

REVISED SCHEDULE OF VALUES: Bid #17/18-30, OMEGA PARK IMPROVEMENTS

ITEM NUMBER	ITEM DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	Cost
1	Mobilization	1	LS	\$ 64,870.00	\$ 64,870.00
2	Site Preparation	1	LS	\$ 33,000.00	\$ 33,000.00
3	Erosion Control	1	LS	\$ 7,150.00	\$ 7,150.00
4	Demoblish Restroom/Concession Building	1	LS	\$ 7,150.00	\$ 7,150.00
5	Remove Concrete Sidewalk/Pavemant	130	SY	\$ 14.85	\$ 1,930.50
6	Remove Drainage Inlet/Manhole	5	EA	\$ 935.00	\$ 4,675.00
7	Remove Drainage Pipe	925	LF	\$ 16.50	\$ 15,262.50
8	New Restroom/Concession Building	1	LS	\$ 289,335.00	\$ 289,335.00
9	Construct Sidewalk (5")	184	SY	\$ 36.60	\$ 6,734.40
10	Reconstruct Crushcrete Stabilized Parking Area	770	SY	\$ 27.88	\$ 21,467.60
11	Area & Swale Re-grading	2212	SY	\$ 11.85	\$ 26,212.20
12	Ditch Re-grading	1190	SY	\$ 11.61	\$ 13,815.90
13	12" PVC (DR18)	132	LF	\$ 25.20	\$ 3,326.40
14	15" RCP	791	LF	\$ 43.00	\$ 34,013.00
15	18" RCP	348	LF	\$ 53.39	\$ 18,579.72
16	24" RCP	12	LF	\$ 101.46	\$ 1,217.52
17	Inlet Type "C"	5	EA	\$ 3,250.00	\$ 16,250.00
18	Inlet Type "E"	3	EA	\$ 4,467.00	\$ 13,401.00
19	MES (12")	6	EA	\$ 330.00	\$ 1,980.00
20	U-type Endwall (12")	2	EA	\$ 2,714.00	\$ 5,428.00
21	U-type Endwall (15")	3	EA	\$ 2,810.00	\$ 8,430.00
22	U-type Endwall (24")	1	EA	\$ 3,900.00	\$ 3,900.00
23	Plug Existing Drainage Structure	1	EA	\$ 110.00	\$ 110.00
24	Bahia Sod	3587	SY	\$ 6.52	\$ 23,387.24
25	Tifway Sod/Sprig	1106	SY	\$ 7.70	\$ 8,516.20
26	Reconnect Building Water Service (2" PVC)	1	LS	\$ 300.00	\$ 300.00
27	Bldg. San. Sewer Service (4" PVC w/ cleanouts)	1	LS	\$ 300.00	\$ 300.00
Total Base Bid Items =					\$ 630,742.18

Total Base Bid written in words Six Hundred Thirty Thousand Seven Hundred Forty-Two dollars Eighteen cent

Bids require a (5%) bid bond based on total above and may not be withdrawn after the scheduled opening time for a period of thirty (30) days

COMPANY NAME: ONAS Corporation

Bid No. 17/18-30, OMEGA PARK IMPROVEMENTS

CORPORATE DETAILS

Failure to complete all fields may result in your bid being rejected as non-responsive.

COMPANY NAME: Onas Corporation

ADDRESS: 2050 University Blvd. N

Jacksonville, FL 32211

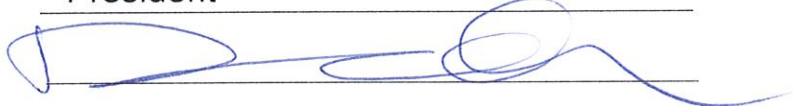
TELEPHONE: 904-745-0508

FAX #: 904 745-1318

E-MAIL: Bandele@onascorporation.com

Name of Person submitting Bid: Bandele Onasanya

Title: President

Signature: 

Date: June 25, 2018

Area Representative Contact Information: Irvin Goodrich

904-509-4356

ADDENDA ACKNOWLEDGMENT:

