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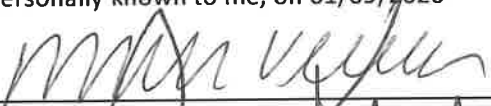
STATE OF WISCONSIN, COUNTY OF BROWN

Before the undersigned authority personally appeared, who on oath says that he or she is the Legal Advertising Representative of the Naples Daily News, a newspaper published in Collier County, Florida; that the attached copy of advertisement, being a Legal Ad in the matter of Bids & Proposals, was published on the publicly accessible website of Collier and Lee Counties, Florida, or in a newspaper by print in the issues of, on:

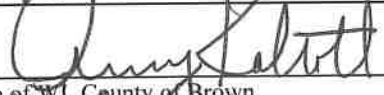
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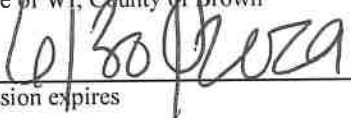
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Notary, State of WI, County of Brown



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Healthcare Network
Marion E Fether Window Replacement
Construction Bid

Description
ADVERTISEMENT FOR BIDS: Marion E. Fether (MEF) Hardening Collier County Project No. CDBG MIT22-001 (MEF Window Replacement)

Scope of Work. Collier Health Services, dba Healthcare Network (Healthcare Network) is soliciting bids for replacement of 61 exterior windows on the Marion E. Fether Medical Center property located at 1454 Madison Avenue West, Immokalee, FL. The MEF Window Replacement project replaces the windows as part of a larger renovation project remodeling and updating the first-floor patient area and roof replacement. The 40,862 square foot structure, built in 1995, has previously had no significant renovations. The MEF Window Replacement project will increase resilience to disasters and reduce the long-term risk of loss of life, injury, damage to and loss of property, suffering, and hardship by lessening the impact of future disasters in the Immokalee community.

The project is made possible via a sub award of a Collier County agreement with the State of Florida Department of Commerce (DOC). The project is supported by the U.S. Department of Housing and Urban Development, Community Development Block Grant Mitigation (CDBG-MIT) grant funding. (Federal Register Notice 84 FR 45638, /30/2019). Therefore, certain restrictions and other federal requirements will attach to this opportunity.

Location of the Project
Marion E. Fether Medical Center
1454 Madison Avenue West Immokalee, FL 34142

Pre-Bid Conference. A MANDATORY Pre-bid Meeting will be held at 10:00 a.m. February 2, 2026 at the Maron E Fether 2nd floor conference room. All bidders are required to attend the Pre-Bid Meeting and sign the attendance sheet at the meeting. Bids received from bidders who have not attended the Pre-Bid Meeting and signed the attendance sheet at the meeting will be considered non-responsive.

Examination of Contract Documents and Site. It is the responsibility of each Bidder, before submitting a bid to this ITB, to:
Carefully review the ITB, including any addenda and notify Healthcare Network of all conflicts, errors, or discrepancies. Visit the site to become familiar with conditions that may affect costs, progress, performance, and furnishing of the Work. Take into account federal, state, and local (Collier County) including, without limitation, the City Charter and Code, the City Procurement and Zoning Ordinances, and Florida Building Code) and any other applicable codes, laws, regulations, ordinances, and rules that may affect a Bidder's ability to perform the Work. Study and carefully correlate Bidder's observations with the requirements of the ITB, and Sign and return all required ITB forms as applicable. All bid documents may be examined at the following: Administration Office, 1454 Madison Avenue West, Immokalee, FL 34142. To obtain DIGITAL Plans and Specifications, please email Krisen Singh at ksingh@healthcareswfl.org.

Addenda. Official planholders list will only be the list maintained by Healthcare Network. It is the sole responsibility of all planholders, whether they have received digital downloads or paper copies of the plans and specifications, to periodically check for Addenda which may have been posted on Healthcare Network's website: <https://healthcareswfl.org/> Only questions answered via written addenda issued by Healthcare Network will be binding. Oral and other interpretations or clarifications will be without legal binding effect and should not be relied upon in preparation of a bid response. All questions about the meaning or intent of the Contract Documents are to be directed to Krisen Singh, Construction Administrator at ksingh@healthcareswfl.org Interpretations or clarifications considered necessary by Procurement in response to such questions will be issued by the Healthcare Network by means of an Addendum. All Addenda will be posted on the Healthcare Network website <https://healthcareswfl.org/>. Written questions must be submitted to ksingh@healthcareswfl.org no later than 5:00 p.m. February 4, 2026. Late questions will not be considered.

Guarantee- A bid bond or certified check for five percent (5%) of the total bid amount must accompany each bid. The successful bidder must furnish a performance bond in the full (100%) amount of his bid and shall, before entering into the work of said contract, be licensed as a contractor of Healthcare Network. The owner reserves the right to waive any informalities or to reject any or all bids.

Bid Submission. Separate sealed bids for MEF Window Replacement project will be received by Krisen Singh at Marion E. Fether Medical Center, 2nd floor conference room, 1454 Madison Avenue West until 10:00 a.m. February 20, 2026, and then at said office publicly opened and read aloud.

Any person with disability requiring special accommodation must contact the Krisen Singh no later than 7 days prior to the bid opening.
January 9 2026
LSAR0435300

AFFIDAVIT OF PUBLICATION

Healthcare Network
22451 Fountain Lakes Blvd
Estero FL 33928


STATE OF WISCONSIN, COUNTY OF BROWN

Before the undersigned authority personally appeared, who on oath says that he or she is the Legal Advertising Representative of the Naples Daily News, a newspaper published in Collier County, Florida; that the attached copy of advertisement, being a Legal Ad in the matter of Bids & Proposals, was published on the publicly accessible website of Collier and Lee Counties, Florida, or in a newspaper by print in the issues of, on:

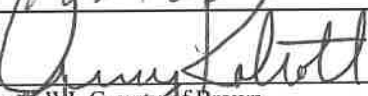
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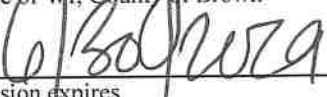
Subscribed and sworn to before me, by the legal clerk, who is personally known to me, on 01/09/2026



Legal Clerk



Notary, State of WI, County of Brown



My commission expires

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AMY KOKOTT
Notary Public
State of Wisconsin

Healthcare Network Reemplazo de Ventanas

Marion E. Fether Licitación de Construcción NOTIFICACIÓN A LOS CONTRATISTAS

Descripción: ANUNCIO DE SOLICITUD DE OFERTAS: Proyecto de Fortalecimiento Marion E. Fether (MEF), Condado de Collier Proyecto N.º CDBG MIT22-001 (Reemplazo de Ventanas MEF) Alcance del Trabajo: Collier Health Services, que opera bajo el nombre comercial Healthcare Network (Healthcare Network), solicita ofertas para el reemplazo de 49 de las 61 ventanas exteriores en la propiedad del Centro Médico Marion E. Fether, ubicada en 1454 Madison Avenue West, Immokalee, FL. El proyecto de Reemplazo de Ventanas MEF sustituye las ventanas como parte de un proyecto de renovación mayor que incluye la remodelación y actualización del área de atención a pacientes del primer piso y el reemplazo del techo. La estructura de 40,862 pies cuadrados, construida en 1995, no ha tenido renovaciones significativas previamente. El proyecto de Reemplazo de Ventanas MEF aumentará la resiliencia ante desastres y reducirá el riesgo a largo plazo de pérdida de vidas, lesiones, daños y pérdida de propiedad, sufrimiento y dificultades, al disminuir el impacto de futuros desastres en la comunidad de Immokalee.

El proyecto es posible gracias a una subasignación de un acuerdo del Condado de Collier con el Departamento de Comercio del Estado de Florida (DOC). El proyecto cuenta con el apoyo del Departamento de Vivienda y Desarrollo Urbano de los Estados Unidos (HUD), mediante fondos de la Subvención para el Desarrollo Comunitario - Mitigación (CDBG-MIT). (Aviso del Registro Federal 84 FR 45839, 30/08/2019). Por lo tanto, a esta oportunidad se aplicarán ciertas restricciones y otros requisitos federales.

Ubicación del Proyecto: Centro Médico Marion E. Fether 1454 Madison Avenue West Immokalee, FL 34142

Conferencia Previa a la Licitación: Se llevará a cabo una REUNIÓN PREVIA OBLIGATORIA a la licitación a las 10:00 a.m. el 2 de febrero de 2026, en la sala de conferencias del segundo piso del Centro Marion E. Fether. Todos los licitantes están obligados a asistir a la reunión previa y firmar la hoja de asistencia durante la reunión. Las ofertas recibidas de licitantes que no hayan asistido a la reunión previa y firmado la hoja de asistencia se considerarán no responsivas.

Examen de los Documentos Contractuales y del Sitio: Es responsabilidad de cada licitante, antes de presentar una oferta para esta invitación a Licitación (ITB), revisar cuidadosamente la ITB, incluyendo cualquier adenda, y notificar a Healthcare Network sobre cualquier conflicto, error o discrepancia. Visitar el sitio para familiarizarse con las condiciones que puedan afectar los costos, el progreso, el desempeño y la provisión del trabajo. Tomar en cuenta los requisitos federales, estatales y locales (Condado de Collier), incluyendo, sin limitación, la Carta y el Código de la Ciudad, las ordenanzas de adquisiciones y zonificación de la Ciudad, el Código de Construcción de Florida y cualquier otro código, ley, reglamento, ordenanza y norma aplicable que pueda afectar la capacidad del licitante para ejecutar el trabajo. Estudiar y correlacionar cuidadosamente las observaciones del licitante con los requisitos de la ITB. Firmar y devolver todos los formularios requeridos de la ITB, según corresponda. Todos los documentos de la licitación pueden examinarse en la siguiente ubicación: Oficina Administrativa, 1454 Madison Avenue West, Immokalee, FL 34142. Para obtener los Planos y Especificaciones en formato DIGITAL, favor de enviar un correo electrónico a Krisen Singh a: ksingh@healthcareswfl.org.

Adendas: La lista oficial de tenedores de planos será únicamente la mantenida por Healthcare Network. Es responsabilidad exclusiva de todos los tenedores de planos, ya sea que hayan recibido descargas digitales o copias impresas de los planos y especificaciones, revisar periódicamente si se han publicado Adendas en el sitio web de Healthcare Network: <https://healthcareswfl.org/>. Solo las preguntas respondidas mediante adendas escritas emitidas por Healthcare Network serán vinculantes. Las interpretaciones o aclaraciones orales u otras no tendrán efecto legal vinculante y no deberán considerarse para la preparación de una oferta. Todas las preguntas sobre el significado o la intención de los Documentos Contractuales deben dirigirse a Krisen Singh, Administrador de Construcción, a ksingh@healthcareswfl.org. Las interpretaciones o aclaraciones que el Área de Compras considere necesarias en respuesta a dichas preguntas serán emitidas por Healthcare Network mediante una Adenda. Todas las Adendas se publicarán en el sitio web de Healthcare Network: <https://healthcareswfl.org/>. Las preguntas por escrito deben enviarse a ksingh@healthcareswfl.org a más tardar a las 5:00 p.m. del 4 de febrero de 2026. Las preguntas enviadas fuera de plazo no serán consideradas.

Garantía: Cada oferta debe ir acompañada de una fianza de oferta o un cheque certificado por el cinco por ciento (5%) del monto total de la oferta. El licitante adjudicado deberá presentar una fianza de cumplimiento por el cien por Ciento (100%) del monto de su oferta y, antes de iniciar los trabajos del contrato, deberá estar debidamente licenciado como contratista de Healthcare Network. El propietario se reserva el derecho de aceptar cualquier informalidad o rechazar cualquiera o todas las ofertas.

Presentación de Ofertas: Las ofertas selladas separadas para el proyecto de Reemplazo de Ventanas MEF serán recibidas por Krisen Singh en el Centro Médico Marion E. Fether, sala de conferencias del segundo piso, 1454 Madison Avenue West, hasta las 10:00 a.m. del 20 de febrero de 2026. Posteriormente, en dicha oficina, las ofertas serán abiertas públicamente y leídas en voz alta.

Cualquier persona con una discapacidad que requiera adaptaciones especiales debe comunicarse con Krisen Singh a más tardar 7 días antes de la apertura de ofertas.

Pre-Bid Sign-In Sheet

Solicitation Number: MIT22-001 (MEF Window Replacement)

Date of Pre-Bid Meeting: February 2, 2026; 10:00 a.m.

Location of Prebid Meeting: Healthcare Network

1454 Madison Ave. W.
Immokalee, FL 34142

Please Note:

Vendors must sign-in on this sheet to verify attendance at the Pre-Bid meeting.
Failure to legibly sign in may grounds for declaring a vendor ineligible to bid.
For further verification, please also provide a business card if possible.

<u>Firm Represented:*</u>	<u>Rep Name (Printed):</u>	<u>Firm Address:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Email:</u>
* Alen Construction	Fredy Oviedo	5337 Orange Dr Davie FL, 33314	954.252.1372		fredy@alenconstructiongroup.com
Goldson Construction Corp	Fidel Goldson	734 W. State Rd 7 Plantation, FL 33317	954.817-5416		info@goldsonconstruction.com
ASAP Building	Branthine	906 Commerce Dr. DESSA FL 33611	813.895.1610		branthine@ASAPBuilding.com
WSV GROUP	JUSTIN BIUS	1616 22nd STS ST PETERSBURG 33712	MISTY 727-409 1943		justinbill5699@gmail.com
Timekey Glazing	John Kimminau	Timekey Glazing 13501 oak st Kansas CITY, MO 64145	816-679 4191		John@timekey.us
Milton	Alvoron ya Plaster	10550 W State Rd 84 Davie FL 33324	7862510794		miltonpa21985@gmail.com

***One Vendor Per Representative** - No one individual is permitted to represent more than one vendor at the pre-bid meeting. Any individual that does attempt to represent two or more vendors will be required to select one vendor to which the individual's attendance will be attributed. The vendors not selected will be deemed to have not attended the pre-bid meeting unless another individual attended on their behalf.



Pre-Bid Sign-In Sheet

Solicitation Number: MIT22-001 (MEF Window Replacement)

Date of Pre-Bid Meeting: February 2, 2026; 10:00 a.m.

Location of Prebid Meeting: Healthcare Network
1454 Madison Ave. W.
Immokalee, FL 34142

Please Note:

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Failure to legibly sign in may be grounds for declaring a vendor ineligible to bid.
For further verification, please also provide a business card if possible.

