.

### PERMITS AND MISCELLANEOUS FEES

- For the Home Inspector, the contractor must have on site the complete permit package for all trades (permit cards, applications, drawings, etc.).
- **Uniform Mitigation Verification Inspection Form - Upon completion of the work specifications, the Contractor must completely fill-out the Uniform Mitigation Verification Inspection Form, include supplying at least one photograph to accompany this form to validate each attribute marked in questions 3 through 7 and performing research to determine permit history and year house built.**
  - **Submitted form MUST contain the Homeowner signature.**
  - **Submitted form MUST contain the Inspector's Wind Mitigation Certificate of Completion.**

## ROOF REPLACEMENT (SLOPE AND FLAT ROOF)

### GENERAL ROOF SPECIFICATIONS

Install sheathing end joints over rafters. All supporting verge rafters shall extend back into the roof at least four feet. Brace all sagging portions of the roof with same size lumber to nearest bearing wall. Use purlins when necessary. An Engineer Certification is required for repair/replacement of roof framing components of structural concern. Install the roofing material, its components and vents in strict compliance with the Florida Building Code, Florida Product Approval (or Miami/Dade NOTICE OF ACCEPTANCE).

- The first two hundred square feet or linear feet of unforeseen rotten or damaged sheathing replacement will be included in the contract price. Replacement of any additional sheathing requires the Housing Inspector's verification and authorization prior to replacement. Contractor must take pictures of all rotten wood and the new replaced wood to support any proposed change order.
- **The contractor must examine the fascia, sub-fascia and soffit. Exposed beam, rafters, joists, fascia (with sub-fascia) and soffit replacement will not count as additional wood and no change order allowed for replacement.**
- **The Contractor agrees to provide a ten (10) years warranty for all work performed under roofing specifications. This will include all labor and materials.** During warranty period, Contractor shall promptly make such corrections as may be necessary. Homeowner is to give notice of roof defects promptly upon observation.
- **Contractor must verify all trusses/rafters roof-to-wall hurricane tie down prior or during roof removal. See the "provisional" work item below to install missing straps that wrap over the top of the trusses/rafters prior to completing the new roof system.**

**01) \*PROVISIONAL\* INSTALL STRAPS ROOF-TO-WALL HURRICANE TIE DOWN \$ \_\_\_\_\_**

LOCATIONS: SLOPE ROOF/ FLAT ROOF

Before completing the new roof system install missing roof-to-wall hurricane tie down with straps that wrap over the top of all trusses/rafters.

This item requires a permit.

- a) Please note contractors not expected to examine existing conditions prior to bidding. This work item assumes there are no roof-to-wall hurricane tie downs (or not properly installed).
- b) **Before performing** this work item, the Contractor must provide Engineer Recommendation of what is required, to Home Inspector and the contractor must provide pictures as proof of existing condition.
- a) **After performing** this work item, the Contractor must provide Engineer Certification of work completed, to Home Inspector and the contractor must provide pictures as proof of work performed:
  - o Contractor must provide pictures of finished straps on each side and
  - o Contractor must provide pictures of new sheathing on each side.
- b) If truss/rafter roof-to-wall hurricanes tie-downs do exist then the complete bid amount for this work item will be, deduct from contract amount. The contractor must immediately prepare and submit a credit

change order. If the roof-to-wall hurricanes tie-downs **partially exist**, then contractor must **prepare a proposed credit change order** for approval.

- c) **Existing** minimum acceptable hurricane tie-down **straps** must have 3-16d nails bent: 2-16d nails on the front side of strap and 1-16d nail to tie-down end of strap bent over truss/rafter on the other side.
- d) Where roof sheathing/decking sections are removed, the removed portions shall not be reused. New paneling shall be used and fastened as in new construction, per FBC 2017, R908.8.1.1. Any wood roof decking in good condition, rotten or damaged, that is removed and replaced to install roof-to-wall tie-downs:
- cannot be part of the wood allowance per General Roof Specifications and
  - cannot be counted as extra wood in a proposed change order

Cost Support Information - Source: Construction Books, Field Experience, Industry						
Description	Quantity	Unit	Materials	Labor	Other/Sub	Total
Remove and replace eave plywood (2 man roofer crew) include picking up all material	8.11	mh		21.97		178.18
New plywood and nails at 27.56/sht	138	lf	1.73			238.74
Install hurricane straps (1 carpenter)	4	ea		33.38		133.52
	69	ea	3.00			207.00
Engineer recommendations & certificate	1	ls			250.00	250.00
Dumpster	.1	ea			400.00	40.00
Profit/Overhead						523.72
Total						\$1,571.16
Per strap price	\$22.77	ea				

## 02) SLOPED ROOF - DIMENSIONAL SHINGLES WITH SECONDARY WATER BARRIER

\$ \_\_\_\_\_

Reason for replacement: the existing shingle roof is in poor condition and past its normal useful life.

Remove all existing roofing covering, underlayment, and flashings to bare sheathing. Remove all protruding nails or staples. Sweep/clean sheathing of all foreign materials and haul away all roofing debris from property at once. Replace all rotten, damaged, and missing sheathing and rafters, per General Roof Specifications. Furnish and install new underlayment, 3 inches factory painted white galvanized steel drip edge, galvanized steel valleys, return/wall flashings, lead stacks on all plumbing projections, pitch pan at electrical service mast, and new roof jacks.

Underlayments shall be exposed in accordance with the manufacturer's recommendations, **in no case shall the 30 lbs felt underlayment exposure to sunlight exceed 30 days. If exposure exceed 30 days Contractor must replace the felt underlayment.**

Furnish and install new dimensional fungus resistant shingles mechanically fastened to deck.

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Apply valley shingles in an open or closed fashion only, not woven. Homeowner will select colors from the manufacturer's standard colors. Upon completion of all work items, Contractor will provide the Homeowner with the manufacturer's shingle warranty and Contractor's ten-year warranty against leaks.