Bidder acknowledges receipt of the following addendum:

Addendum No. 1 Date: 6-20-2018 Acknowledged by: 

Addendum No. Date: Acknowledged by:

Addendum No. Date: Acknowledged by:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Form

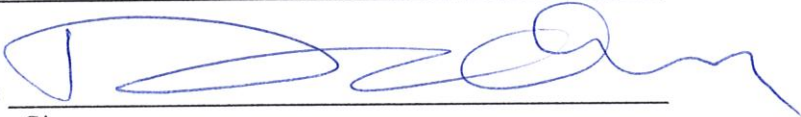
Bid No. 17/18-30, OMEGA PARK IMPROVEMENTS

- (1) The prospective Vendor, Onas Corporation, certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.
- (2) Where the Vendor is unable to certify to the above statement, the prospective Vendor shall attach an explanation to this form.

Vendor:

ONAS Corporation

By:


Signature

Bandele Onasanya, President

Name and Title

2050 University Blvd. N

Street Address

Jacksonville, FL 32211

City, State, Zip

June 25, 2018

Date

Scrutinized Companies Certification
[Clay County Bid No. 17/18-30, OMEGA PARK IMPROVEMENTS]

Name of Company:¹ ONAS Corporation

In compliance with subsection (5) of Section 287.135(5), Florida Statutes (the Statute), the undersigned hereby certifies that the company named above is not participating in a boycott of Israel as defined in subsection (1) of the Statute; is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List as referred to in subsection (2) of the Statute; and does not have business operations in Cuba or Syria as defined in subsection (1) of the Statute.

Insert Name of Company:

ONAS Corporation

(Seal)

By: Bande Onasanya

Its President

¹ "Company" means a sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company, or other entity or business association, including all wholly owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of such entities or business associations that exists for the purpose of making profit.

Request for Taxpayer Identification Number and Certification

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

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

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

ONAS Corporation

2 Business name/disregarded entity name, if different from above

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

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

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

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

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

2050 University Blvd. N

6 City, state, and ZIP code

Jacksonville, FL 32211

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

Social security number

____ - ____ - _____

or

Employer identification number

5 9 - 2 7 3 3 4 8 2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

June 21, 2018

General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/02/2018

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).

PRODUCER Phone: (904) 828-4010 Fax: (904) 828-4030

SHIRLEY C. MARSHALL
INSURANCE PORTFOLIO MANAGERS, INC.
9060 CRAVEN ROAD
JACKSONVILLE FL 32257

Agency Lic#: A165915

CONTACT INSURANCE PORTFOLIO MANAGERS, INC.

NAME

PHONE 904-828-4010

FAX

904-828-4030

E-MAIL

ADDRESS: lpmanagers@comcast.net

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Rockhill Insurance Company

28053

INSURER B : Markel/Essex Insurance Company

39020

INSURER C : Zurich Insurance Company

16535

INSURER D

INSURER E

INSURER F

INSURED
ONAS CORPORATION
2050 UNIVERSITY BLVD., NORTH
JACKSONVILLE FL 32211

COVERAGES

CERTIFICATE NUMBER: 34257

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY	X		Jason.davis@toysrus.	03/31/18	03/31/19	EACH OCCURRENCE \$ 1,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		ENVP01404700	07/22/17	07/22/18	MED. EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Pollution Insurance						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE \$
							E.L. DISEASE-POLICY LIMIT \$
C	Contractors Equipment to Include	X		ECO09140809	04/26/18	04/26/19	\$100,000.00 \$1000 RC All Risk Theft
C	Rental Equipment	X		ECO09140809	04/26/18	04/26/19	\$85,000 Includes Theft

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

Additional Insured City of Jacksonville Coverage is primary and non contributory 30 days notice of Cancellation

CERTIFICATE HOLDER

CANCELLATION

For Evidence of Insurance Purposes Only

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

Attention:

Shirley C. Marshall

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CGC046559

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018



ONASANYA, BANDELE MARTINS
ONAS CORPORATION
2050 UNIVERSITY BLVD N
JACKSONVILLE FL 32211



ISSUED: 06/23/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1606230000913

Addendum No. 1
Bid #17/18-30, Omega Park Improvements

DUE DATE: Monday, June 25, 2018, 4:00 p.m.