<u>Firm Represented:*</u>	<u>Rep Name (Printed):</u>	<u>Firm Address:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Email:</u>
HCN	Anilma Rapp	1454 Madison Ave. W 34142 Immokalee Fl.	239- 658-3000		ARapp@healthcareswfl.org
HCN	Kusum Singh	" "	239- 658-3000		ksingh@healthcare-swfl.com

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MINUTES

Pre-Bid Meeting (MEF Window Replacement): CDBG MIT22-001

Date & Time:	February 2nd, 2026, at 10:00 AM
Attendees Present:	Krisen Singh, Ariaahna Rapp, Rod Stitt, Jim Henley (Burt Hill Pollock Architects), Vendors: Fidel Goldson (Goldson Construction), Justin Bills (WSV Group), Fredy Oviedo (Allen Construction), Brian Jones (Ajax Building), John Kimminay (Timekey Glazing), Milton Paz (Alvarenga Plaster)
Location:	1454 Madison Ave W Immokalee Fl, 34142 (MEF Building Training Room A)
TOPIC	DISCUSSION
Meeting to Order	Krisen Singh/ Construction Administrator at 10:00 AM.
Introductions and Project Overview <i>Krisen Singh, Construction Administrator</i>	<p>Introductions and Project Overview</p> <p>The meeting was opened by Krisen Singh who introduced himself and who welcomed all attendees, reviewed basic housekeeping items, and encouraged participants to ask questions at any time. The Healthcare Network team introduced themselves. Contractors/vendors in attendance were invited to introduce themselves and their companies. Krisen reminded participants that attendance at this meeting was mandatory for bid eligibility.</p> <p>Krisen Singh explained that the purpose of the meeting was to review the bid package, project scope, compliance requirements, and expectations for the upcoming bid submission. The project involves replacing 61 exterior windows at the Marion E. Fether Medical Center, funded through the HUD CDBG-MIT Grant, which aims to strengthen the building against hurricanes and other disasters. The current windows are non-impact rated, and the replacements must meet Collier County impact-resistant standards.</p>

<p style="text-align: center;">Bid Requirements, Key Dates, and Compliance</p> <p style="text-align: center;"><i>Krisen Singh, Construction Administrator</i></p>	<p>Bid Requirements, Key Dates, and Compliance</p> <p><i>Krisen Singh</i> outlined the key dates for the procurement process, emphasizing that the February 2nd pre-bid meeting was mandatory for eligibility and that all sealed bid packages must be received no later than February 20th at 10:00 AM. He then reviewed the primary bid requirements, explaining that each bid must include a 5% bid bond or certified check, that the contractor ultimately selected will be required to provide a 100% performance and payment bond, and that all bids must remain sealed until they are formally presented. He reiterated that only those who attended the pre-bid meeting would be permitted to submit bids.</p> <p>Krisen also walked the group through the Contractor Compliance Checklist, highlighting federal requirements such as Davis-Bacon wage rules, Section 3 obligations, SAM.gov verification, and the applicable non-lobbying certifications. Ariahna will manage payroll submissions and compliance documentation throughout the project, and contractors were informed that weekly certified payroll is mandatory, along with the submission of monthly and quarterly reports needed to meet federal grant reporting requirements.</p>
<p style="text-align: center;">Technical Project Details, Design Expectations, and Logistics</p> <p style="text-align: center;"><i>Krisen Singh, Construction Administrator</i></p>	<p>Technical Project Details, Design Expectations, and Logistics</p> <p><i>Krisen Singh</i> and architect Jim Henley discussed the overall approach to the window replacement work. They explained that the project involves standardized window sizes and will require the use of commercial-grade systems appropriate for the facility. Jim noted that the updated design will aim for a consistent and modern appearance across the building, and that some areas, such as curved or grouped window sections, may need additional design coordination to ensure they align with the rest of the project. Krisen also emphasized the need to coordinate work carefully since other renovations are occurring in the building at the same time. He noted that the facility will remain open during construction, meaning certain occupied departments may require more flexible scheduling. Contractors will be provided with designated staging areas, and they are expected to secure any openings promptly during installation. Estimated material lead times are several weeks, and the goal is to complete the project by August 2026.</p>

<p>Warranty, Insurance, and Administrative Requirements <i>Krisen Singh, Construction Administrator</i></p>	<p>Warranty, Insurance, and Administrative Requirements</p> <p><i>Krisen Singh</i> discussed that contractors must include both a labor warranty and a manufacturer’s material warranty as part of their bid package. Krisen noted that warranty terms vary by supplier and should be clearly stated in submissions. Insurance requirements include general liability (\$1M per occurrence / \$2M aggregate), auto liability, workers’ compensation, and umbrella coverage. Healthcare Network must be added as an additional insured. Krisen reminded contractors that all questions and communication must be routed through him to maintain procurement integrity and that no questions should be directed to the architect individually.</p>
<p>Discussion, Q&A, and Site Walk <i>Krisen Singh, Construction Administrator</i></p>	<p>Discussion, Q&A, and Site Walk</p> <p>Contractors asked questions about window tint and color matching, design details for larger grouped windows, and coordination with ongoing renovations. Krisen confirmed that product information used in earlier phases can be provided and that additional clarifications may be submitted through him after the meeting. After the discussion concluded, Krisen and Ariaahna led attendees on a walk-through of the building to review window locations and site conditions. Contractors were asked to provide their business cards to Ariaahna for recordkeeping</p>
<p>Closing Notes <i>Krisen Singh, Construction Administrator</i></p>	<p>Closing Notes</p> <p>The meeting adjourned following the site walk. Participants were reminded of the February 20th bid deadline and requirements for sealed submission.</p>

Bid Sign-In Sheet

Solicitation Number: MIT22-001 (MEF Window Replacement)

Date of Bid Meeting: February 20, 2026; 9:30 a.m.

Location of bid Meeting: Healthcare Network
1454 Madison Ave. W.
Immokalee, FL 34142

<u>Firm Represented:*</u>	<u>Rep Name (Printed):</u>	<u>Firm Address:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Email:</u>
Goldson Construction Corp	Dr. Fidel Goldson	734 N. State Rd 7 Plantation, FL 33317	954-517-546		DrFidel@ goldsonconstruction com
Timekey Glazing Goldson	John Kimminan	13510 oak st Kansas City, MO 64145	816-679-4191		john@timekey.us
Burt Hill	Jim Henley	8250 Collier Parkway #203 Myers 33919 Fort Myers	239-482- 4761		thpk9@ thpk9.com
WSV GROVD	JUSTIN BIUS	3904 Porpoise Ave SE ST Petersburg 33707	239-241 3215		justinbills699@ gmail.com
Collier County	Parker Smith		239-252-6141		Parker.Smith@collier.gov
HCN	Rod STITT	1454. madison Ave. W.	239-986-0581		RSTITT@HEALTHCARE SWFL.org

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Bid Sign-In Sheet

Solicitation Number: MIT22-001 (MEF Window Replacement)

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Location of bid Meeting: Healthcare Network
1454 Madison Ave. W.
Immokalee, FL 34142

<u>Firm Represented:*</u>	<u>Rep Name (Printed):</u>	<u>Firm Address:</u>	<u>Telephone #:</u>	<u>Fax #:</u>	<u>Email:</u>
HCN	Knsin Singl	1454 Madison Ave. W. Immokalee FL 34142		-	Kns@healthcare-swfl.org
HCN	PAMELA BAKER	" "	239-659 3000		pbaker@healthcare-swfl.org
HCN	Ariana Rapp	" "	239-658- 3000		Arapp@healthcare-swfl.org

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MINUTES

Bid Meeting (MEF Window Replacement): CDBG MIT22-001

Date & Time:	February 20th, 2026, at 9:30 AM Bid Opening 10:00AM
Attendees Present:	Krisen Singh, Ariaahna Rapp, Rod Stitt, Pamela Baker, Jim Henley (Burt Hill Pollock Architects), Parker Smith (Collier County) Vendors: Fidel Goldson (Goldson Construction), Justin Bills (WSV Group), John Kimminay (Timekey Glazing)
Location:	1454 Madison Ave W Immokalee Fl, 34142 (MEF Building Training Room A)
TOPIC	DISCUSSION
Meeting to Order	Krisen Singh/ Construction Administrator at 10:00 AM.
Introductions <i>Krisen Singh, Construction Administrator</i>	<p>Introductions and Meeting Goal:</p> <p>All participants attended the meeting in person. The meeting opened with a round of introductions, during which each attendee stated their name and the company/organization they represented.</p> <p><i>Krisen Singh</i> communicated that the purpose of the meeting was to publicly open all sealed bids submitted by vendors who attended the mandatory pre-bid meeting to replace 61 exterior windows at the Marion E Fether Medical Center. Krisen further emphasized that the project is funded through a Community Development Block Grant (CDBG) allocation passed down from the State and the County and therefore must follow all applicable federal and grant-compliance requirements including but not limited to 2 CFR 200, David Bacon, HUD oversight, and E-Verify. Krisen reiterated that required documents were discussed</p>

<p style="text-align: center;">Opening of Bids <i>Krisen Singh, Construction Administrator</i></p>	<p>Opening of Bids</p> <p><i>Krisen Singh</i> then proceeded to open and read the bids aloud. Bid #1, submitted by WSV Group, totaled \$424,242, and Krisen confirmed that the required 5% bid bond was included. After expressing his appreciation for the opportunity to participate, Justin Bills departed the meeting. Bid #2, submitted by Timekey Glazing, was read at \$355,888, and the required 5% bid bond was confirmed as included. The vendor representative remained in the room.</p> <p>The final submission, Bid #3 from Goldson Construction Group, was read at \$311,225.76, and Krisen confirmed that the required 5% bid bond was also included.</p>
<p style="text-align: center;">Closing Notes <i>Krisen Singh, Construction Administrator</i></p>	<p>Closing Notes</p> <p><i>Krisen Singh</i> concluded the meeting by reiterating that the contract will be awarded to the lowest, responsive, and responsible bidder. He noted that no official award announcement would be made at this time. The Healthcare Network team will review all bid packages in detail on Monday and will coordinate with Parker from Collier County, as well as communicate the final determination to all participating vendors.</p> <p>Parker added that the bid packages will undergo a full compliance review in accordance with Florida Commerce requirements and Collier County standards. He emphasized that he will be working closely with Healthcare Network throughout the process, as well as with the vendor ultimately selected for the project. Healthcare Network will follow up with the selected bidder to move forward with the next steps in the construction process. Parker also noted that a pre-construction meeting will be scheduled with Healthcare Network and the awarded contractor, during which an overview and training on the use of LCP Tracker for Davis-Bacon compliance will be provided.</p> <p>Krisen thanked all vendors for their participation.</p> <p>Meeting called to end: 10:18 AM</p>

BIDS

Area of Review	Vendor			Notes
	Goldson	WSV	Time Key	
1. Administrative Completeness				
All required bid forms completed/signed	x	x	x	
All addenda acknowledged	n/a	n/a	n/a	
Bid submitted on time	x	x	x	WSV not sealed
Contact information and contractor license number included	x	x	x	
WMBE certification included	x	x	0	
2. Bonds and Insurance				
Bid Bond included	x	x	x	
Performance and Payment Bonds	x	x	x	
Certificate of Insurance meets thresholds	x	x	0	Time Key No COI
Workers Comp and General Liability included	x	x	0	Time Key not included
3. Vendors Qualifications				
Proper trade licenses	x	x	0	Time key not included
Relevant experience and past project performance	x	x	x	
References provided (if required)	x	x	x	Not required
Demonstrates financial stability	x	x	x	
4. Technical Compliance				
Meets technical specifications	x	x	x	
Materials/products match requirements	x	x	x	
Product data, cut sheets, or drawings provided	x	x	0	
Deviations/substitutions clearly identified	n/a	n/a	n/a	
5. Scope and Deliverables				
Full acknowledgement of scope	x	x	x	TimeKey cover letter only
Deliverables addressed clearly	x	x	x	TimeKey cover letter only
Construction Schedule provided (if required)	x	x	0	Not required
Milestones included	x	x	0	

Area of Review	Vendor			Notes
	Goldson	WSV	TimeKey	
6. Pricing Review				
Price sheet is complete	x	x	0	
Unit pricing and totals calculated correctly	x	x	0	
Alternates/options priced correctly	n/a	n/a	n/a	
Pricing is competitive/reasonable	x	x	x	
7. Compliance & Legal				
No conflicts of interest	x	x	x	
Not debarred or suspended	x	x	x	
Meets ethical and procurement requirements	x	x	x	
Federal/HUD/Section 3 compliance	x	x	x	
8. Evaluation Readiness				
Bid is responsive	x	x	0	
Bidder is responsible	x	x	x	
Clarification needs identified	n/a	n/a	n/a	
Ready for scoring	x	x	x	
Bid Total	\$311,225.76	\$424,242.00	\$355,888.00	



CGC License #1524607

February 20, 2026

Krisen Singh

Construction Administrator Healthcare Network
1454 Madison Avenue West Immokalee, FL 34142

RE: Bid Submission – Marion E. Fether Medical Center Hardening (Project No. CDBG-MIT22-001)

Dear Mr. Singh,

Goldson Construction is pleased to submit our bid for the replacement of 61 exterior windows at the Marion E. Fether Medical Center. We understand the critical nature of this project in increasing community resilience and reducing disaster-related risks.

Why Goldson Construction is the Best Choice:

- **Licensed Glass & Glazing Contractor:** We specialize in high-wind and impact-rated installations, ensuring the facility meets all Hurricane wind loading requirements.
- **Compliance Certainty:** We are fully prepared to meet all CDBG-MIT federal requirements, including Davis-Bacon prevailing wages and Section 3 economic opportunities.
- **Technical Proficiency:** We have reviewed the specifications for the IR501 Kawneer framing and laminated glazing systems. We are prepared to execute the full scope, from structural installation to the restoration of surrounding stucco and drywall.

Experience Background: Goldson Construction brings a proven track record of successful public facility renovations. Our team possesses the technical knowledge and financial resources necessary to ensure this hardening project is completed to the highest standard of care.

We look forward to the possibility of partnering with Healthcare Network on this vital project.

Sincerely,

Fidel Goldson

Fidel Goldson - President
Goldson Construction Corp

GRANT CERTIFICATIONS AND ASSURANCES**THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE RETURNED WITH THE SOLICITATION RESPONSE**

1. Certification Regarding Debarment, Suspension, and Other Responsibility Matters - Primary Covered Transactions
2. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
3. Conflict of Interest
4. Anticipated DBE, M/WBE or VETERAN Participation Statement
5. Bid Opportunity List for Commodities, Contractual Services or Professional Consultant Services
6. Certification Regarding Lobbying
7. Acknowledgement of Religious Organization Requirements 24 CFR 570.200(j)
8. Certification of Payments to Influence Federal Transactions
9. Acknowledgement of Grant Terms and Conditions

COLLIER COUNTY
Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

<p><u>Fidel Goldson</u> Name</p> <p><u>President</u> Title</p> <p><u>Goldson Construction Corp</u> Firm</p> <p><u>734 N State Rd 7</u> Street Address</p> <p><u>Plantation, FL 33317</u> City, State, Zip</p>	<p><u>HEALTHCARE NETWORK MARION E FETHER WINDOW REPLACEMENT</u> Project Name</p> <p><u>001</u> Project Number</p> <p><u>0QQ84</u> CAGE Number</p> <p><u>W3FYZHT6UM53</u> SAM.gov Unique Entity ID (UEI) Number</p>
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COLLIER COUNTY
Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion

Lower Tier Covered Transactions

- (1) The prospective lower tier participant 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 prospective lower tier participant is unable to certify to the above statement, the prospective participant shall attach an explanation to this form.

Fidel Goldson

Name

President

Title

Goldson Construction Corp

Firm

734 N State Rd 7

Street Address

Plantation, FL 33317

City, State, Zip

February 20, 2026

Date

0QQ84

CAGE Number

W3FYZHT6UM53

SAM.gov Unique Entity ID (UEI) Number

The undersigned Fidel Goldson (Vendor/ Contractor) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

COLLIER COUNTY
Conflict of Interest Certification

001

Collier County Solicitation No.

I, Fidel Goldson, hereby certify that to the best of my knowledge, neither I nor my spouse, dependent child, general partner, or any organization for which I am serving as an officer, director, trustee, general partner or employee, or any person or organization with whom I am negotiating or have an arrangement concerning prospective employment has a financial interest in this matter.

I further certify to the best of my knowledge that this matter will not affect the financial interests of any member of my household. Also, to the best of my knowledge, no member of my household; no relative with whom I have a close relationship; no one with whom my spouse, parent or dependent child has or seeks employment; and no organization with which I am seeking a business relationship nor which I now serve actively or have served within the last year are parties or represent a party to the matter.

I also acknowledge my responsibility to disclose the acquisition of any financial or personal interest as described above that would be affected by the matter, and to disclose any interest I, or anyone noted above, has in any person or organization that does become involved in, or is affected at a later date by, the conduct of this matter.

Fidel Goldson

Name

Fidel Goldson

Signature

President

Position

February 20, 2026

Date

Privacy Act Statement

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674 and 5 CFR Part 2634, Subpart I require the reporting of this information. The primary use of the information on this form is for review by officials of The Justice Department to determine compliance with applicable federal conflict of interest laws and regulations. Additional disclosures of the information on this report may be made: (1) to a federal, state or local law enforcement agency if the Justice Department becomes aware of a violation or potential violation of law or regulations; (2) to a court or party in a court or federal administrative proceeding if the government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in response to a request for discovery or for the appearance of a witness in a judicial or administrative proceeding, if the information is relevant to the subject matter. This confidential certification will not be disclosed to any requesting person unless authorized by law. See also the OGE/GOVT-2 executive branch-wide Privacy Act system of records.