This item requires a permit.

- a) Remove all unused vent stacks.
- b) Secondary Water Barrier - A secondary water barrier shall be installed using one of the following methods (provide photos):
  - o a) All joints in roof sheathing or decking shall be covered with a minimum 4 in. wide strip of self-adhering polymer modified bitumen tape applied directly to the sheathing or decking. The deck and self-adhering polymer modified bitumen tape shall be covered with one of the underlayment systems approved for the particular roof covering to be applied to the roof.
  - o b) The entire roof deck shall be covered with an approved self-adhering polymer modified bitumen cap sheet. No additional underlayment shall be required on top of the cap sheet for new installations. EXCEPTIONS: 1. An asphalt impregnated 30# felt underlayment installed with nails and tin-tabs as required for the HVHZ and covered with either an approved self-adhering polymer modified bitumen cap sheet, or an approved cap sheet applied using an approved hot-mop application shall be deemed to meet the requirements of the secondary water barrier.
- c) **Secondary water barrier must be shown on the Roof Permit in Section D.**
- d) Install factory painted white galvanized drip edge.
- e) All shingles shall be - fiberglass asphalt laminated shingles, algae resistance, rated for a minimum 130 mph wind resistance and have a Class A fire rating. Acceptable shingles are Timberline HD as manufactured GAF and Duration Shingles as manufactured by Owens Corning or approved equal.
- f) Replace all missing, damaged or deteriorated fascia and soffit (including soffit vents). Haul away all debris from property. Furnish and install new 1"x2" pressure treated furring, as required. Fascia and soffit (including all damaged, painted screen, missing or deteriorated soffit vents) replacement shall be with matching size and material. Miter outside corners. Secure all fascia and soffit with non-corrosive nails. Minimum length of any fascia or soffit segment shall be 5 feet. As required, the contractor must remove and reattach all attachments to fascia and soffit removed, after fascia and soffit replacement. Paint replaced fascia and soffit, per the General Paint Specifications, to match existing, providing a uniform opaque coverage.
- g) **Contractor must verify all trusses/rafters roof-to-wall hurricane tie down prior to complete roof removal. See the "provisional" work item above to install missing straps that wrap over the top of the trusses/rafters prior to completing the new roof system.**
- h) If the truss/rafter roof-to-wall hurricane tie-downs exist, take pictures for the hurricane mitigation report.
- i) The contractor to provide any Engineer Recommendation and Certification required for framing structural members to Home Inspector and DBFE.

Cost Support Information - Source: Construction Books, Field Experience, Industry

Description	Quantity	Unit	Materials	Labor	Other/Sub	Total
Tear-off old roof, deposit debris directly into dumpster	1579	sf		.44		694.76
Secondary water barrier	1597	sf	.52	.20		1,149.84
Asphalt or fiberglass architectural shingles -load onto roof, felt paper, drip edge	1597	sf	1.20	1.13		3,721.01
Fascia, #2 pine 1x6	48	lf	.92	1.14		98.88
Soffit, 3/8" AC exterior plywood, 24"	44	lf	1.98	2.75		208.12
Soffit vents	10	ea	2			20.00
	2	mh		33.69		67.38
Paint fascia	48	lf	.11	.8		45.6
Paint soffit	44	lf	.17	1.20		60.28
Dumpster	1	ea			600.00	600.00
Profit/Overhead						3,332.94
Total						\$9,998.81

**02a) FLAT ROOF MODIFIED BITUMEN**

\$ \_\_\_\_\_

Reason for replacement: the existing flat roof has lost its normal useful life.

Remove all existing roofing covering, underlayment, and flashings to bare sheathing. Remove all protruding nails or staples. Sweep sheathing clean of all foreign materials and haul away all roofing debris from property at once. Replace all rotten, damaged, and missing sheathing and rafters as per General Roof Specifications and paint to match existing. **Install four (4) ply roofing system**, see below. Upon completion of all work items, Contractor will provide the Homeowner with the manufacturer's warranty and Contractor's ten-year warranty against leaks. This item requires a permit.

- a) **NOTE: OVER THE LIVING AREA, INSTALL MINIMUM 3" ISOCYANURATE R-19 INSULATION BOARD IS REQUIRED AT FLAT PORTION OF ROOF (MECHANICALLY FASTEN). INSTALL AN INSULATION STOP, CAIT STRIP AND REQUIRED FASCIA ON THE ROOF PERIMETER.**
- b) **Inspection of the complete original roofing permit application (including Section C) is required for the final inspection.**
- c) **Furnish and install the following roofing system:**
  - new underlayment mechanically fastened to the deck. Underlayments shall be exposed in accordance with the manufacturer's recommendations, **in no case shall the 30 lbs felt underlayment exposure to sunlight exceed 30 days. If exposure exceed 30 days Contractor must replace the felt underlayment.**
  - **INSTALL ISOCYANURATE INSULATION BOARD TO PROVIDE MINIMUM R-19 ON THE FLAT PORTION OF ROOF. FOLLOW THE MANUFACTURER OF THE ROOFING MEMBRANE**



## **PRODUCT APPROVAL FOR MOPPING TO AND ATTACHING THE ISOCYANURATE INSULATION BOARD.**

- there can be no pooling or ponding water. If required, use tapered insulation and/or build up low areas, to prevent any pooling or ponding water.
- two layers of fiberglass **ply-6** sheet, solid mopped with hot asphalt and
- one layer of Modified Bitumen solid mopped with hot asphalt. **The roofing system cap sheet shall be - ENERGY STAR label. Granular sprinkled on roof shall be the same color as the cap sheet granules.**
- where required, install new minimum **3 inches factory painted white galvanized** steel drip edge, galvanized steel valley, return/wall flashing, lead stacks on all plumbing projections, pitch pan at electrical service mast, and new roof jacks. Note drip edge over 4 inches face must be install with a cleat, per FBC.