OPEN DATE: Tuesday, June 26, 2018, 1:00 p.m.

The items of this Addendum shall modify and become part of the contractual documents for this project as of this date. Receipt of and incorporation of this Addendum must be acknowledged in the bid on page 17. Failure to acknowledge this addendum will be grounds for rejection of proposal.

1. Do you have a budget for this project?

Response: We do not release budget estimates.

2. Does this job require the FDOT pre-qualification?

Response: FDOT Pre-Qualifications will not apply.

3. Plan shows 18" pipe running from the new S-9 Structure into the S-10 U Type Headwall. The existing pipe run coming in from the south looks to be 24" HDPE. Please confirm 18" Pipe from S-9 into the S-10 Structure.

Response: Sheet 5 changes 12 LF of 18" RCP to 12 LF of 24" RCP and 18" Endwall to 24" Endwall. Deleted "See Details" in "Regrade Ditch" note. See plans and utilize revised schedule of values for the changes.

4. Will the county require Laser Profile testing of the new RCP Storm System?

Response: Laser Profile testing will be required.

5. There are notes on the Civil print for Omega Park Improvements "see details". In particular, the crushcrete drive area and the swale on the east side of the property, have this note. There are no details on the Detail Sheet, Sheet No. 12 is mostly blank.

Response: See attached Revised Sheet 12, Construction Details.

6. See attached Revised Sheet 6: adding area and swale re-grade areas and adding 12" depth specification to note crusherete parking area reconstruction note.

7. See attached Revised Sheet 8: adding specification of Tifway sod/sprigs to be planted in re-grading area.

8. See attached Revised Sheet 9: adding proposed swale to plan.

9. The plumbing fixture schedule on P201 lists 'F-7 Mop Sink Basin' however, there is no F-7 shown on the plumbing floor plan on P101. Please advise if one is required and if so, where.

Response: See attached revised sheet P101 showing location of F-7 Mop Sink Basin.

10. Will concrete sealer be required?

Response: Yes, all exposed concrete floors within the building shall be sealed. All exterior concrete shall be broom finished.

11. What is the requirements and type of waterproofing for concrete?

Response: Exterior surface is painted split face block, including bond beams and lintels. There are no exposed concrete walls or beams.

12. What type of frames, doors, and hardware will be required? Can you provide a hardware schedule?

Response: All doors and frames shall be hollow metal. See attached specifications for Hollow Metal Doors and Frames – section 081113, and Door Hardware – section 087100.

13. Please provide information on the roll up concession door, or info on model number and manufacture of concession door.

Response: Basis of design for Overhead Rolling Counter Doors is 'Overhead Door – Model 650', galvanized steel curtain door.

14. Please provide details on the metal roofing; metal components manufacture – roof panels.

Response: Basis of design for standing seam metal roof is 'Peterson – Snap-Clad panel roofing. See Standing Seam Metal Roof Specification attached. Follow manufacturer's recommended details for installation of metal roof.

15. Please provide painting materials specifications – approved manufactures for the painting materials?

Response: Refer to attached painting specification section 099123.

16. In regard to the ceramic tile, is there an approved manufacture of tile approved?

Response: 'Crossville' – 'Structure' is an approved manufacturer and style for floor tile in the restrooms.

DNAS Corporation
2050 University Blvd. N.
Jacksonville, FL 32211

RECEIVED
PURCHASING DIVISION

2018 JUN 25 PM 3:30

CLAY COUNTY BOARD OF
COMMISSIONERS

Clay County Purchasing Division
477 Houston Street
PO Box 1366
Green Cove Springs, FL 32043

Receipt for Bid #: 17/18-30
Company Name: DNAS Corporation

DNAS
Removals

Adm Bldg
on Area

32043