COLLIER COUNTY					
ANTICIPATED DISADVANTAGED, MINORITY, WOMEN OR VETERAN PARTICIPATION STATEMENT					
Status will be verified. Unverifiable statuses will require the PRIME to either provide a revised statement or provide source documentation that validates a status.					
A. PRIME VENDOR/CONTRACTOR INFORMATION					
PRIME NAME		PRIME FEID NUMBER		CONTRACT DOLLAR AMOUNT	
Goldson Construction Corp		81-0879746		\$286,932.00	
IS THE PRIME A FLORIDA-CERTIFIED DISADVANTAGED, MINORITY OR WOMEN BUSINESS ENTERPRISE? (DBE/MBE/WBE) OR HAVE A SMALL DISADVANTAGED BUSINESS 8A CERTIFICATION FROM THE SMALL BUSINESS ADMINISTRATION? A SERVICE DISABLED VETERAN?		VETERAN? <input checked="" type="radio"/> Y <input checked="" type="radio"/> N	IS THE ACTIVITY OF THIS CONTRACT...		
		DBE? <input checked="" type="radio"/> Y <input checked="" type="radio"/> N	CONSTRUCTION ? <input checked="" type="radio"/> Y <input checked="" type="radio"/> N		
		MBE? <input checked="" type="radio"/> Y <input checked="" type="radio"/> N	CONSULTATION? <input checked="" type="radio"/> Y <input checked="" type="radio"/> N		
		WBE? <input checked="" type="radio"/> Y <input checked="" type="radio"/> N	OTHER? <input checked="" type="radio"/> Y <input checked="" type="radio"/> N		
		SDB 8A? <input checked="" type="radio"/> Y <input checked="" type="radio"/> N			
IS THIS SUBMISSION A REVISION?		IF YES, REVISION NUMBER _____			
		Y <input checked="" type="radio"/> N <input checked="" type="radio"/>			
B. IF PRIME HAS SUBCONTRACTOR OR SUPPLIER WHO IS A DISADVANTAGED MINORITY, WOMEN-OWNED, SMALL BUSINESS CONCERN OR SERVICE DISABLED VETERAN, PRIME IS TO COMPLETE THIS NEXT SECTION					
DBE M/WBE VETERAN	SUBCONTRACTOR OR SUPPLIER NAME	TYPE OF WORK OR SPECIALTY	ETHNICITY CODE (See Below)	SUB/SUPPLIER DOLLAR AMOUNT	PERCENT OF CONTRACT DOLLARS
TOTALS:					
C. SECTION TO BE COMPLETED BY PRIME VENDOR/CONTRACTOR					
NAME OF SUBMITTER		DATE		TITLE OF SUBMITTER	
Fidel Goldson		February 20, 2026		President	
EMAIL ADDRESS OF PRIME (SUBMITTER)		TELEPHONE NUMBER		FAX NUMBER	
info@goldsonconstruction.com		954-817-5416			
NOTE: This information is used to track and report anticipated DBE or MBE participation in federally-funded contracts. The anticipated DBE or MBE amount is voluntary and will not become part of the contractual terms. This form must be submitted at time of response to a solicitation. If and when awarded a County contract, the prime will be asked to update the information for the grant compliance files.					
ETHNICITY		CODE			
Black American		BA			
Hispanic American		HA			
Native American		NA			
Subcont. Asian American		SAA			
Asian-Pacific American		APA			
Non-Minority Women		NMW			
Other: not of any other group listed		O			
D. SECTION TO BE COMPLETED BY COLLIER COUNTY					
DEPARTMENT NAME		COLLIER CONTRACT # (IFB/RFP or PO/REQ)		GRANT PROGRAM/CONTRACT	
ACCEPTED BY:				DATE	

COLLIER COUNTY GRANT COMPLIANCE FORM
**BID OPPORTUNITY LIST FOR COMMODITIES, CONTRACTUAL SERVICES OR
 PROFESSIONAL CONSULTANT SERVICES**

It is the policy of Collier County that disadvantaged businesses and minority vendors, as defined in the Code of Federal Regulations (CFR) or Florida Statutes (FS), must have the opportunity to participate on contracts with federal and/or state grant assistance.

Prime Contractor/Prime Consultant: Goldson Construction Corp
 Address and Phone Number: 734 N State Rd 7 Plantation, FL 33317 - 954-817-5416
 Procurement Number/Advertisement Number: _____

The list below is intended to be a listing of firms that are, or attempting to, participate on the project numbered above. The list must include the firm bidding or quoting as prime, as well as subs and suppliers quoting for participation. Prime contractors and consultants must provide information for Numbers 1, 2, 3, and 4; and, should provide any information they have for Numbers 5, 6, 7, and 8. This form must be submitted with the bid package.

1. Federal Tax ID Number: <u>81-0879746</u> 2. Firm Name: <u>Goldson Construction Corp</u> 3. Phone Number: <u>954-817-5416</u> 4. Address: <u>734 N State Rd 7</u> <u>Plantation, FL 33317</u> _____ _____ 5. Year Firm Established: <u>2015</u>	6. <input checked="" type="checkbox"/> DBE <input checked="" type="checkbox"/> Non-DBE 7. <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant	8. Annual Gross Receipts <input checked="" type="checkbox"/> Less than \$ 1 million <input type="checkbox"/> Between \$ 1-5 million <input type="checkbox"/> Between \$ 5-10 million <input type="checkbox"/> Between \$ 10-15 million <input type="checkbox"/> More than \$ 15 million
--	--	--

1. Federal Tax ID Number: _____ 2. Firm Name: _____ 3. Phone Number: _____ 4. Address: _____ _____ _____ 5. Year Firm Established: _____	6. <input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE 7. <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant	8. Annual Gross Receipts <input type="checkbox"/> Less than \$ 1 million <input type="checkbox"/> Between \$ 1-5 million <input type="checkbox"/> Between \$ 5-10 million <input type="checkbox"/> Between \$ 10-15 million <input type="checkbox"/> More than \$ 15 million
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1. Federal Tax ID Number: _____ 2. Firm Name: _____ 3. Phone Number: _____ 4. Address: _____ _____ _____ 5. Year Firm Established: _____	6. <input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE 7. <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant	8. Annual Gross Receipts <input type="checkbox"/> Less than \$ 1 million <input type="checkbox"/> Between \$ 1-5 million <input type="checkbox"/> Between \$ 5-10 million <input type="checkbox"/> Between \$ 10-15 million <input type="checkbox"/> More than \$ 15 million
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1. Federal Tax ID Number: _____ 2. Firm Name: _____ 3. Phone Number: _____ 4. Address: _____ _____ _____ 5. Year Firm Established: _____	6. <input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE 7. <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant	8. Annual Gross Receipts <input type="checkbox"/> Less than \$ 1 million <input type="checkbox"/> Between \$ 1-5 million <input type="checkbox"/> Between \$ 5-10 million <input type="checkbox"/> Between \$ 10-15 million <input type="checkbox"/> More than \$ 15 million
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COLLIER COUNTY Certification of Lobbying

The undersigned Goldson Construction Corp (Vendor/ Contractor) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

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

The prospective participant also agrees by submitting his or her proposal that he or she shall require that the language of this certification be included in all lower tier subcontracts, which exceed \$100,000 and that all such subrecipients shall certify and disclose accordingly.

The Vendor/Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Fidel Goldson Name of Authorized Official

President Title

Fidel Goldson Signature of Vendor/Contractor's Authorized Official

February 20, 2026 Date

COLLIER COUNTY
Acknowledgement of Religious Organization Requirements
24 CFR 570.200(j)

In accordance with the First Amendment of the United States Constitution "church/state principles," Community Development Block Grant CDBG/NSP assistance may not, as a general rule, be provided to primarily religious entities for any secular or religious activities.

Therefore, the following restrictions and limitations apply to any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which is supervised or controlled by or operates in connection with a religious or denominational institution or organization.

A religious entity that applies for and is awarded CDBG/NSP funds for public service activities must agree to the following:

1. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference to persons on the basis of religion.
2. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion.
3. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services.
4. The portion of a facility used to provide public services assisted in whole or in part under this agreement shall contain no sectarian or religious symbols or decorations; and
5. The funds received under this agreement shall be use to construct, rehabilitate or restore any facility, which is owned by the provider and in which the public services are to be provided. However, minor repairs may be made if such repairs are directly related to the public services located in a structure used exclusively for non-religious purposes and constitute in dollar terms, only a minor portion of the CDBG/NSP expenditure for the public services.

I hereby acknowledge that I have read the specific requirements contained in this attachment and that eligibility of my organization's project depends upon compliance with the requirements contained in this agreement.

Goldson Construction Corp

(Firm)

Fidel Goldson

(Signature)

February 20, 2026

(Date)

Fidel Goldson

(Print Name)

COLLIER COUNTY Certification of Payments to Influence Federal Transactions

FEDERAL HOUSING AND URBAN DEVELOPMENT GRANT PROGRAMS

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

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Fidel Goldson	President
Name of Authorized Official	Title
<i>Fidel Goldson</i>	February 20, 2026
Signature	Date

COLLIER COUNTY
Acknowledgement of Terms, Conditions and Grant Clauses

Flow Down of Terms and Conditions from the Grant Agreement

Subcontracts: If the vendor subcontracts any of the work required under this Agreement, a copy of the signed subcontract must be available to the Department for review and approval. The vendor agrees to include in the subcontract that (1) the subcontractor is bound by the terms of this Agreement, (ii) the subcontractor is bound by all applicable state and federal laws and regulations, and (iii) the subcontractor shall hold the Department and Recipient harmless against all claims of whatever nature arising out of the subcontractor's performance of work under this Agreement, to the extent allowed and required by law. The recipient shall document in the quarterly report the subcontractor's progress in performing its work under this agreement. For each subcontract, the Recipient shall provide a written statement to the Department as to whether the subcontractor is a minority vendor as defined in Section 288.703, Fla. Stat.

Certification

On behalf of my firm, I acknowledge, and agree to perform all of the specifications and grant requirements identified in this solicitation document(s).

Vendor/Contractor Name Fidel GoldsonDate February 20, 2026Authorized Signature *Fidel Goldson*Address 734 N State Rd 7 Plantation, FL 33317



Goldson Construction Corp
734 North State Rd 7
Plantation, FL 33317

RE: Collier Health Services, Inc. dba Healthcare Network
Healthcare Network Marion E Fether Window Replacement, Project No. CDBG-MIT22-001

Bid Date: 2/20/2026

Dear Goldson Construction Corp

Enclosed please find the above captioned bid bond, executed per your request. The bid bond must be signed by an authorized representative of your company and sealed with the corporate seal.

We urge you to double-check all signatures, dates, amounts and job descriptions for accuracy. This will avoid the possibility of having a low bid rejected because of a clerical error. Please verify again that the bid bond form we executed is on the form required by the specification. In addition, please verify that anything unusual that has been requested by the Obligee is attached to the bid request.

The bid bond authorization is based upon your original estimate. **IF THE ACTUAL BID PRICE EXCEEDS THIS ESTIMATE BY 10% OR MORE, PLEASE CONTACT US FOR ADDITIONAL AUTHORITY!**

Please call our office if you should need any further assistance and good luck on your bid!

Sincerely,

Shorewest Surety Services, Inc.

Your bid results are very important; please fax this information back to (262) 835-9649 or email bonds@shorewestsurety.com within 5 days of the bid opening.

	Contractors Name	Contract Price
1.	_____	_____
2.	_____	_____
3.	_____	_____

IF YOUR BID IS NOT LISTED ABOVE - WHAT WAS YOUR BID PRICE? \$ _____

COMMENTS: _____

**PLEASE FAX TO (262) 835-9649
OR EMAIL TO [BONDS@SHOREWESTSURETY.COM](mailto:bonds@shorewestsurety.com)**

AIA[®] Document A310[™] – 2010

Bid Bond

CONTRACTOR:

(Name, legal status and address)
Goldson Construction Corp

734 North State Rd 7
Plantation, FL 33317

OWNER:

(Name, legal status and address)

Collier Health Services, Inc. dba Healthcare Network
1454 Madison Avenue West
Immokalee, FL 34142

BOND AMOUNT: *FIVE PERCENT OF AMOUNT BID*****

SURETY:

(Name, legal status and principal place of business)

Old Republic Surety Company
18500 W. Corporate Drive, Suite 170
Brookfield, WI 53045

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

PROJECT:

(Name, location or address, and Project number, if any)

Healthcare Network Marion E Fether Window Replacement, Project No. CDBG-MIT22-001

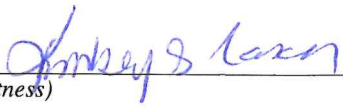
The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this **20th** day of **February** **2026**
Goldson Construction Corp

(Witness)



(Witness)

(Principal) (Seal)

(Title)

Old Republic Surety Company

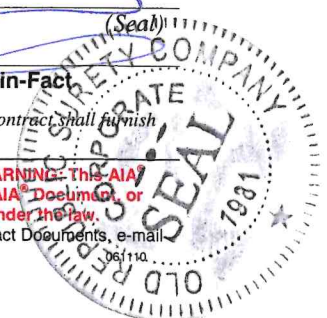
(Surety) (Seal)

(Title) **Thomas O. Chambers, Attorney-in-Fact**

PROVIDED, HOWEVER, neither Principal nor Surety shall be bound hereunder unless Oblige prior to execution of the final contract shall furnish evidence satisfactory to Principal and Surety that financing has been firmly committed to cover the entire cost of the project.

Init.

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OLD REPUBLIC SURETY COMPANY

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint: **THOMAS O. CHAMBERS, TODD SCHAAP, ERIC A. OLSON** of FRANKSVILLE, WI

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, **(other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits, or black lung bonds)**, as follows:

ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company

- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
- (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
- (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 30th day of August, 2022.

Karen J. Haffner
Assistant Secretary



OLD REPUBLIC SURETY COMPANY

Alan Pavlic
President

STATE OF WISCONSIN, COUNTY OF WAUKESHA - SS

On this 30th day of August, 2022, personally came before me, Alan Pavlic and Karen J. Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kathryn R. Pearson
Notary Public

My Commission Expires: September 28, 2026

(Expiration of notary's commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

20-0011

Signed and sealed at the City of Brookfield, WI this 20th day of February, 2026.



Karen J. Haffner
Assistant Secretary

ORSC 22262 (3-06)

SHOREWEST SURETY SERVICES, INC.

STATE OF WISCONSIN)

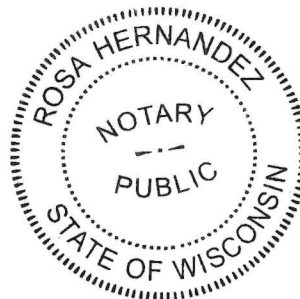
COUNTY OF **Milwaukee**)

ON THIS 20th day of February, 2026,

before me, a notary public, within and for said County and State, personally appeared Thomas O. Chambers to me personally known, who being duly sworn, upon oath did say that he is the Attorney-in-Fact of and for the Old Republic Surety Company, a corporation of Wisconsin, created, organized and existing under and by virtue of the laws of the State of Wisconsin; that the corporate seal affixed to the foregoing within instrument is the seal of the said Company; that the seal was affixed and the said instrument was executed by authority of its Board of Directors; and the said Thomas O. Chambers did acknowledge that he/she executed the said instrument as the free act and deed of said Company.



Rosa Hernandez
Notary Public, **Milwaukee** County, Wisconsin
My Commission Expires **1/22/2027**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/10/2026

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).

PRODUCER 1st Allegiant Insurance, LLC 12555 Orange Dr Ste. 245 Davie FL 33330		CONTACT NAME: Karen Ruiz PHONE (A/C, No, Ext): (954) 378-3235 E-MAIL ADDRESS: support@1stallegiant.com		FAX (A/C, No): (954) 323-5477
INSURED Goldson Construction Corp 10796 Pines Blvd #101 Pembroke Pines FL 33024		INSURER(S) AFFORDING COVERAGE INSURER A: Mesa Underwriters Specialty Ins Co. INSURER B: Infinity Auto Insurance Company INSURER C: Benchmark Insurance Co INSURER D: INSURER E: INSURER F:		NAIC # 36838 11738 41394

COVERAGES**CERTIFICATE NUMBER:** 1 Basic Certificate**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MP000901400265509	01/06/2026	01/06/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Employee Benefits \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			50026888701	09/05/2025	09/05/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWFL9003995600	11/06/2025	11/06/2026	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ policy lim

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

Certificate holder is an additional insured for general liability when required by written contract.

Healthcare Network

CERTIFICATE HOLDERCollier County
c/o Community and Human Services Division
3339 Tamiami Trail East, Suite 213
Naples, Florida 34112**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Ron DeSantis, Governor

Melanie S. Griffin, 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

GOLDSON, FIDEL SAMUEL

GOLDSON CONSTRUCTION CORP
734 NORTH STATE RD 7
PLANTATION FL 33317

LICENSE NUMBER: CGC1524607

EXPIRATION DATE: AUGUST 31, 2026

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

ISSUED: 06/17/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



State of Florida

Minority & Veteran Business Certification

GOLDSON CONSTRUCTION CORP

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

04/01/2025 to 04/01/2027



Pedro Allende
Florida Department of Management Services





3904 Porpoise Dr SE, St Petersburg, FL 33707

www.wsvgroup.com

Contact: Misty 727-409-1943

misty@wsvgroup.com

February 20, 2026

Healthcare Management
Marion E Fether Window Replacement

To Whom It May Concern,

WSV Group respectfully submits this letter as an introduction to our firm and a statement of qualifications for consideration on current and future public sector construction projects.