d) **Replace all fascia boards.**

Replace all missing, damaged or deteriorated soffit (including soffit vents). Furnish and install new 1"x2" pressure treated furring. Fascia, soffit (including soffit covering and soffit vent replacement shall be with matching size and material (including stucco soffit). Miter outside corner and secure all fascia and soffit with non-corrosive nails. Minimum length of any fascia or soffit segment shall be 5 feet. As required, the contractor must remove and reattach all attachments to fascia and soffit removed, after fascia and soffit replacement. Paint replaced fascia and soffit, per the General Paint Specifications, to match existing, providing a uniform opaque coverage.

e) **Contractor must verify all trusses/rafters roof-to-wall hurricane tie down prior to complete roof removal. See the "provisional" work items above to install missing straps that wrap over the top of the trusses/rafters prior to completing the new roof system.**

f) If the truss/rafter roof-to-wall hurricane tie-downs exist, take pictures for the hurricane mitigation report.

g) The contractor to provide any Engineer Certification required for structural changes.

Cost Support Information - Source: Construction Books, Field Experience, Industry

Description	Quantity	Unit	Materials	Labor	Other/Sub	Total
Tear-off 3, 4 or 5 ply roof, deposit debris directly into dumpster	650	sf		.58		377.00
Install #30 felt base sheet, 2-ply fiberglass, modified bitumen cap sheet	1	ea		407.82		407.82
-load onto roof, felt paper, drip edge	650	sf	.60	1.49		1,358.50
Isocyanurate insulation board	650	sf	2.09	.39		1,612.00
Fascia, #2 pine 1x6	53	lf	.92	1.14		109.18
Soffit, 3/8" AC exterior plywood, 24"	10	lf	1.98	2.75		47.30
Soffit vents	3	ea	2			6.00
	2	mh		33.69		67.38

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Paint fascia	53	lf	.11	.84		50.35
Paint soffit	10	lf	.17	1.20		13.7
Dumpster	.5	ea			600	300.00
Profit/Overhead						2,174.62
Total						\$6,523.85

**SUBTOTAL - ROOF REPLACEMENT: \$** \_\_\_\_\_

### EXTERIOR DOORS

**03) UTILITY ROOM – INSTALL FIBERGLASS EXTERIOR DOOR** \$ \_\_\_\_\_

NUMBER OF DOOR OPENING **1**

Reason for replacement: existing door is deteriorated. The existing door is out of compliance with the FBC & Miami-Dade codes for a wind-borne debris protected door opening.

Remove existing door, jamb, casing, threshold, and haul these materials/debris away. Replace deteriorated wood buck, set buck in premium silicone sealant. Repair all damaged and adjacent surfaces inside and out, caused by door removal and modifications, restoring to original condition. Install the door and its components in strict compliance with the Florida Building Code, Florida Product Approval (or Miami/Dade NOTICE OF ACCEPTANCE). This item requires a permit.

- Furnish and install new out-swing impact resistant six panels fiberglass exterior door complete with composite jamb, casing, brick molding. Door must be 1-3/4-inch solid core door.
- The new door shall fit within the existing masonry opening, per the product approval.
- Install spring/chains and doorstop (per Homeowner choice).
- Install aluminum weather-stripping saddle, weather-stripping on the frame and weather-strip wedges at the upper and lower corners of the jamb to ensure weather tight seal.
- Install stainless steel security proof hinges. The doorknob should be an entry-type, which can be locked by turn button inside or a key outside. Deadbolt will have turn piece inside and keyed to knob outside. Key the doorknob and deadbolt alike. Install ANSI Grade 1 hardware
- Countersink all exposed fasteners into frame, to conceal; fill-in holes and provide a smooth finish. Alternatively, completely conceal behind the weather-stripping, per Product Approval or with caps.
- Do not remove the door impact resistant rated label or painted over. The impact rated label must be legible and completely intact.
- Apply one coat of primer/sealer and two coats of 100% acrylic latex paint on jamb and casing to provide an opaque coverage. Paint door as recommended by manufacturer. **DO NOT PAINT WEATHER-STRIPPING.** Homeowner will select color.

- i) Warranty - Contractor to register the windows with the manufacturer and provide the following to the Homeowner:

- 1 - copy of the warranty
- 2 – name of dealer
- 3 – proof of sales order number
- 4 – proof of shipping date

Cost Support Information - Source: Construction Books, Field Experience, Industry

Description	Quantity	Unit	Materials	Labor	Other/Sub	Total
Six panel fiberglass clad door	1	ea	420.00			420.00
Remove and Install door – carpenter	6	mh	0	33.69		202.14
Painting door - painter	4	mh	5.00	33.5		155.80
Doorknob and stop	1	set	20.00			20.00
Peephole	1	ea	11.00			11.00
Crash chain	1	ea	11.00			11.00
Profit/Overhead						409.97
Total						\$1,229.91

**04) FAMILY ROOM - INSTALL IMPACT SLIDING GLASS DOOR (SGD)** \$ \_\_\_\_\_

NUMBER OF DOOR OPENING **1**

Reason for replacement: existing sliding glass door is flimsy, drafty and out of compliance with the FBC & Miami-Dade codes for wind-borne debris protected door opening.

Remove existing sliding glass door and frame. Within the same opening, install new **impact** sliding glass door and frame with exterior screen door panel; Homeowner shall select and confirm in writing the design, color of frame and degree of tinted glass from the standard stock. Install the new **impact** sliding glass door with components in strict compliance with the Florida Building Code (including FBC Energy Conservation), Florida Product Approval (or Miami/Dade NOTICE OF ACCEPTANCE). Repair adjacent surfaces around door by stucco, painting, caulking, and/or tile to match existing. Haul away all debris from property at once. This item requires a permit.

- a) Install a sill pan flashing. Pan flashing shall be sealed or sloped in such a manner as to direct water to the surface of the exterior wall finish or the water-resistive barrier for subsequent drainage.