WSV Group is a Florida construction company providing a broad range of services to government, commercial, residential, and institutional clients. The company is led by Principal Sean Carter, who is both a minority business owner and a United States military veteran. WSV Group is committed to professionalism, accountability, and delivering high-quality work that meets or exceeds all applicable codes and standards.

WSV Group holds multiple active licenses in the State of Florida, including Certified General Construction, Certified Roofing, and Certified HVAC. This multi-license structure allows WSV Group to self-perform and coordinate complex scopes of work efficiently while maintaining strict quality control, schedule adherence, and cost transparency.

We are fully insured and experienced in meeting the administrative, documentation, and compliance requirements associated with public sector projects, including permitting, inspections, and adherence to local, state, and federal regulations.

Additional company information may be found at www.wsvgroup.com.

Sincerely,

Sean Carter
Principal
WSV Group



3904 Porpoise Dr SE, St Petersburg, FL 33707

www.wsvgroup.com

Contact: Misty 727-409-1943

misty@wsvgroup.com

February 20, 2026

Healthcare Management

Marion E Fether Window Replacement

Project: Marion E. Fether Medical Center – Window Replacement

Owner: Collier Health Services, Inc. dba Healthcare Network

Funding Source: HUD CDBG-MIT

Location: 1454 Madison Avenue West, Immokalee, FL

Statement of Qualifications & Introduction

WSV Group respectfully submits this bid proposal for the Marion E. Fether Medical Center Window Replacement project. WSV Group is a Florida licensed construction company experienced in public-sector and federally funded projects, including compliance with HUD, CDBG-MIT, Davis-Bacon, and Section 3 requirements.

Scope of Work

Provide all labor, materials, equipment, permits, and supervision necessary to remove and replace sixty-one (61) exterior windows, remaining storefront windows, and doors (+/- 969SF) as indicated on the updated bid sheet. Each window shall be furnished as a fixed impact-rated aluminum unit, as required by the existing opening conditions and as directed by the Owner and Architect. The windows, storefront units, and door units will have the following recommended specifications.

A. Exterior Storefront Framing System: Outside laminated glazed storefront framing system with provisions for glass replacement. Shop fabricate and preassemble frame components to extent possible.

1. Framing: 2-1/2" x 5" component size, IR501 by Kawneer Company, Inc or approved equal.

B. Exterior Insulated Laminated Glazing: 1. Exterior Lite: 6mm tempered Vitro Solargray with Solarban 70 on second surface. 2. 1/2" Airspace. 3. Middle Lite: 6mm heat strengthened clear glass. 4. Interlayer: .090 poly-vinyl-butrate by Monsanto. 5. Interior Lite: 6mm heat strengthened clear glass. 6. The above glazing is based on Vitro glazing as described, with the following performance requirements. a. NFRC value U-Value i. Winter 0.28 ii. Summer 0.26 b. Shading Coefficient (SC) 0.21 c. Solar Heat Gain Coefficient (SHGC) 0.18 d. Visible Light Transmittance 31%. Assembly to be large missile impact rated and bear a Florida Product Approval Number.

Pricing

61 Impact-Rated Aluminum Windows. +/- 969Sf of storefront window and door units.

Total Base Bid: \$424,242.00

Pricing includes removal, disposal, new window supply and installation, interior/exterior repairs, permits, inspections, labor, overhead, and profit.



3904 Porpoise Dr SE, St Petersburg, FL 33707

www.wsvgroup.com

Contact: Misty 727-409-1943

misty@wsvgroup.com

Federal Compliance

WSV Group certifies compliance with all applicable federal, state, and local regulations, including HUD CDBG-MIT requirements, Davis-Bacon Act prevailing wage provisions, Section 3 requirements, SAM.gov non-debarment certification, and Equal Opportunity requirements.

Davis-Bacon Act Compliance

All laborers and mechanics shall be paid wages not less than those established by the applicable U.S. Department of Labor wage determination. Certified payrolls shall be submitted weekly.

Warranty

Manufacturer warranties shall apply in accordance with published warranty terms. WSV Group provides a separate workmanship warranty in accordance with contract requirements.

Signature

Submitted by:
Sean Carter, Principal
WSV Group
Date: January 2026

Davis-Bacon Wage Classification & Compliance

WSV Group Inc. has reviewed the applicable Federal Wage Determination for Collier County, Florida (Building Construction) included in the Bid Packet. All laborers and mechanics will be paid wages and fringe benefits not less than those required under the Davis-Bacon Act and 29 CFR Part 5.

Anticipated labor classifications include Glazier, Carpenter, and Laborer. Supervisory personnel are exempt where permitted. Weekly certified payrolls will be submitted through the County-designated reporting system.

Competitive Wage & Cost Reasonableness

Pricing reflects a fair and reasonable cost based on prevailing wage requirements, current market conditions for impact-rated aluminum windows, permit and inspection requirements, and administrative obligations associated with HUD CDBG-MIT funded construction.

Responsibility & Public Sector Experience

WSV Group Inc. is experienced in public-sector construction and understands the compliance, documentation, and audit requirements associated with federally funded projects.



3904 Porpoise Dr SE, St Petersburg, FL 33707

www.wsvgroup.com

Contact: Misty 727-409-1943

misty@wsvgroup.com

Scope of Work – Restoration Requirements

WSV Group Inc. shall restore all surrounding areas affected by window removal and installation to pre-installation condition. Restoration includes interior drywall, window returns, sills, trim, exterior stucco, finishes, sealants, and any adjacent surfaces disturbed by installation. Work is limited to affected areas only and shall be performed in a workmanlike manner consistent with existing construction.

Pre-Bid Conference – Manufacturer & Product Acknowledgment

WSV Group Inc. attended the mandatory Pre-Bid Conference held on January 15, 2026. The bidder confirms its intent to furnish impact-rated aluminum window products, including fixed and single hung configurations as required per opening conditions and approved shop drawings. Product selection does not alter bid pricing and remains subject to final approval through the submittal process.

Total	\$424,242.00
Payment Schedule:	
Acceptance of Proposal	\$169,696.00
Issuance of Permit/Commencement of Work	\$169,696.00
Completion	\$Balance upon completion

Sincerely,
Justin Bills

Signature of Acceptance

Date

All repairs come with a one-year warranty from the date of completion. (Excluding events of natural disaster)
The first payment and signature on the proposal and agreement are required to begin the engineering and permitting process. We do not accept credit or debit cards. The proposal is valid for 30 days.

5-Point Safety Plan

**MEF Window Replacement Project: 1454 Madison Ave
West**

Project: Window Replacement

**Location: Two-Story Sloped Metal Roof – Active Hospital
Work Conducted During Operating Hours**

1. Site Control & Hospital Coordination (Client Safety Priority)

- **Coordinate work schedules with hospital administration to avoid peak patient movement times, emergency access routes, and sensitive departments (ORs, ICU, NICU).**
- **Establish restricted work zones below and around the work area using barricades, cones, and signage stating “*Construction Above – Do Not Enter.*”**
- **Assign a ground safety monitor/spotter at all times to prevent unauthorized entry into the drop zone.**
- **Maintain clear and unobstructed emergency egress routes at all times.**

2. Fall Protection & Roof Safety (Employee Safety Priority)

- **All workers on the sloped metal roof will utilize 100% tie-off with OSHA-compliant fall protection systems.**
 - **Install temporary roof anchors, lifelines, or guardrail systems rated for metal roofing.**
 - **Workers will wear slip-resistant footwear designed for metal surfaces.**
 - **No work will be performed during rain, high winds, or other unsafe weather conditions.**
-

3. Tool, Material & Debris Control (Client & Employee Safety)

- **Use tool lanyards for all hand tools when working at elevation.**
 - **Secure all materials to prevent sliding on the metal roof.**
 - **Remove glass and debris immediately; no materials left unattended on roof edges.**
-

4. Infection Control, Noise & Environmental Management (Hospital Safety)

- **Comply with hospital Infection Control Risk Assessment (ICRA) requirements.**
 - **Seal interior work areas with dust barriers as required.**
 - **Schedule loud or vibration-producing tasks during approved time windows.**
 - **Maintain clean work areas and perform daily cleanup to prevent dust migration.**
-

5. Communication, Training & Emergency Response

- **Conduct a daily job hazard analysis (JHA) and safety briefing before work begins.**
- **Ensure all crew members are trained in fall protection, glass handling, and hospital safety protocols.**
- **Maintain clear communication with hospital facilities and security teams throughout the project.**
- **Establish an emergency response plan including fall rescue procedures and hospital emergency contacts.**

Points of contact are:

Krisen Singh: Project Manager

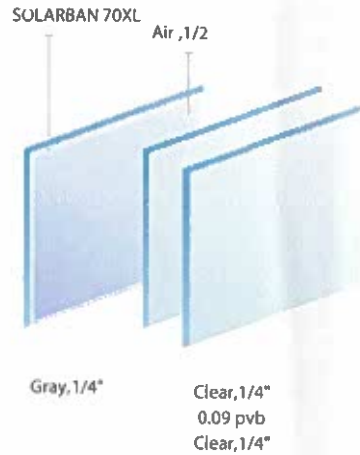
Oscar Villa: Maintenance Manager



 Configuration

SOLARBAN 70XL

- 1/4" Gray
- SOLARBAN 70XL Surface 2
- 1/2" Air
- 1/4" Clear
- 0.09 pvb
- 1/4" Clear



Performance

Visible transmittance %	31.0	Solar heat gain coefficient (shgc)	0.18
Exterior visible reflectance %	7.0	U-Value (Winter W/m ² *k)	1.57
Interior visible reflectance %	12.0	U-Value (Summer W/m ² *k)	1.46
Solar exterior reflectance %	15.0	U-Value (Winter BTU/h*ft ² *f)	0.28
Solar transmittance %	11.0	U-Value (Summer BTU/h*ft ² *f)	0.26
Shading coefficient (sc)	0.21	Light to Solar Gain (LSG)	1.72

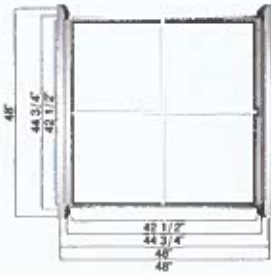
The results represent Center-of-Glass performance data based on NFRC 100 Environmental Design Conditions utilizing the LBNL Window 7.3 software program. Performance data is based on representative samples of factory production. Actual values may vary slightly due to variations in the production process. This data is to be used for comparison purposes and should not be considered a contract. It is the recipient's responsibility to ensure the manufacturability of the above glazing configurations as well as evaluating appropriate design considerations such as wind and snow load analysis, thermal stress analysis, and local building code compliance. Tecnoglass recommends that a full size mock-up be reviewed under the specific job-site conditions and retain the mock-up as a basis of acceptable product.

Note: Be aware that laminated glazing constructions may have increased optical distortion and/or strain iridescence from stacked multiple individual layers especially when the glass lites are heat treated. In addition transmitted and reflective color differences can occur when a low-e or reflective coating is located adjacent to the interlayer material. A coating facing an airspace in an IG unit may appear a different color than the same coating in a laminate.

2 MARK: B

ES-8000T LMI - STOREFRONT

1 LITE 16

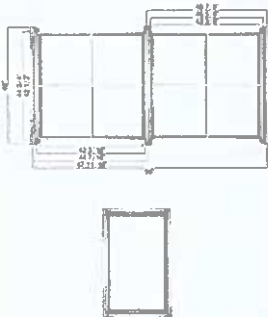


SIZE	48" X 48"	FBC CERTIFICATION	
WEIGHT	184.71 LBS (83.96 KG)	INTERNAL PSF	EXTERNAL PSF
AREA	16.00 FT ²	70.00	60.00
FINISH	AAMA 2604 BRONZE	CODE	FL 17897.5
GLASS	1/4" GRAY HS SB70 + 0.09 PVB CLEAR + 1/4" CLEAR HS + 3/8" AIR MA BLACK SPACER + 1/4" CLEAR TMP	MUNTIN DETAILS	
PANELS	1	PANEL	A
MUNTIN	YES	PATTERN	GRID
REVERSE	NO	LITES ACROSS	2
LOCATION	SINGLE	LITES DOWN	2
JAMB TYPE	REGULAR (NO ANCHORED)	INTERNAL STYLE	ES1014
SHIM SPACE	1/4" SHIM SPACE	EXTERNAL STYLE	ES1014
ANCHOR TYPE	TYPE B 5/16 DIA ULTRACON	GRILLES BETWEEN THE GLASS	YES
EQUAL PANELS	YES		
PROTECTIVE FILM	BOTH		
NUMBER OF ANCHORS	2 ANCHORS AT EACH SIDE OF JAMB AND MULLION		
POUR AND DEBRIDGE	YES		
JAMB REINFORCEMENT	J1		
MULLION REINFORCEMENT	M1		
PRE-GLAZED?	YES		

3 MARK: C

ES-8000T LMI - STOREFRONT

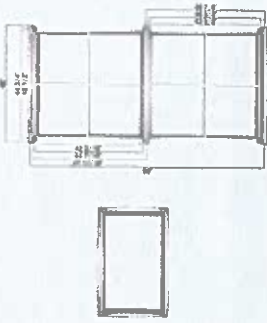
1 LITE 14



SIZE	96" X 48"	FBC CERTIFICATION	
WEIGHT	373.90 LBS (169.95 KG)	INTERNAL PSF	EXTERNAL PSF
AREA	32.00 FT ²	70.00	60.00
FINISH	AAMA 2604 BRONZE	CODE	FL 17897.5
GLASS	1/4" GRAY HS SB70 + 0.09 PVB CLEAR + 1/4" CLEAR HS + 3/8" AIR MA BLACK SPACER + 1/4" CLEAR TMP	MUNTIN DETAILS	
PANELS	2	PANEL	A
MUNTIN	YES	PATTERN	GRID
REVERSE	NO	LITES ACROSS	2
LOCATION	RIGHT	LITES DOWN	2
JAMB TYPE	REGULAR (NO ANCHORED)	INTERNAL STYLE	ES1014
SHIM SPACE	1/4" SHIM SPACE	EXTERNAL STYLE	ES1014
ANCHOR TYPE	TYPE B 5/16 DIA ULTRACON	GRILLES BETWEEN THE GLASS	YES
EQUAL PANELS	YES		
PROTECTIVE FILM	BOTH		
NUMBER OF ANCHORS	2 ANCHORS AT EACH SIDE OF JAMB AND MULLION		
POUR AND DEBRIDGE	YES		
JAMB REINFORCEMENT	J1		
MULLION REINFORCEMENT	M1		
PRE-GLAZED?	YES		

ES-8000T LMI -
STOREFRONT

1 LITE 1



SIZE	96" X 48"	FBC CERTIFICATION	
WEIGHT	373.90 LBS (169.95 KG)	INTERNAL PSF	EXTERNAL PSF
AREA	32.00 FT ²	70.00	60.00
FINISH	AAMA 2604 BRONZE	CODE	FL 17897.5
GLASS	1/4" GRAY HS SB70 + 0.09 PVB CLEAR + 1/4" CLEAR HS + 3/8" AIR MA BLACK SPACER + 1/4" CLEAR	MUNTIN DETAILS	
PANELS	2	PANEL	A
MUNTIN	YES	PATTERN	GRID
REVERSE	NO	LITES ACROSS	2
LOCATION	RIGHT	LITES DOWN	2
JAMB TYPE	REGULAR (NO ANCHORED)	INTERNAL STYLE	ES1014
SHIM SPACE	1/4" SHIM SPACE	EXTERNAL STYLE	ES1014
ANCHOR TYPE	TYPE B 5/16 DIA ULTRACON	GRILLES BETWEEN THE GLASS	YES
EQUAL PANELS	YES		
PROTECTIVE FILM	BOTH		
NUMBER OF ANCHORS	2 ANCHORS AT EACH SIDE OF JAMB AND MULLION		
POUR AND DEBRIDGE	YES		
JAMB REINFORCEMENT	J1		
MULLION REINFORCEMENT	M1		
PRE-GLAZED?	YES		

ES-8000T LMI -
STOREFRONT

2 LITE 1



SIZE	480" X 88"	FBC CERTIFICATION	
WEIGHT	3,441.02 LBS (1,564.10 KG)	INTERNAL PSF	EXTERNAL PSF
AREA	293.33 FT ²	60.00	60.00
FINISH	AAMA 2604 BRONZE	CODE	FL 17897.5
GLASS	1/4" GRAY HS SB70 + 0.09 PVB CLEAR + 1/4" CLEAR HS + 3/8" AIR MA BLACK SPACER + 1/4" CLEAR	MUNTIN DETAILS	
	TMP	PANEL	A, B
PANELS	10	PATTERN	GRID
MUNTIN	YES	LITES ACROSS	2
REVERSE	NO	LITES DOWN	2
LOCATION	RIGHT	INTERNAL STYLE	ES1014
JAMB TYPE	REGULAR (NO ANCHORED)	EXTERNAL STYLE	ES1014
SHIM SPACE	1/4" SHIM SPACE	GRILLES BETWEEN THE GLASS	YES
ANCHOR TYPE	TYPE B 5/16 DIA ULTRACON		
EQUAL LITES	YES		
EQUAL PANELS	YES		
PROTECTIVE FILM	BOTH		
NUMBER OF ANCHORS	2 ANCHORS AT EACH SIDE OF JAMB AND MULLION		
POUR AND DEBRIDGE	YES		
JAMB REINFORCEMENT	J1		
MULLION REINFORCEMENT	M1		
PRE-GLAZED?	YES		

QUOTE SUMMARY

ASSEMBLY SYSTEM

TOTAL QUANTITY

TOTAL AREA (SQ FT)

MERCHANTS BONDING COMPANY

Merchants National Bonding, Inc. P.O. BOX 14498, DES MOINES, IOWA 50306-3498
PHONE: (800) 678-8171 FAX: (515) 243-3854

Bid Bond

Bond Number: Bid Bond

CONTRACTOR:

(Name, legal status and address)

WSV Group Inc.
1616 22nd Street S.
St. Petersburg, FL 33712

OWNER:

(Name, legal status and address)

Healthcare Network
1454 Madison Avenue West
Immokalee, FL 34142

BOND AMOUNT:

5% Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

Remove and Replace Sixty-One Exterior/Storefront Windows and Doors
1454 Madison Avenue West, Immokalee, FL 34142

SURETY:

(Name, legal status and principal place of business)

Merchants National Bonding, Inc.
A Corporation
6700 Westown Parkway, West Des Moines, IA 50266

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 20th day of February, 2026

(Witness)

Nicholas A. Burke

WSV Group Inc.

(Principal)

(Seal)

By:

(Title)

Merchants National Bonding, Inc.

(Surety)

By:

Wendy A. Bright

Attorney-in-Fact

CON 0657 (2/15)

Printed in cooperation with American Institute of Architects (AIA). The language in this document conforms exactly to the language used in AIA Document A310-Bid Bond-2010



MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, and MERCHANTS NATIONAL INDEMNITY COMPANY, an assumed name of Merchants National Bonding, Inc., (herein collectively called the "Companies") do hereby make, constitute and appoint, individually, **Wendy A. Bright**

Surety Bond #: Bid Bond
Principal: WSV Group Inc.
Obligee: Healthcare Network

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Companies.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."


In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 20th day of February, 2026.

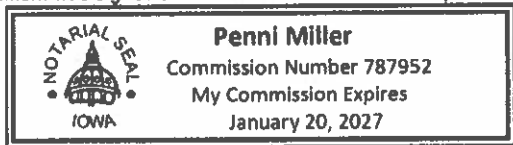



MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.
MERCHANTS NATIONAL INDEMNITY COMPANY

By 
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 20th day of February, 2026, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

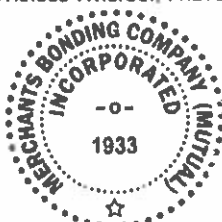



Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 20th day of February, 2026.




Secretary

July 30, 2024

Sean Carter
WSV GROUP INC
3904 Porpoise Dr SE
Saint Petersburg, FL 33705-4030

Certification Date: July 30, 2024

Renewal Date: July 30, 2027

RE: Minority Business Enterprise (MBE), City of St. Petersburg

Dear Sean Carter:

The City of St. Petersburg's Office of Supplier Diversity is pleased to inform you that your firm's certification has been approved as a Minority Business Enterprise (MBE).

Your certification is valid through July 30, 2027. Minority Business Enterprise (MBE) certification qualifies your company to compete and bid on City of St. Petersburg projects as a small owned and operated company. It is not an automatic guarantee that your company will receive work. Your firm's identification number is 269.

We have also added your firm to the City of St. Petersburg's certified directory, which can be accessed at <https://stpete.gob2g.com/> respectively.

If you have any questions regarding your certification, you may email us at: OSD@stpete.org.

Sincerely,

Kourey Hendryx-Bell, J.D.
Manager, Office of Supplier Diversity
(727) 893-7226
Kourey.Hendryx-Bell@stpete.org



U.S. Small Business
Administration

202-205-8800 | sba.gov
409 3rd St, SW, Washington DC 20416

June 26, 2023

WSV GROUP INC
SAM UEI: GFTDMWAGMH28
3904 PORPOISE DR SE
SAINT PETERSBURG, FL 33705

Dear WSV GROUP INC:

I am writing to inform you that WSV GROUP INC has been certified by the Veteran Small Business Certification Program (VetCert) at SBA. Your certification confirms your eligibility to compete for set-aside contracting opportunities, as well as other benefits, as a Service-Disabled Veteran-Owned Small Business (SDVOSB).

What you need to know:

- WSV GROUP INC is certified as a Service-Disabled Veteran-Owned Small Business (SDVOSB) and publicly listed at veterans.certify.sba.gov.
- Your certification is valid for three (3) years from the date of this letter.
- You may visit [SBA's website to download SBA-approved digital icons](https://sba.gov) that indicate your certification status.
- SBA may conduct a program examination at your office or work site during your certification period to verify the accuracy of your certification.
- You may apply for recertification 120 days prior to your expiration date by logging in to your Veteran Small Business Certification profile.

What to do if your business changes:

You must inform SBA of any changes to the business that could affect its eligibility for the program, such as:

- a closure
- a change to the firm's ownership, business structure, or control
- filing of a bankruptcy
- a change in a Veteran-owner's active duty status

You can inform SBA of changes through the VetCert website at veterans.certify.sba.gov. Failure to report eligibility changes within 30 days of the change could result in:

- Civil and criminal penalties
- A referral to the Debarment and Suspension Committee
- Decertification and removal from the Veteran Small Business Certification Program

Please keep a copy of this letter to confirm WSV GROUP INC's continued program eligibility. Thank you for your service to our country and for continuing to serve the United States through small business ownership.

Sincerely,

John B. Perkins

John B. Perkins
Director Veteran Small Business Certification Program



All SBA programs and services are extended to the public on a nondiscriminatory basis.

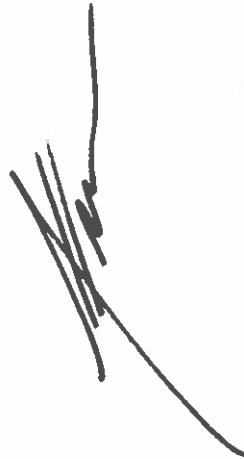
State of Florida

Minority & Veteran Business Certification

WSV GROUP, INC

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

09/09/2024 to 09/09/2026



Pedro Allende
Florida Department of Management Services



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES
● ● ● SUPPLIER DEVELOPMENT

Office of Supplier Development
4050 Esplanade Way, Suite 380
Tallahassee, Florida 32399
850-487-0915
www.dms.myflorida.com/osd



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/19/2026

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).

PRODUCER CJ NOEL INSURANCE SERVICES, INC. 2800 Davis Blvd Ste 208 Naples, FL 34104	CONTACT NAME: CJ NOEL INSURANCE SERVICES, INC.	
	PHONE (A/C, No, Ext): (239) 403-8391	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: GEICO Marine Insurance Company		37923
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 WSV GROUP
 3904 PORPOISE DR SE
 SAINT PETERSBURG, FL 33705


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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		X	9300233825-00	10/31/2025	10/31/2026	COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$ 100,000
							BODILY INJURY (Per accident)	\$ 300,000
							PROPERTY DAMAGE (Per accident)	\$ 100,000
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

2021 VOLKSWAGEN ATLAS 1V2WE2CA7MC205233
 HEALTHCARE NETWORK IS NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER HEALTHCARE NETWORK 1454 Madison Ave W Immokalee, FL 34142	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

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HEALTHCARE NETWORK

MARION E. FETHER WINDOW REPLACEMENT PROJECT

1454 MADISON AVENUE WEST, IMMOKALEE, FL. 34142
 PERMITTING AND CONSTRUCTION DOCUMENTS

PROJECT TEAM DIRECTORY

OWNER
 HEALTHCARE NETWORK
 1454 MADISON AVENUE WEST
 IMMOKALEE, FLORIDA 34142
 (239) 658-3060

ARCHITECT
 BURT HILL / POLLOCK KRIEG ARCHITECTS, INC.
 8250 COLLEGE PARKWAY, SUITE 203
 FORT MYERS, FLORIDA 33919
 PHONE: (239) 482-4761
 FAX: (239) 482-0265

STRUCTURAL ENGINEERS
 RTM ENGINEERING CONSULTANTS
 12573 NEW BRITNEY BLVD.
 FORT MYERS, FLORIDA 33907
 (239) 210-5090

CONTRACTOR
 TO BE SELECTED



SHEET INDEX

- ADD COVER SHEET
- ARCHITECTURAL
- A3.0 EXTERIOR ELEVATIONS
- A3.1 EXTERIOR ELEVATIONS
- A3.0 WINDOW SCHEDULE DETAILS AND WIND PRESSURE DIAGRAM
- A5.1 SPECIFICATIONS

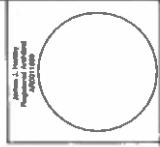
BUILDING CODE ANALYSIS

1. CODES IN EFFECT:
 FLORIDA BUILDING CODE, SUITE 2032 (EIGHTH EDITION)
 NFPA 101, 2021 EDITION LIFE SAFETY CODE
 FLORIDA FIRE PREVENTION CODE - EIGHTH EDITION
2. USE AND OCCUPANCY CLASSIFICATION:
 AS PER FBC CHAPTER 3 AND NFPA 101 GROUP B, SUBINERB, TYPE IIB, FULLY SPRINKLED OR NFPA TYPE III (3.0.0)
3. TYPE OF CONSTRUCTION:
 TYPE IIB, FULLY SPRINKLED OR NFPA TYPE III (3.0.0)
4. THE SCOPE OF THIS PROJECT IS TO REPLACE THE REMAINDER OF THE EXISTING WINDOWS ON THE BUILDING WITH IMPACT RATED UNITS. THE BUILDING SIZE, OCCUPANT LOADING, CONSTRUCTION TYPE AND EXIT CAPACITY WILL NOT BE AFFECTED.

SYMBOL LEGEND

- COLUMN REFERENCE
- WINDOW TYPE
- CENTERLINE ON FLOOR LINE
- ELEVATION BENCHMARK
- REVISION & NUMBER
- CENTER JOINT
- EXPANSION JOINT
- NEW DOOR & FRAME
- NEW METAL STUD WALL
- NEW MASONRY WALL
- WALL TO BE DEMOLISHED
- ROOM NAME & NUMBER
- DOOR NUMBER
- SECTION OR DETAIL
- ELEVATION
- INTERIOR ELEVATION
- PLAN NORTH
- SUPPLY DIFFUSER
- RETURN GRILLE
- CEILING FAN
- 91WP FLUORESCENT FIXTURE
- FLUORESCENT LIGHT FIXTURE
- RECESSED LIGHT FIXTURE

VICINITY MAP



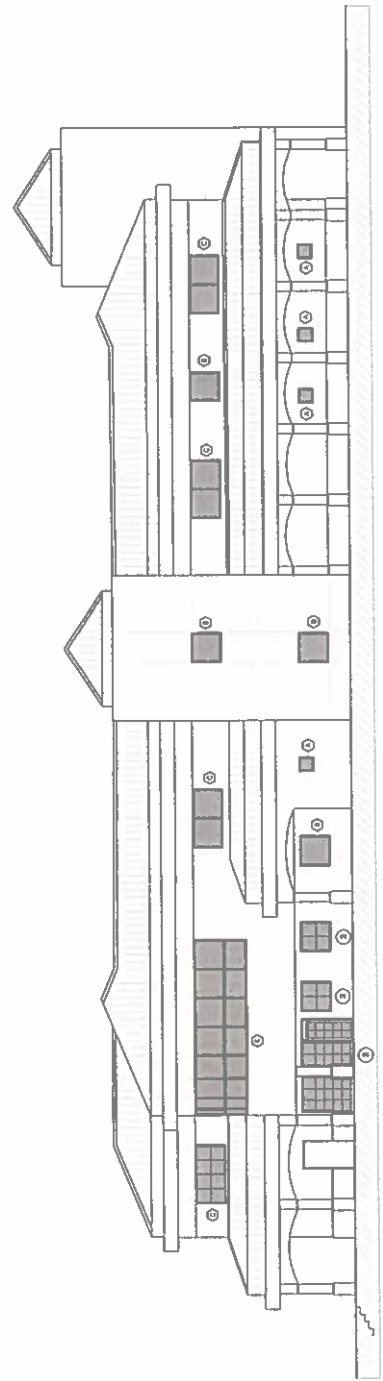
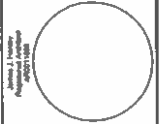
COVER SHEET
 MARION E FETHER

A0.0
 COVER SHEET

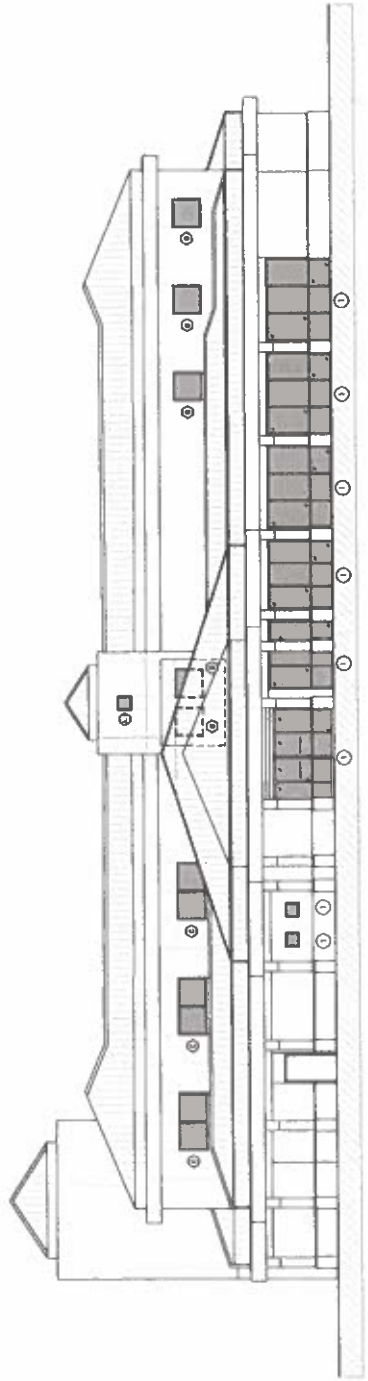


Burt Hill/Pollock Krieg Architects, Inc.
 8250 College Parkway, Suite 203
 Fort Myers, Florida 33918
 Phone: (239) 482-4761 Fax: (239) 482-0265
 License No. AYC002219