1. TAKE PICTURES OF THE SILL PAN FLASHING.

- b) **Install sliding glass door with low-solar-gain (low-E) glass, NFRC Label: Solar Heat Gain Coefficient (SHGC)  $\leq 0.27$ .**

1. Explain to the Homeowner the color of the glass tint. Homeowner written approval is required.

- c) Both panels are to be operable, configured as XX.
- d) Install new hardware with pull handle on each operable panel.
- e) All exposed anchoring screws shall be the same color as the frame.

- f) Explain to the Homeowner the height of the bottom sill prior to order the SGD. The Homeowner should acknowledge the sill height and approved the SGD in writing.
- g) Remove the manufacturers' stickers and any residue on the glass after all final inspections.
- h) Contractor and Homeowner must receive written approval from the Homeowner Association, Condo Association and/or Property Manager for door work item.
- i) Warranty - Contractor to register the sliding glass door with the manufacturer and provide the following to the Homeowner:
- 1 - copy of the warranty
  - 2 - name of dealer
  - 3 - proof of sales order number
  - 4 - proof of shipping date

Cost Support Information - Source: Construction Books, Field Experience, Industry						
Description	Factor	Unit	Materials	Labor	Over/Sub	Total
Remove aluminum sliding glass door, frame and trim	1	ea		65.20		65.20
Install sliding impact glass door, factor based upon 60x80 door size	1	ea	1,300	350.00		2,030.00
Labor for repairing adjacent surfaces around door match and paint to cut-line	3	sq ft		33.95		101.85
Material for repairing adjacent surfaces	1	sq ft	65			65.00
Profit/Overhead						1,131.03
Total						\$3,393.08

**SUBTOTAL - EXTERIOR DOORS:** \$ \_\_\_\_\_

#### SHUTTERS

**05) INSTALL STORM SHUTTERS ON ALL WINDOWS** \$ \_\_\_\_\_

APPROXIMATE NUMBER OF WINDOW OPENINGS 11

Reason for installation: existing windows have no hurricane protection. The home appears is out of compliance with the FBC & Miami-Dade codes for the door.

Install new aluminum accordion storm shutters on all windows. Permanently attach the shutters.

Install shutters with a keyed locking mechanism.

Install the shutters and its components in strict compliance with the Florida Building Code, Florida Product Approval (or Miami/Dade NOTICE OF ACCEPTANCE).

Homeowner will select the color of the new shutters, from the standard color. Remove all previously installed shutters, awnings and attachment hardware including makeshift shutters. Relocate required electrical items and gutters/downspouts. Repair adjacent surfaces to match existing.

This item requires a permit.

- a) The approximate number of openings above is not for bidding purpose, the Contractors will verify measurements/dimensions and total number of openings for new windows and doors.
- b) All exposed anchoring screws shall be the same color as the frame or concealed.

Cost Support Information - Source: Construction Books, Field Experience, Industry						
Description	Quantity	Unit	Materials	Labor	Other/Sub	Total
Install accordion shutters	214	sf			14.00	2,996.00
Profit/Overhead						1,498.00
Total						\$4,494.00

**SUBTOTAL - SHUTTERS:** \$ \_\_\_\_\_

**AIR CONDITIONER, AIR DUCTS**

**SUBTOTAL - MISCELLANEOUS ITEMS:** \_\_\_\_\_

**GRAND TOTAL BASE BID:** \$ \_\_\_\_\_

**AGREEMENT**

I/We agree that each item in this specification has been discussed in my/our presence and I/we understand the contents. It is agreed that if unforeseen conditions or additional building code violations are revealed during construction, a non-code related item will be deleted to accommodate the cost of correction. Homeowner further understands that all work items may not be completed based upon budgetary limitations. By our attested signature(s), I/we agree to abide by these conditions.

**HOMEOWNER ACKNOWLEDGEMENT AND ACCEPTANCE OF SCOPE OF WORK**

HOMEOWNER #1 SIGNATURE:

HOMEOWNER #1 PRINTED NAME:

DATE:

HOMEOWNER #2 SIGNATURE:

HOMEOWNER #2 PRINTED NAME:

DATE:

HOME INSPECTOR SIGNATURE:

HOME INSPECTOR PRINTED NAME:

DATE:

HOME INSPECTOR'S NOTES:

**CONTRACTOR'S SIGNATURE FOR SUBMISSION OF BID**

CONTRACTOR SIGNATURE:

CONTRACTOR PRINTED NAME:

DATE:

COMPANY NAME:

TELEPHONE:

**FINAL ACCEPTANCE OF SCOPE OF WORK (CONTRACTOR AND HOMEOWNER)**

HOMEOWNER #1 SIGNATURE:

HOMEOWNER #1 PRINTED NAME:

DATE:

HOMEOWNER #2 SIGNATURE:

HOMEOWNER #2 PRINTED NAME:

DATE:

CONTRACTOR NAME:

CONTRACTOR SIGNATURE:

DATE:



# NOTES FROM THE HOME INSPECTOR

## THE INFORMATION BELOW IS NOT INCLUDED IN THE BID SET OF SPECIFICATIONS

### NOTES TO PROGRAM ADMINISTRATOR

1. We are submitting the attached priced specifications and comments along with pictures, for your review and approval. We await your reply and upon receiving your approval we will advertise the pre-bid.
2. Homeowner want wants to replace the shower stall in the master bathroom to a tub and shower (for medical reasons). The above specifications replace the shower stall. Please advise if we should delete this work item.
3. The flat roof looks in good-to-fair condition. We could not find any permit history to determine when the flat roof was installed. The above specifications do not include replacing the flat roof. The fascia board around the flat roof is rotten and need replacing. Replacing the fascia board may disturb the flat roof membrane. The above specifications do not replace the rotten fascia boards around the flat roof.