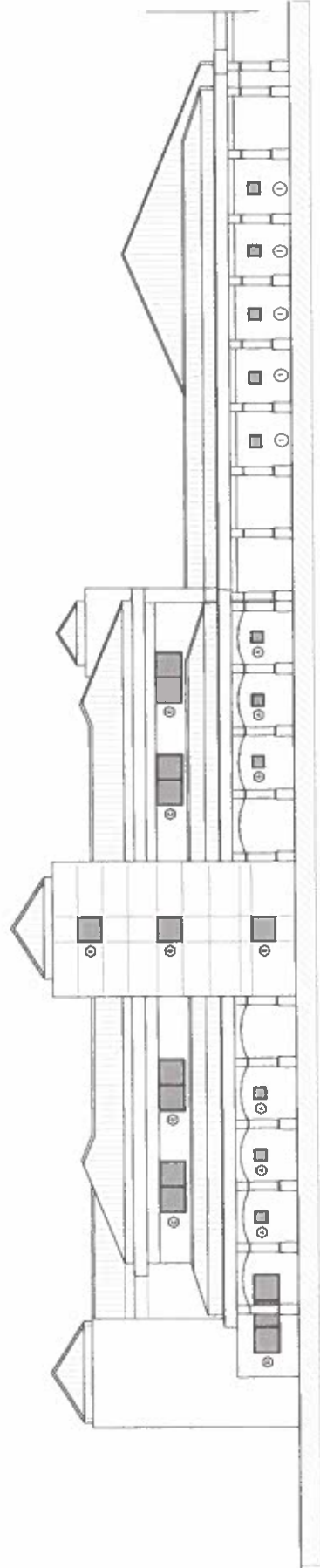
DATE: FEB 24, 2023
 023



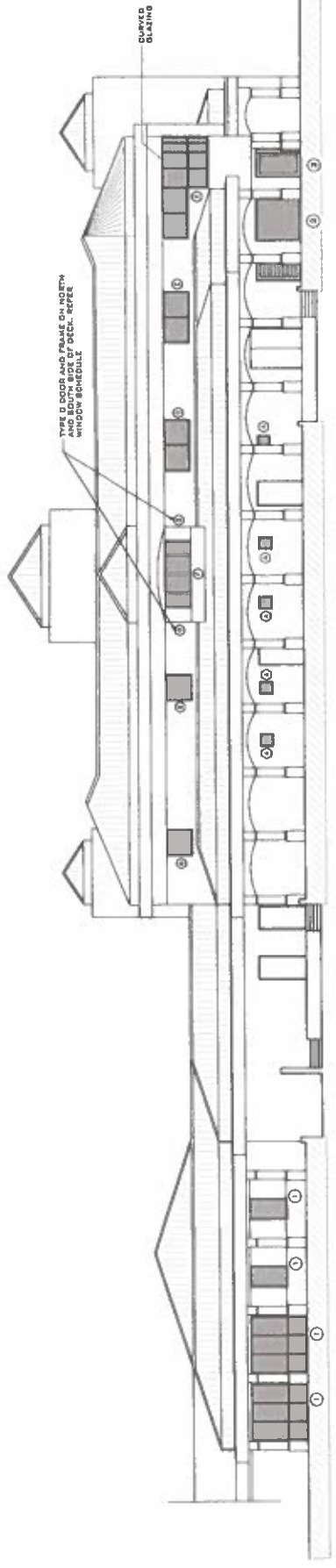
1. NORTH ELEVATION
1/8" = 1'-0"



2. SOUTH ELEVATION
1/8" = 1'-0"



1 WEST ELEVATION
1/8" = 1'-0"



2 EAST ELEVATION
1/8" = 1'-0"

CURVED
DORMER

TYPE 2 DOOR AND FRAME ON NORTH
AND SOUTH SIDE OF EACH. REFER
WINDOW SCHEDULE

Field User

WSV Group Inc

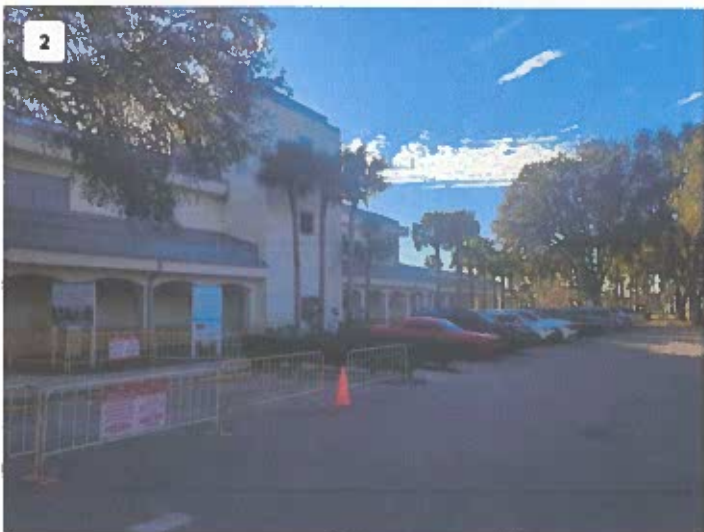
Dec 30, 2025 | 72 Photos

1454 Madison Ave W

Section 1



Project: Marion E Feather Window Replacement
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:27 AM
Creator: Field User



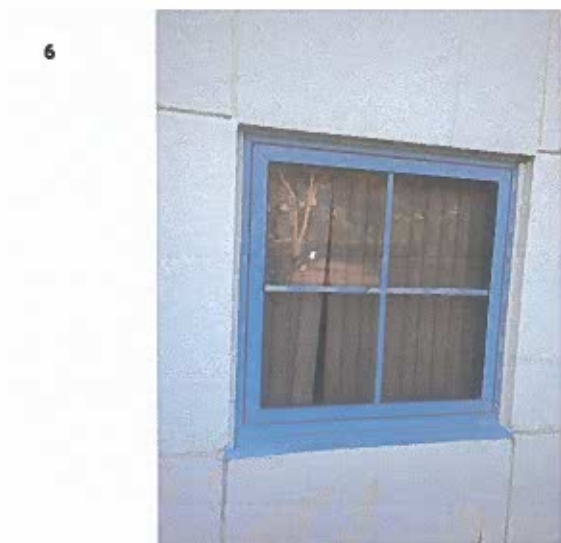
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:28 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:28 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:28 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:28 AM
Creator: Field User



Project: Marion E Feather Window Replacement
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:28 AM
Creator: Field User



10

Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:28 AM
Creator: Field User



11

Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:29 AM
Creator: Field User



12

Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:29 AM
Creator: Field User



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Date: Dec 30, 2025, 8:30 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:30 AM
Creator: Field User



Project: Marion E Feather Window Replacement
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:30 AM
Creator: Field User



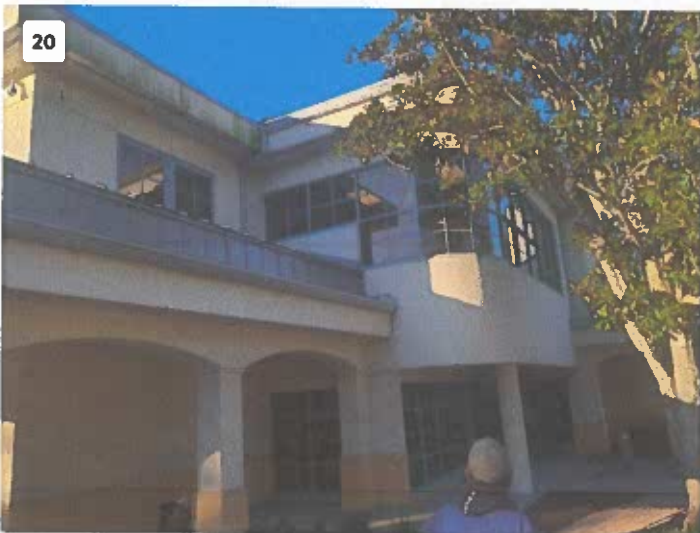
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Date: Dec 30, 2025, 8:31 AM
Creator: Field User



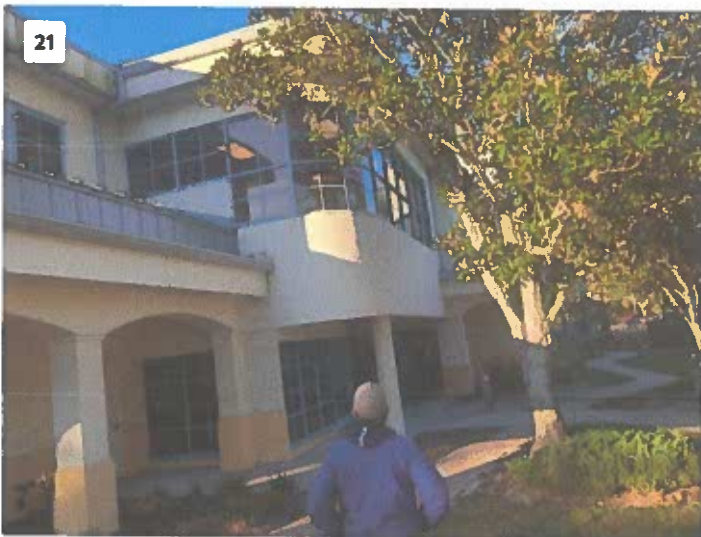
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Date: Dec 30, 2025, 8:31 AM
Creator: Field User



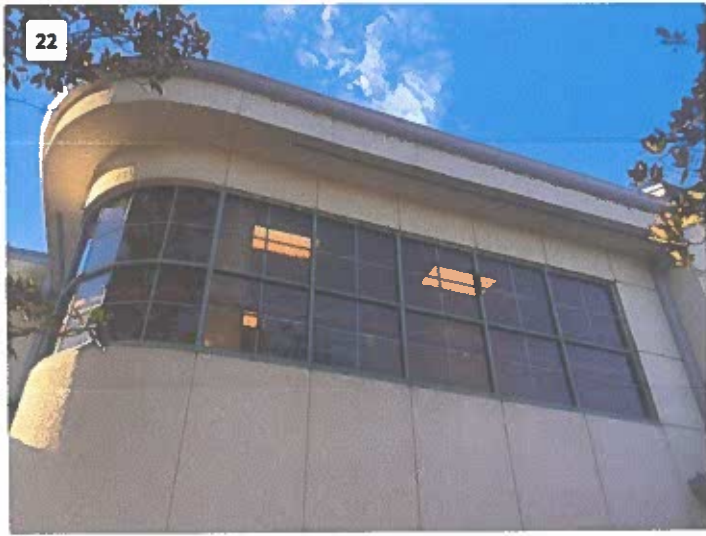
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Date: Dec 30, 2025, 8:31 AM
Creator: Field User



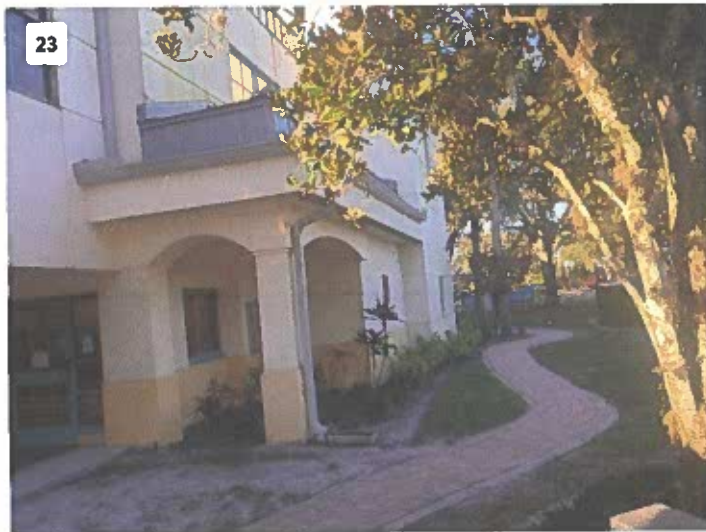
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:31 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:31 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:31 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:32 AM
Creator: Field User



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Date: Dec 30, 2025, 8:32 AM
Creator: Field User



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Date: Dec 30, 2025, 8:32 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:32 AM
Creator: Field User



28

Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:32 AM
Creator: Field User



29

Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:32 AM
Creator: Field User



30

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Creator: Field User



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Creator: Field User



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Creator: Field User



Project: Marion E Feather Window Replacement
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Creator: Field User



Project: Marion E Feather Window Replacement
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:35 AM
Creator: Field User



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Date: Dec 30, 2025, 8:35 AM
Creator: Field User

37



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:35 AM
Creator: Field User

38



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:36 AM
Creator: Field User

39



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:36 AM
Creator: Field User

40



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:36 AM
Creator: Field User

41



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Date: Dec 30, 2025, 8:36 AM
Creator: Field User

42



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:36 AM
Creator: Field User

43



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:36 AM
Creator: Field User

44



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:37 AM
Creator: Field User

45



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:37 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:38 AM
Creator: Field User

47



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:38 AM
Creator: Field User

48



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:38 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:38 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:43 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:43 AM
Creator: Field User

52



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:43 AM
Creator: Field User

53



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:44 AM
Creator: Field User

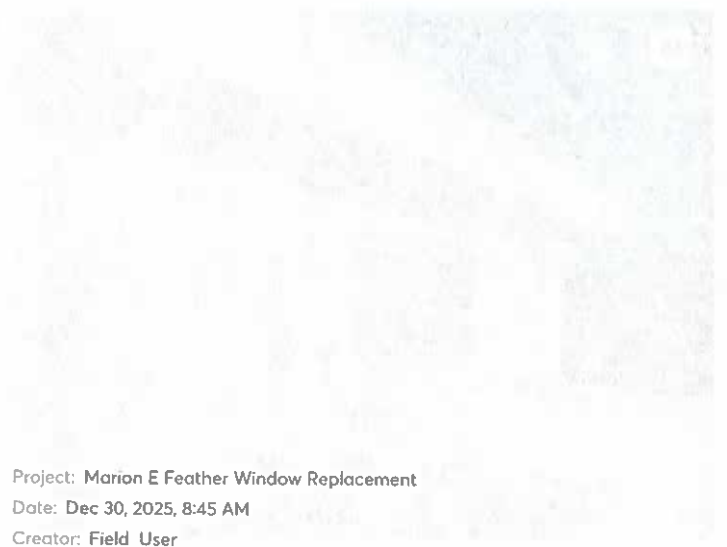
54



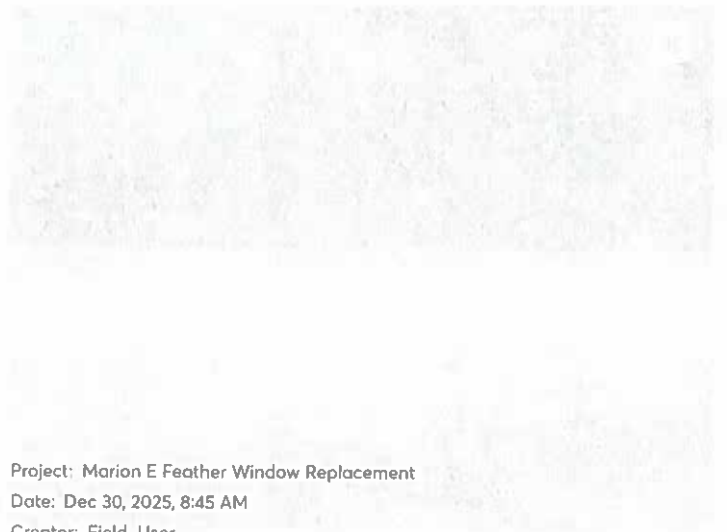
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:45 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:45 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:47 AM
Creator: Field User

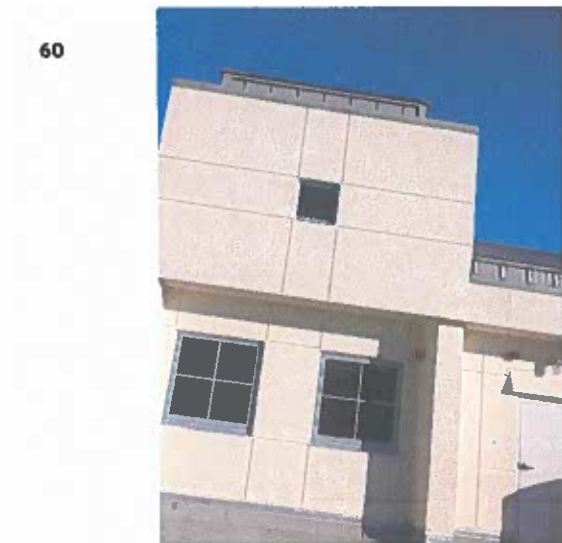




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Date: Dec 30, 2025, 8:47 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:47 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:49 AM
Creator: Field User

61



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:49 AM
Creator: Field User

62



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:50 AM
Creator: Field User

63



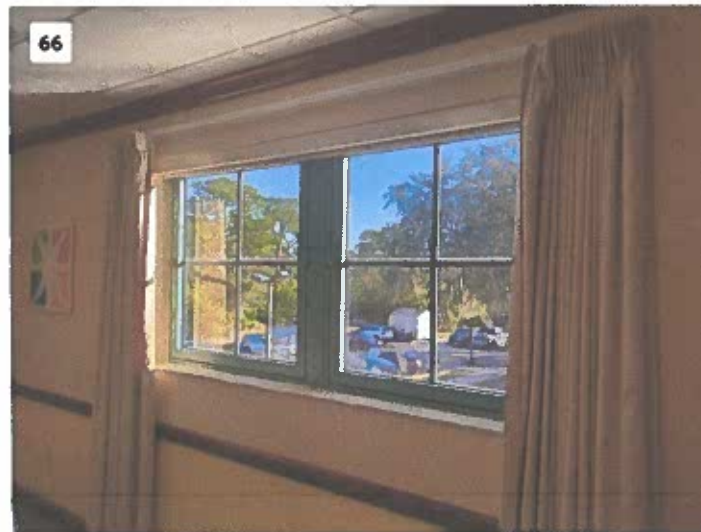
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:56 AM
Creator: Field User