EXAMPLE

# William La'Marr Ruffin

400 SW 62 Avenue, Plantation, FL 33317  
(954) 709-0471 Fax: (954) 533-8952

State Certified General Contractor – CGC 061653  
State Certified Roofing Contractor - CCC1325961

## Pre-Bid Meeting Sign-In Sheet

**Project:** City of North Miami  
Home Repair/Improvement Program

**Meeting Date:** -PreBid Date-

**Facilitator:** William La'Marr Ruffin, 954-709-0471

**Place:** John and Jane Doe  
1234 NW 9999<sup>th</sup> Court  
North Miami, FL 33181

Name	Title	Company	Phone	Fax	E-Mail
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

# William La'Marr Ruffin

400 SW 62 Avenue, Plantation, FL 33317  
(954) 709-0471 Fax: (954) 533-8952

State Certified General Contractor – CGC 061653  
State Certified Roofing Contractor - CCC1325961

December 10, 2021

Via Hand Delivered

North Miami Family Empowerment, Inc. (DBFE)  
533 South Dixie Highway, Suite 202, North Miami, FL 33441

Subject: **John and Jane Doe, 1234 NW 9999<sup>th</sup> Court, North Miami, FL 33441**

Here is the information that you requested.

- 1) The Specifications Write-up and the Home Inspection Form.
- 2) Pictures of the work items before repairs/improvements.
- 3) Pre-Bid Meeting Sign-In Sheet
- 4) Contractors' Announcement of Mandatory Pre-Bid Conference
- 5) Fax confirmations inviting contractors to Pre-Bid Conference

	CITY OF North Miami CONTRACTOR'S POOL	ATTENDED PRE-MEETING
1	FUNDAMENTAL ENGINEERING	
2	JAMES JOYCE CONSTRUCTION	
3	R & B REMODELING	
4	WHYTE WAY CONSTRUCTION	
5	M AND A BUILDERS, LLC	
6	STACY BOMAR CONSTRUCTION	
7	HOGGING CONSTRUCTION	
8	ASSURED CONTRACTING	

- 6) Invoice

Should you have any questions, please call me.

Sincerely,  
Wm La'Marr Ruffin

# ADDENDUM NO. 1

CITY OF North Miami  
N.S.P./S.H.I.P/C.D.B.G./HOME  
HOME REPAIR/IMPROVEMENT PROGRAM  
Request Quotation No.: NM79920

December 18, 2006

TO: **ALL PROSPECTIVE BIDDERS**

FROM: William La'Marr Ruffin, 954-709-0471 and 954-533-8952 Fax

PROJECT SITE: John and Jane Doe  
1234 NW 9999<sup>th</sup> Court  
North Miami, FL 33181

## **PLEASE NOTE THE FOLLOWING CHANGES:**

- 1) Closing Date for Request Quotation No. NM79920 on **-Bid Date-** is unchanged.
- 2) Replace pages 4 and 6 with revised pages 4 and 6 dated December 18, 2006. The changes were:

On page 3, replace line Item 03.  
On page 5, replace line Item 08 and 12.  
On page 6, replace line Item 13.  
On page 7, replace line Item 17.  
On page 8, add line Item 20.

This **addendum** should be acknowledged on the Request Quotation Form and/or returned with your Request Form due, **-Bid Date-** at **2:00 PM**.

All other terms, conditions and specifications remain unchanged.

NAME OF COMPANY: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

# FINAL INSPECTION REPORT

CITY OF NORTH MIAMI  
N.S.P./S.H.I.P./C.D.B.G./HOME  
HOME REPAIR/ IMPROVEMENT PROGRAM  
JULY 26, 2021

PROPERTY OWNER: **John and Jane Doe**  
**1234 NW 9999<sup>th</sup> Court, North Miami, FL 33181**

HOME TELEPHONE: 954-555-5555  
LEGAL DESCRIPTION: F R HUMPHRIES VILLA 81-9 B LOT 59  
JOB NUMBER: NM79920

CONTRACTOR: JAMES JOYCE CONSTRUCTION



Inspection for the above property was on July 22, 2021 and the following are the findings. Please verify all omissions and change orders per the contractor's contract with the Homeowner.

CLEAN UP

**APPROVED 07/22/21**

PERMITS AND MISCELLANEOUS FEES

**APPROVED 07/22/21**

**Uniform Mitigation Verification Inspection Form**

**APPROVED 07/22/21**

• Upon completion of the work specifications, the Contractor must completely fill-out the Uniform

**01) \*PROVISIONAL\* INSTALL STRAPS ROOF-TO-WALL HURRICANE TIE DOWN CREDIT**

• Hurricane straps are existing.

**02) SLOPED ROOF - DIMENSIONAL SHINGLES  
WITH SECONDARY WATER BARRIER**

**APPROVED 07/26/21**

**02a) FLAT ROOF MODIFIED BITUMEN**

**APPROVED 07/22/21**

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**03)** UTILITY ROOM – INSTALL FIBERGLASS EXTERIOR DOOR

**APPROVED 07/22/21**

**04)** FAMILY ROOM - INSTALL IMPACT SLIDING GLASS DOOR (SGD)

**APPROVED 07/22/21**

**05)** INSTALL STORM SHUTTERS ON ALL WINDOWS

**APPROVED 07/22/21**

**CHANGE ORDER 1**

**APPROVED 7/23/21**

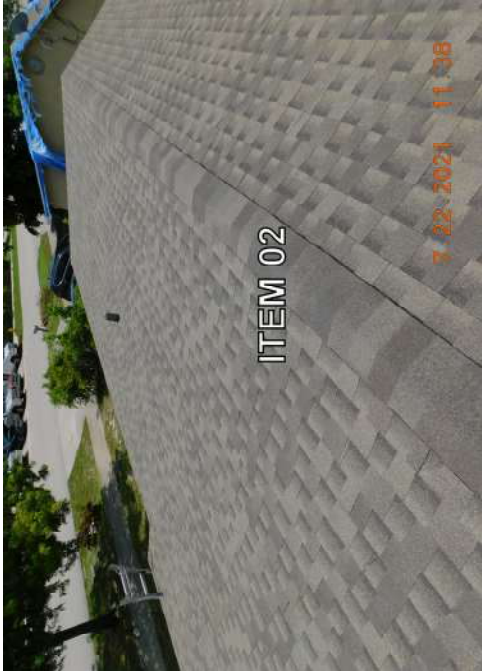
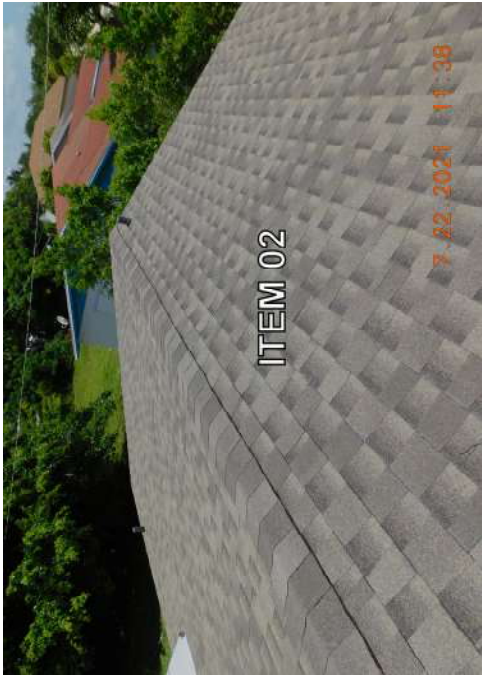
- Add- water heater per specifications.
- Delete- hurricane tie down.

This is the First Final Inspection Report.  
Housing Inspector: La'Marr Ruffin July 27, 2021

  
Wm. LaMarr Ruffin

EXAMPLE











## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

## **INSURANCE**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/02/21

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Freeway Insurance Florida #29 7377 Spring Hill Drive Spring Hill, FL 34606 Phone (352) 688-0109 Fax (352) 688-6050	<b>CONTACT NAME:</b> KAYE T. HERMANN <b>PHONE (A/C, No, Ext):</b> (352) 688-0109 <b>FAX (A/C, No):</b> (352) 688-6050 <b>E-MAIL ADDRESS:</b> khermann@freewayinsurancefl.com
<b>INSURED</b> WILLIAM L. RUFFIN TSC ASSOCIATES, INC. P.O. BOX 120487 FORT LAUDERDALE, FL 33312	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> WESTERN WORLD INSURANCE CO. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> WESTERN WORLD INSURANCE CO. <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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	Y	NPP8817257	09/06/2021	09/06/2022	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<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 <input type="checkbox"/>	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E	<b>PROFESSIONAL LIABILITY</b>	N		NPP8817257	09/06/2021	09/06/2022	1,000,000/1,000,000

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

APPRAISALS & INSPECTIONS:  
WILLIAM LA'MAR RUFFIN  
LICENSE #GCG061653

CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED WITH REGARDS TO GENRAL LIABILITY.


## CERTIFICATE HOLDER

## CANCELLATION

CITY OF N. MIAMI  
776 NE 125th ST.  
N. MIAMI, FL. 33161

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

CERTIFICATE OF LIABILITY INSURANCE						Date 3/1/2021	
Producer: Plymouth Insurance Agency 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562				This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below.			
Insured: South East Personnel Leasing, Inc. & Subsidiaries 2739 U.S. Highway 19 N. Holiday, FL 34691				Insurers Affording Coverage		NAIC #	
				Insurer A: Lion Insurance Company		11075	
				Insurer B:			
				Insurer C:			
				Insurer D:			
				Insurer E:			
Coverages							
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. Aggregate limits shown may have been reduced by paid claims.							
INSR LTR	ADDL INSRD	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Limits	
		GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur  General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC				Each Occurrence	\$
						Damage to rented premises (EA occurrence)	\$
						Med Exp	\$
						Personal Adv Injury	\$
						General Aggregate	\$
						Products - Comp/Op Agg	\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos				Combined Single Limit (EA Accident)	\$
						Bodily Injury (Per Person)	\$
						Bodily Injury (Per Accident)	\$
						Property Damage (Per Accident)	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible				Each Occurrence	
						Aggregate	
A		Workers Compensation and Employers' Liability  Any proprietor/partner/executive officer/member excluded? NO  If Yes, describe under special provisions below.	WC 71949	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> WC Statutory Limits	OTH-ER
						E.L. Each Accident	\$1,000,000
						E.L. Disease - Ea Employee	\$1,000,000
						E.L. Disease - Policy Limits	\$1,000,000
Other			Lion Insurance Company is A.M. Best Company rated A (Excellent). AMB # 12616				
Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 84-65-201							
Coverage only applies to active employee(s) of South East Personnel Leasing, Inc. & Subsidiaries that are leased to the following "Client Company": TSC Associates, Inc.							
Coverage only applies to injuries incurred by South East Personnel Leasing, Inc. & Subsidiaries active employee(s), while working in: FL.							
Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.							
A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or email certificates@lioninsurancecompany.com							
Project Name: ISSUE 02-04-21 (PH). REISSUE 03-01-21 (PH)							
CERTIFICATE HOLDER				CANCELLATION			
CITY OF NORTH MIAMI  776 NE 125TH STREET NORTH MIAMI, FL 33161				Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.  			