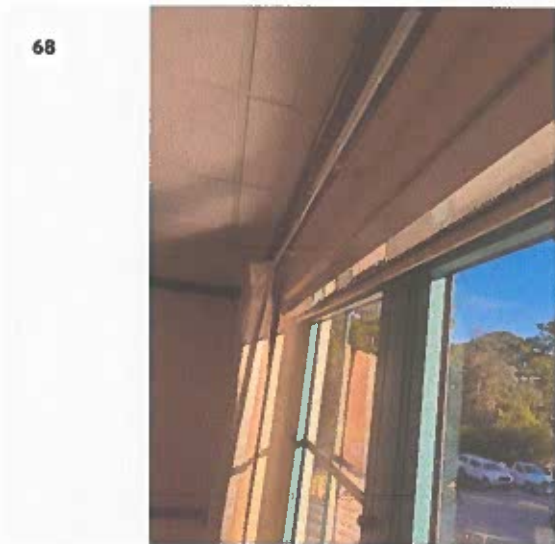
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Date: Dec 30, 2025, 8:56 AM
Creator: Field User



Project: Marion E Feather Window Replacement
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Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:57 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:57 AM
Creator: Field User



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:58 AM
Creator: Field User

70



Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:58 AM
Creator: Field User

71

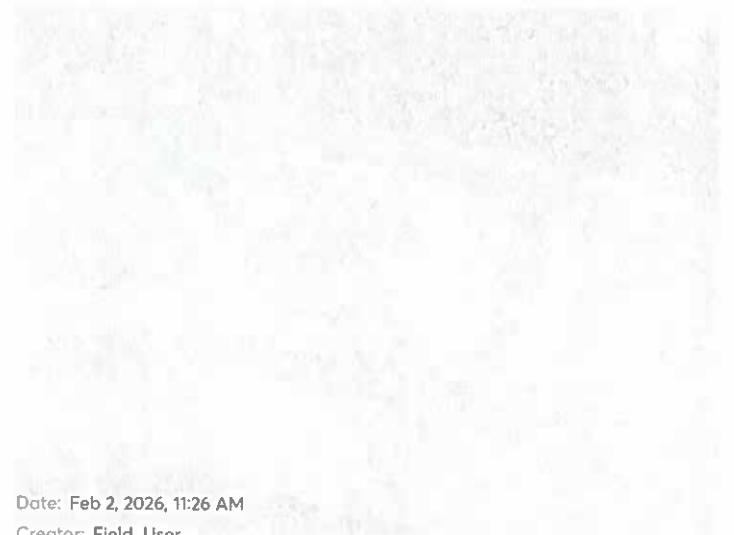
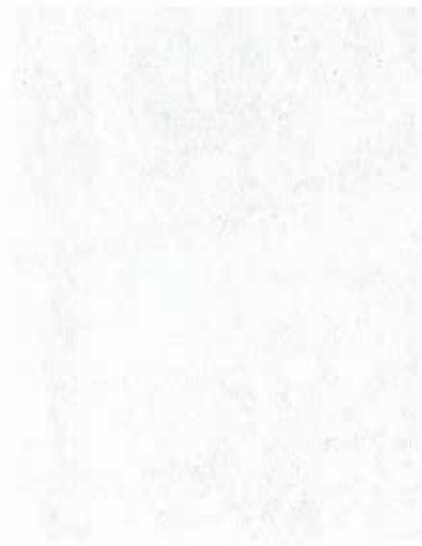


Project: Marion E Feather Window Replacement
Date: Dec 30, 2025, 8:58 AM
Creator: Field User

72



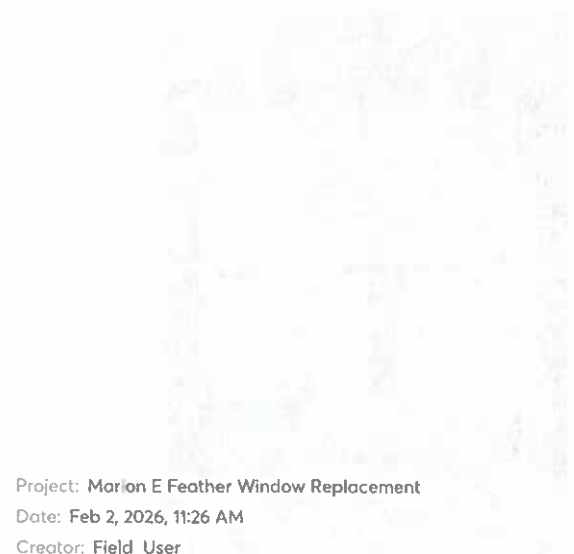
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Date: Dec 30, 2025, 8:59 AM
Creator: Field User



Date: Feb 2, 2026, 11:26 AM
Creator: Field User

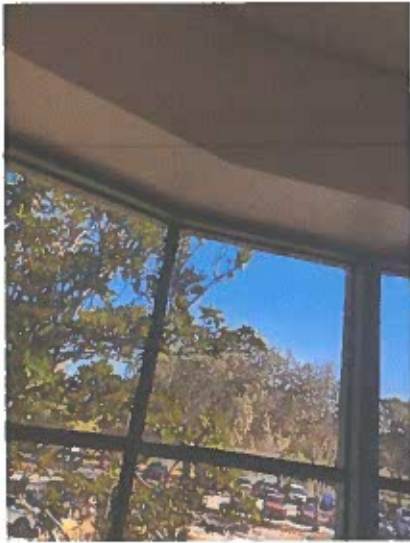


111



Project: Marion E Feather Window Replacement
Date: Feb 2, 2026, 11:26 AM
Creator: Field User

112



Project: Marion E Feather Window Replacement

Date: Feb 2, 2026, 11:26 AM

Creator: Field User

113



Project: Marion E Feather Window Replacement

Date: Feb 2, 2026, 11:26 AM

Creator: Field User

114



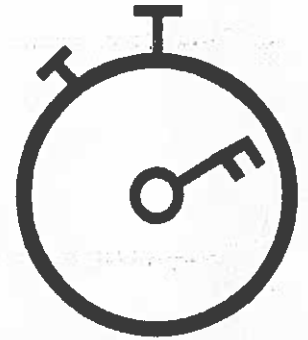
Project: Marion E Feather Window Replacement

Date: Feb 2, 2026, 11:38 AM

Creator: Field User

February 19, 2026

Marion Fether Health Ctr.
1454 Madison Avenue West
Immokalee, FL 34142



**T I M E K E Y
G L A Z I N G**

ATTENTION: Healthcare Network, Krisen Singh
REFERENCE: Window Replacement

Timekey Glazing has prepared this estimate per site visits made on behalf of the company, construction drawings and instructions lined out in the bid package. We attended the construction pre bid meeting, have examined the drawings and are comfortable with the scope of the Windows and doors with impact rated glass. This cover letter will acknowledge the information covered in the construction documents and act as our bid form. We have attached our WBE participation and it is important to note that Timekey Glazing self-performs all of our work and will not sub-contract out any work unless asked to do so in order to meet any of these requirements. I have attached a company portfolio of our work history with reference letters as well.

BASE BID \$355,888

Thank you for your consideration and for the opportunity to bid.

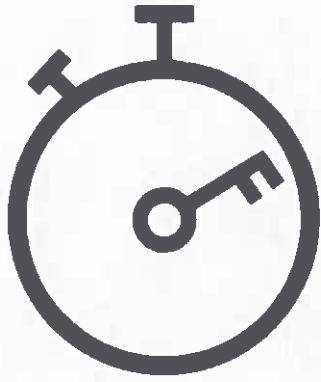
Respectfully,

T I M E K E Y G L A Z I N G,

A handwritten signature in black ink that reads "John Kimminau". The signature is written in a cursive, flowing style.

John Kimminau
john@timekey.us
816-434-3612

13510 Oak St.
Kansas City, MO
timekeyglazing.com

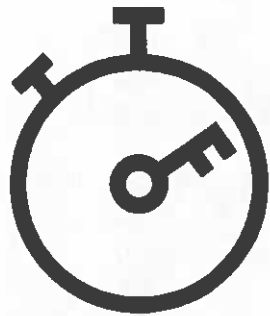


TIMEKEY GLAZING

Commercial Window Experts.



<https://www.timekeyglazing.com/>



TIMEKEY GLAZING

With over \$100m in commercial window replacements complete, Timekey Glazing has built an unparalleled reputation in the glazing industry. This specialty trade has few contractors capable of large-scale retrofits; especially high-profile projects on high-rise buildings receiving heavy scrutiny. For these project owners, Timekey Glazing presents the experienced partner necessary for success.

Training, quality, safety and efficiency permeate through all projects. By self-performing work across so many buildings for the past decade, Timekey has built a uniquely skilled and tight-knit workforce of 70+. Clients can rely on this deep bench of talent at all levels, from field glaziers, to superintendents, estimators and project managers.

Hurricane-rated installs require in-depth knowledge and experience when marrying new building components to older existing structures. Timekey has a proven record of navigating these challenges through engineering, design, testing, installation, and quality control.

Timekey Glazing is backed by our A+ rated surety, Cincinnati Insurance and maintains Florida contractor insurance for work at the state's strictest facilities. Call or message us to find out more about why your project deserves Timekey Glazing!

Project:

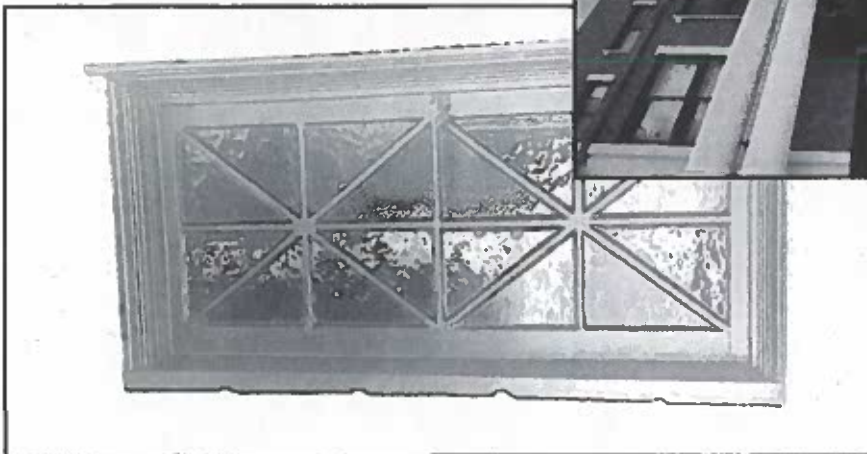
CITRUS CO. COURTHOUSE

Client: Citrus County Courthouse

Location: Inverness, FL

Contract: \$631,817

This project includes restoration of original 3rd floor windows, & replacement of all others with new aluminum historic replicas. Shop drawings were designed to mimic original elements & color matched to ensure uniformity. Following appreciation for Timekey's quality hard work, additional scope was added. Work was move overnight to avoid July heat and was completed early to very satisfied Citrus County personnel.





Board of County Commissioners
Department of Public Works
Facilities Management Division

(352) 527-7600 Fax (352) 527-7603

MEMORANDUM

To: Mike Martin, Project Manager, Timekey Glazing
From: Douglas Gasperak, Field Operations Supervisor, Facilities Management
Date: September 29, 2025
Subject: Letter of Recommendation

This memo is issued in regard to the recently performed window replacement project at the Citrus County Historical Courthouse in Inverness, Florida.

Built in 1912 and considered a centerpiece by the entire community, this building had seen a number of changes over the years which presented some unique challenges to this project. Many of the 65 window openings were of unique and varying dimensions, and most required full framing rehabilitation without damaging or modifying interior or exterior walls.

There were a number of leaks, causing significant rot that needed to be removed and remediated. Intrinsic discrepancies of plumb and square were found that were not at all easily recognizable until levels and modern building materials were placed in gaping holes in a hand-laid brick facade. Our building kept throwing curveballs, but the knowledgeable and professional personnel of the Timekey crew kept batting a thousand. They knew exactly how to handle these issues at every turn, clearly communicating what they found and how it was resolved. From the onset, it quickly became apparent that they possessed the expertise and ability to execute this project to a degree beyond our expectations.

Further complicating matters, conflicting opinions and wishes of the Citrus County Board of County Commissioners, the Inverness City Council, the Citrus County Historical Society, the Inverness Architectural and Aesthetics Review Board, and the citizenry needed to be addressed and mediated before the project could even begin, let alone as it progressed. Thanks to the Timekey project manager's patience, professionalism, expert input, and solution-oriented approach, each stakeholder concern was resolved amicably – no small feat.

In order to demonstrate the high praise I have for Timekey, just a few examples of the larger obstacles have been presented for your consideration. As with any project of this size, there were other frustrations as well. Timekey gracefully and successfully took on the burden of resolution, and I am grateful for their service.

Sincerely,

Douglas Gasperak

Project:

SANDPIPER CONDOMINIUMS

Client: Sandpiper Condos
Location: Corpus Christi
Contract: \$11,650,000



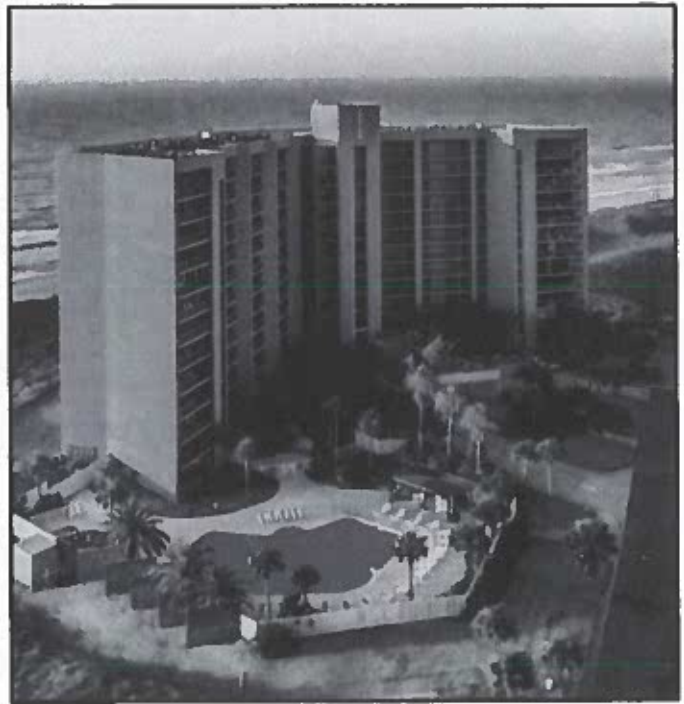
All windows & sliding glass doors were replaced in 2023 with hurricane rated products from EFCO. The engineered anchoring system featured over 14,000 penetrations in post-tension cable concrete slabs, requiring and ground-penetrating-radar at all heads and sills. Timekey mobilized a 35-man crew to this south Texas barrier island over the



month construction period. As the self-performing prime contractor, Timekey executed all elements; including scheduling, custom fabrications, performance testing, and quality control. Completing ahead of schedule, this



project ensures the Sandpiper Condo's restoration from Hurricane Harvey, and protection against similar storms in the future.



Project:

MAGNOLIA HOTEL 1928

Client: AJ Capital, Magnolia Network

Location: Waco, Texas

Contract: \$1,199,060

Timekey Glazing's work helped transform Waco's historic Karem Shrine building into Hotel 1928, which opened in August 2023. The overall project was the focus of HGTV's Fixer Upper-The Hotel season, starring local celebrities Chip & Joanna Gaines.

Our work married historic wood transoms to new storefront, new custom historic replica windows, and restoration of original steel windows still in place. Work was overseen by Whiting-Turner, and design elements thru Texas' Historic Office. Timekey helped complete the project in a mad dash, despite sweltering 113 degree heat!



Client: University of Missouri
Location: Columbia, Missouri
Contract: \$4,672,000

Project:

U of MISSOURI ELLIS LIBRARY



Thousands of books line the interior of this sprawling historic library at the heart of the University of Missouri. Our work replaced two-story arched windows and restored original wood windows. Special care was taken to protect exterior foliage and stacks of rare books.



New EFCO windows were designed with International Architects Atelier and the University to maintain the façade's historic integrity. This included custom color matches, and new extruded trim profiles.