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2021

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> Most Insurance Agency 14022 5th Street  Dade City FL 33525		<b>CONTACT NAME:</b> Scott Black <b>PHONE (A/C, No, Ext):</b> (352) 567-2260 <b>E-MAIL ADDRESS:</b> scottl@mostins.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> TSC Associates INC 1171 Nw 27Th Ave  FORT LAUDERDALE FL 33311-5712		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Auto-Owners <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 18988	

**COVERAGES****CERTIFICATE NUMBER:** CL21112947601**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Employee Discount \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		5208229400	12/05/2021	12/05/2022	EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				

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

**CERTIFICATE HOLDER**

CITY OF NORTH MIAMI 776 NORTHEAST 125 STREET  NORTH MIAMI FL 33161-5654	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>
--	---

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## **TSC ASSOCIATES INC.**

P.O. Box 120487 Fort Lauderdale FL 33312  
954-316-8952  
954-533-8952 Fax  
Email:tscinspectservices@gmail.com

HI-687 Home Inspector  
MRSR187 Mold Remediator  
MRSA176 Mold Assessor  
CGC061653 State Certified General Builder  
CCC1325961 State Certified Roofing Contractor

## **REQUIRED FORMS**



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

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to City of North Miami Florida USA  
by William L. Ruffin [print name of public entity]  
for TSC ASSOCIATES INC. [print individual's name and title]  
[print name of entity submitting sworn statement]  
whose business address is 1127 NW 27th Ave Fort Lauderdale FL 33311  
and (if applicable) its Federal Employer Identification Number (FEIN) is 20-0040973 (If the  
entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:  
n/a.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any 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 bid 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.
3. 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, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. 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.
5. 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 bids or applies to bid 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.



6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[indicate which statement applies.]**



Neither the entity submitting this sworn statement, nor any 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 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 a 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 IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE 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.**

  
[signature]

Sworn to and subscribed before me this 22 day of November, 2021.

Personally known ☒

OR Produced identification \_\_\_\_\_ Notary Public - State of Florida

(Type of Identification) \_\_\_\_\_ My commission expires 7/31/23

  
(Printed typed or stamped Commissioned name of Notary Public)







**FORM "A-2"**

**NON-COLLUSIVE BIDDER CERTIFICATE**

**STATE OF FLORIDA**

**COUNTY OF MIAMI-DADE**

Before me, the undersigned authority, on this day personally appeared  
William L. Ruffin (Authorized Officer), who being by me  
duly sworn, deposes and says:

1. That he/she is the President of the corporation/partnership known and styles as TSC ASSOCIATES INC., duly formed under the laws of the State of Florida, on November 22, 2021, is duly authorized to represent such corporation/partnership in the making of this Affidavit and certification.

2. That TSC ASSOCIATES INC. (corporation/partnership) has not, within 6 months next preceding the date of this affidavit, entered into any combination, contract, obligation, or agreement to create nor that may tend to create or to carry out any restriction on secret, competitive bidding on the procurement of RFP11-21-22 Housing Inspection, to fix, maintain, increase, or reduce the price set out in the Proposal (bid) on the Project; to fix or maintain any standard or figure whereby the price bid in the Proposal is or has been in any manner affected, controlled, or established; or in any other manner to prevent or lessen competition in the bidding for the Project.


3. That TSC ASSOCIATES INC. (corporation/partnership) has not, during such time, entered into, executed, or carried out any contract, obligation, or agreement with any person, corporation, or association of persons not to bid on this Project below a common standard or figure, to keep the price thereof at fixed or graded figures, to preclude a fair and unrestricted competition in the bidding of this Project, to regulate, fix or limit the bidding on the Project, or to abstain from engaging in the bidding on the Project, or any portion thereof.

4. That TSC ASSOCIATES INC. (corporation/partnership) has not within 6 months next preceding the date of this Affidavit, either directly or through the instrumentality of trustees or otherwise, acquired assets shares, bonds, franchise, or other rights in or physical properties of any other corporation or partnership for the purpose of preventing or lessening, or in a manner that tends to affect or lessen, competition in the bidding on this Project.

5. That TSC ASSOCIATES INC. (corporation/partnership) has not within such time entered into any agreement or understanding to refuse to buy from or sell to any other person, corporation, firm, or association of person who bids on the Project.

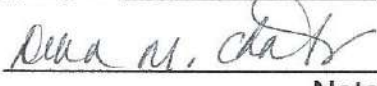


6. That no officer of TSC ASSOCIATES INC. has, within Affiant's knowledge, during such 6 months made on behalf of its or for its benefit any such contract or agreement as is specified in this Affidavit.
7. That these representations and warranties will be true at the time of the bid opening.

  
By: William L. Ruffin

Its: President  
Authority Warranted

SWORN TO and subscribed before me this 22 day of November, 2021.

  
Notary Public  
My Commission Expires:







**FORM "A-4"**

**QUESTIONNAIRE INSTRUCTIONS**

**PROJECT:**

**OWNER:** CITY OF NORTH MIAMI

**BIDDER:**

---

**INSTRUCTIONS**

- A. All questions are to be answered in full, without exception. If copies of other documents will answer the question completely, they may be attached and clearly labeled. If additional space is needed, additional pages may be attached and clearly labeled.
- B. The City of North Miami shall be entitled to contact each and every person/company listed in response to this questionnaire. The Bidder, by completing this questionnaire, expressly agrees that any information concerning the Bidder in possession of said entities may be made available to the City.
- C. Only complete and accurate information shall be provided by the Bidder. The Bidder hereby warrants that, to the best of its knowledge and belief, the responses contained herein are true, accurate, and complete. The Bidder also acknowledges that the City is relying on the truth and accuracy of the responses contained herein. If it is later discovered that any material information given in response to a questions was provided by the Bidder, knowing it was false, it shall constitute grounds for immediate disqualification, termination, or rescission by the City of any subsequent agreement between the City and the Bidder.
- D. If there are any questions concerning the completion of this form, the Bidder is encouraged to contact the Purchasing Department via email at [purchasing@northmiamifl.gov](mailto:purchasing@northmiamifl.gov) or via phone: (305) 895-9886.



## QUESTIONNAIRE

Bidder's Name: TSC ASSOCIATES INC.

Principal Office Address: 1127 NW 27th Ave

Fort Lauderdale FL 33311

Official Representative: William L. Ruffin

Individual

Partnership (Circle One)

Corporation

If a Corporation, answer this:

**When Incorporated:**

September 23, 2002

In what State: Florida

If Foreign Corporation:

**Date of Registration with**

Florida Secretary of State: September 23, 2002

Name of Resident Agent: William L. Ruffin

Address of Resident Agent: 1127 NW 27th Ave Fort Lauderdale FL 33311

---

President's Name: William L. Ruffin

Vice President's Name: William L. Ruffin

Treasurer's Name: William L. Ruffin

Members of Board of Directors:

If a Partnership:

Date of Organization: n/a

General or Limited Partnership\*: n/a



Name and Address of Each Partner:

Name

Address

1. n/a
2. \_\_\_\_\_
3. \_\_\_\_\_

\*Designate general partners in Limited Partnership

1. Number of years of relevant experience in operating similar business: 19
2. Have any similar agreements held by Bidder for a similar project to the proposed project ever been canceled?

Yes ( )

No ☒

If yes, give details on a separate sheet.

3. Has the Bidder or any principals of the applicant organization failed to qualify as a responsible Bidder, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years? No

If yes, please explain:

4. Has the Bidder or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? No

If yes, give date, court jurisdiction, action taken, and any other explanation deemed necessary.

5. Person or persons interested in the proposal and Questionnaire Form \_\_\_\_\_ ~~(have)~~ have not \_\_\_\_\_ (have not) been convicted by a Federal, State, County or Municipal Court of any violation of law, other than traffic violations. To include stockholders over ten percent (10%). (Strike out inappropriate words).

Explain any convictions on a separate sheet.

6. Lawsuits (any) pending or completed involving the corporation, partnership or individuals with more than ten percent (10%) interest:

A. List all pending lawsuits:

None



B. List all judgments from lawsuits in the last five years:

None

C. List any criminal violations and/or convictions of the Bidder and/or any of its principals:

None

7. Conflicts of Interest. The following relationships are the only potential, actual or perceived conflicts of interest in connection with this proposal: (If none, so state).

The Bidder understands that information contained in this Questionnaire will be relied upon by the City of North Miami in awarding the proposed Agreement and such information is warranted by the Bidder to be true. The undersigned Bidder agrees to furnish such additional information, prior to acceptance of any proposal relating to the qualifications of the Bidder, as may be required by the City Manager.

*The Bidder further understands that the information contained in this questionnaire may be confirmed through a background investigation conducted by the City of North Miami Police Department. By submitting this questionnaire, the Bidder agrees to cooperate with this investigation, including but not necessarily limited to fingerprinting and providing information for credit check.*

None



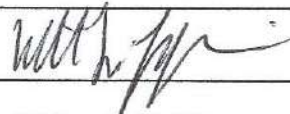


I certify that the information and responses provided on this Questionnaire are true, accurate and complete. The Owner of the Project or its representatives may contact any entity or reference listed in this Questionnaire. Each entity or reference may make any information concerning the Contractor available to the Owner.

Dated November 22, 2021

CONSULTANT:

TSC ASSOCIATES INC.



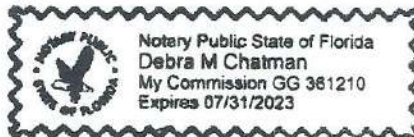
By William L. Ruffin  
Its President

Sworn to and subscribed before me this 22 day of November, 2021



Notary Public

My Commission Expires:







FORM A-5

ADDENDUM TO BID DOCUMENTS

BID NUMBER: \_\_\_\_\_

BID OPENING DATE: \_\_\_\_\_

To All Bidders:

It is the Bidder's responsibility to assure receipt of all addenda. The Bidder should verify with the designated Contracting Officer prior to submitting a proposal that all addenda have been received. Bidder's are required to acknowledge the number of addenda received as part of their proposals.

This form must be returned with your bid as acknowledgement of receipt of all addenda issued for this RFP, RFQ or IFB and must be signed in the space provided below. Bidder's failure to return this form will be deemed non-responsive and will not be considered for contract award.

---

Please initial to acknowledge receipt of addenda pertaining to this contract:

Addendum No. 1 \_\_\_\_\_

Addendum No. 2 \_\_\_\_\_

Addendum No. 3 \_\_\_\_\_

Addendum No. 4 \_\_\_\_\_

Addendum No. 5 \_\_\_\_\_

Addendum No. 6 \_\_\_\_\_

Addendum No. 7 \_\_\_\_\_

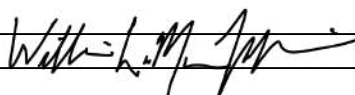
Addendum No. 8 \_\_\_\_\_

Addendum No. 9 \_\_\_\_\_

Addendum No. 10 \_\_\_\_\_

Acknowledged by:

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

Signature: \_\_\_\_\_ 

Date: \_\_\_\_\_



## Form A-6 – Bidder/Respondent's Disclosure of Subcontractors/Sub-consultants

**Solicitation Number:** 11-21-22 \_\_\_\_\_

**Prime Bidder/Respondent Name:** TSC ASSOCIATES INC. \_\_\_\_\_

**Team Composition Plan:** Please list all proposed subcontractors /sub-consultants for this contract. The selected Respondent shall not change or substitute subcontractors /sub-consultants from those listed below without prior written approval from the City. Attach additional forms as necessary. Copies of subcontractor/sub-consultant contracts must be made available upon request.

Business Association	Business Name	Business Address	Business Phone #	Type of Work to be Performed	Percentage of Contract	Diversity Classification(s) (see key below)
Subcontractor/ Sub-consultant	none				_____ %	
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	
Subcontractor/ Sub-consultant					_____ %	

**Diversity Classification Key:**

A = Asian Owned

B = African American Owned

F = Woman Owned

H = Hispanic Owned

N = Native American Owned

L = Local North Miami Business