Execution of the work was carefully coordinated around simultaneous masonry restoration, which preceded window work. This prevented limestone cleaning compounds from touching new window frames, and masonry repairs to complete around existing window openings.

Work was completed over the spring semester and summer break of 2022, ready for the fall semester return of students.



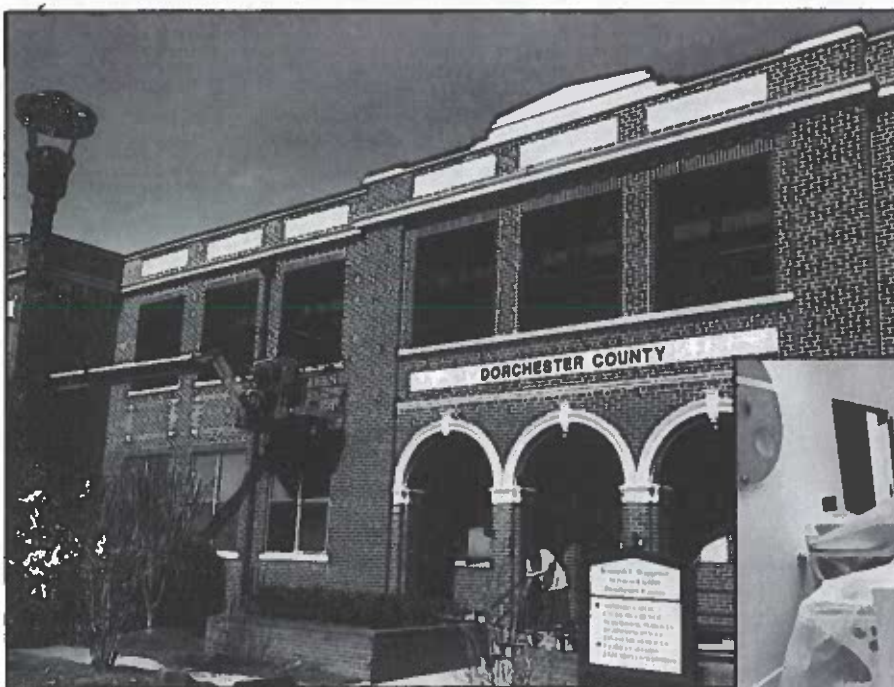
Project:
**DORCHESTER
CO. WINDOWS**

Client: State of SC
Location: Charleston, SC
Contract: \$437,287

In early 2024 Timekey arrived onsite to replace all windows within this state/county run recovery complex. Window replacements covered two buildings, and the prime contract was awarded to Timekey following a competitive bid process. Much time and energy was spent in late 2023 preparing field verifications onsite, and preparing material submittals and shop drawings. This allowed for the smooth start and completion of the project; ahead of schedule and on budget.



Work on-site was coordinated around the activities of the operational facilities at both locations. Existing furnishings were protected at the interiors, and trees/grass at the exterior by boarding under the lifts.



Project:

ALLEN CO. COURTHOUSE

Client: Allen County, Indiana

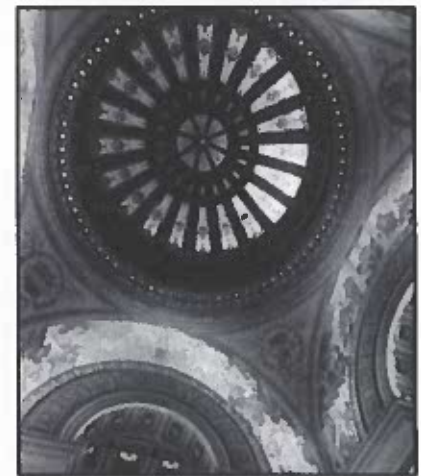
Location: Fort Wayne, IN

Contract: \$1,305,774

In the fall of 2022, Timekey won the competitive bid to replace all windows at this historic courthouse in downtown Fort Wayne. Office personnel worked for the following months on site verifications, shop drawings, order releases, and job prep for the arrival of windows and site crews in the summer of 2023. Over that summer & fall, all 172 historic windows were replaced.

Spandrel panels at heads, obscured exterior views of above-ceiling space. Circular windows dotted the corners in judges' chambers, and large arched windows centered every elevation. First floor laminated impact glass provides added protection against forced entry. Windows were manufactured by Graham.

The building is a historic marvel inside and out. Once inside the pristine limestone exterior, foyers, rotunda, and courtrooms are clad in endless scagliola and murals. These priceless finishes were protected during all window work. It was an honor to receive the praise of the County Historical Society with this building being its centerpiece.



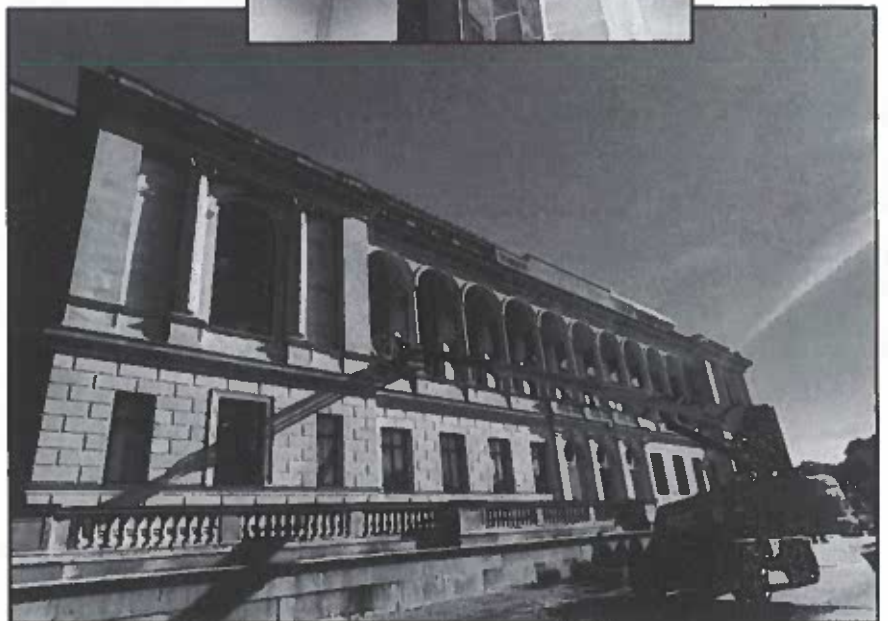
Client: City of St. Joseph
Location: St. Joseph, Missouri
Contract: \$2,327,000

Project:
**ST. JOSEPH
CITY HALL**

The City of St. Joseph enjoys a rich history dating back over 100 years. Their City Hall stands as a monument to the grandeur of its past. In 2024, Timekey replaced all windows across the 100+ year old masonry structure.

Great care was taken to precisely replicate the unique geometry of original windows. At the interior, original plaster was carefully protected during demolition and installation.

To win the project, Timekey presented in open forums to the City and interested citizens. In execution, Timekey delivered on these promises and its hard-earned reputation. Work completed ahead of schedule in the summer of 2024.



Client: City of Cohoes
Location: Cohoes, NY (Albany)
Contract: \$2,837,000

Project:
**COHOES
CITY HALL**

This project replaced all windows across the historic Cohoes City Hall, built in 1895. Only minutes from the State's Historic Preservation Office, our work was closely overseen by state and local personnel. Their pride in their town, this building, and our work was proven throughout. Our work began as a single-phase covering one side of the building. After seeing our experience put to work for them, a change order was issued to cover all other openings across the entire structure.

Multiple shifts were coordinated to allow the safe removal of existing windows requiring asbestos abatement protocols, and daytime installations of new windows by separate crews. Phase 1 was completed in the early Fall of 2025 and Timekey will return in the Spring of 2026 to tackle the balance of the building. We look forward to finishing off this beautiful structure for very proud and satisfied customers in the Cohoes community.





4911 S Arrowhead Dr, Suite 310
Independence, MO 64055
T: 816-525-3155
E: bonds-ind@assuredpartners.com

February 4, 2025

Re: Timekey Enterprise, LLC dba Timekey Glazing
Bonding Program

Dear Sir or Madam:

Please let this letter serve as notice that Timekey Enterprise, LLC is bonded by The Cincinnati Insurance Company, one of the largest and highest rated (A+) surety companies in the United States. Cincinnati also appears on the list of approved sureties with the U.S. Treasury Department.

Based upon our solid relationship, and their top-rated performance, we are pleased to state that Timekey Enterprise, LLC does have bonding capacity for single projects in the area of \$25,000,000 with an aggregate in the area of \$60,000,000. It is understood that the issuance of any final or bid bond is a matter between the contractor and the surety and no liability to third parties is assumed should bonds not be executed for any reason.

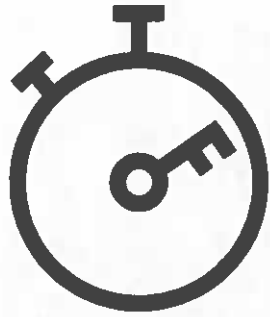
We fully recommend Timekey Enterprise, LLC for your construction needs. It has been the privilege of The Cincinnati Insurance Company to provide contract surety bonds for Timekey Enterprise, LLC since 2017. In our opinion, Timekey Enterprise, LLC continues to be properly financed, well equipped, and capably managed.

If you have any questions, please feel free to call.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Salavitch', written over a light blue horizontal line.

David S. Salavitch
Attorney In Fact, The Cincinnati Insurance Company



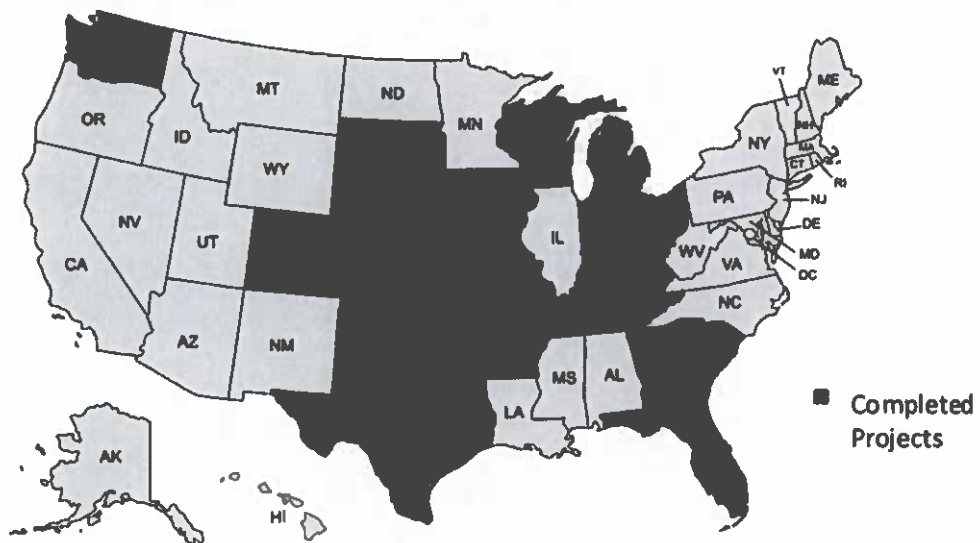
TIMEKEY GLAZING

Since 2017 Timekey Glazing has self-performed over \$100m in commercial glass work. Acting as it's own prime contractor on most of this work, Timekey is uniquely experienced to handle the challenges of this specialty trade. The responsibility to account for and handle adjacent trades makes Timekey an asset on all projects, be it historic retrofits, or a ground-up subcontract glazing package.

The breadth of this prior success has equipped Timekey Glazing with the ability and confidence to tackle the difficult and unique challenges. By leaning on long-standing relationships with engineers, architects, and manufacturers across the US, Timekey has built a reputation as a trusted solution for a critical trade.

With a culture of accountability and camaraderie, Timekey clients get the benefit of a tight-knit, long-tenured team. That trust and familiarity across our entire staff of 80+ is unique within glazing, and is what equips us to properly handle our projects far and wide.

Timekey is headquartered in Kansas City, Missouri and is backed nationwide by A-rated surety, Cincinnati Insurance. Procore construction management software is employed for all projects. Office and field personnel receive training from OSHA, EPA, and industry standard manufacturers. Timekey is the right team for your project!



COLLIER COUNTY
Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Jordan Wilson

Name

President

Title

Timekey Enterprise LLC

Firm

13510 Oak Street

Street Address

Kansas City, MO 64145

City, State, Zip

Marion E Fether Window Replacement

Project Name

CDBG MIT22-001

Project Number

7HZP1

CAGE Number

EBAPDDC94UQ1

SAM.gov Unique Entity ID (UEI) Number

COLLIER COUNTY
Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion

Lower Tier Covered Transactions

- (1) The prospective lower tier participant 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 prospective lower tier participant is unable to certify to the above statement, the prospective participant shall attach an explanation to this form.

Jordan Wilson

Name

President

Title

Timekey Enterprise LLC

Firm

13510 Oak Street

Street Address

Kansas City, MO 64145

City, State, Zip

2/19/2026

Date

7HZP1

CAGE Number

EBAPDDC94UQ1

SAM.gov Unique Entity ID (UEI) Number

The undersigned Jordan Wilson (Vendor/ Contractor) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]

COLLIER COUNTY Conflict of Interest Certification
--

CDBG MIT22-001

Collier County Solicitation No.

I, Jordan Wilson, hereby certify that to the best of my knowledge, neither I nor my spouse, dependent child, general partner, or any organization for which I am serving as an officer, director, trustee, general partner or employee, or any person or organization with whom I am negotiating or have an arrangement concerning prospective employment has a financial interest in this matter.

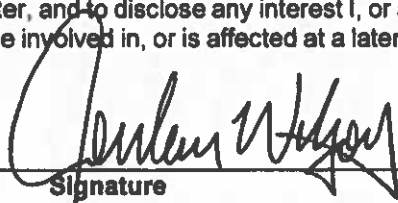
I further certify to the best of my knowledge that this matter will not affect the financial interests of any member of my household. Also, to the best of my knowledge, no member of my household; no relative with whom I have a close relationship; no one with whom my spouse, parent or dependent child has or seeks employment; and no organization with which I am seeking a business relationship nor which I now serve actively or have served within the last year are parties or represent a party to the matter.

I also acknowledge my responsibility to disclose the acquisition of any financial or personal interest as described above that would be affected by the matter, and to disclose any interest I, or anyone noted above, has in any person or organization that does become involved in, or is affected at a later date by, the conduct of this matter.

Jordan Wilson

Name

Signature



President

Position

2/19/2026

Date

Privacy Act Statement

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674 and 5 CFR Part 2634, Subpart I require the reporting of this information. The primary use of the information on this form is for review by officials of The Justice Department to determine compliance with applicable federal conflict of interest laws and regulations. Additional disclosures of the information on this report may be made: (1) to a federal, state or local law enforcement agency if the Justice Department becomes aware of a violation or potential violation of law or regulations; (2) to a court or party in a court or federal administrative proceeding if the government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in response to a request for discovery or for the appearance of a witness in a judicial or administrative proceeding, if the information is relevant to the subject matter. This confidential certification will not be disclosed to any requesting person unless authorized by law. See also the OGE/GOVT-2 executive branch-wide Privacy Act system of records.

COLLIER COUNTY ANTICIPATED DISADVANTAGED, MINORITY, WOMEN OR VETERAN PARTICIPATION STATEMENT					
<small>Status will be verified. Unverifiable statuses will require the PRIME to either provide a revised statement or provide source documentation that validates a status.</small>					
A. PRIME VENDOR/CONTRACTOR INFORMATION					
PRIME NAME		PRIME FED NUMBER		CONTRACT DOLLAR AMOUNT	
Timekey Enterprise LLC				\$355,888	
<small>IS THE PRIME A FLORIDA-CERTIFIED DISADVANTAGED, MINORITY OR WOMEN BUSINESS ENTERPRISE? (DBE/MBE/WBE) OR HAVE A SMALL DISADVANTAGED BUSINESS BA CERTIFICATION FROM THE SMALL BUSINESS ADMINISTRATION? A SERVICE DISABLED VETERAN?</small>		<small>VETERAN</small> Y <input type="radio"/> N <input checked="" type="radio"/> <small>DBE?</small> Y <input type="radio"/> N <input checked="" type="radio"/> <small>MBE?</small> Y <input type="radio"/> N <input checked="" type="radio"/> <small>WBE?</small> Y <input type="radio"/> N <input checked="" type="radio"/> <small>SOB BA?</small> Y <input type="radio"/> N <input checked="" type="radio"/>		<small>IS THE ACTIVITY OF THIS CONTRACT...</small> <small>CONSTRUCTION?</small> Y <input checked="" type="radio"/> N <input type="radio"/> <small>CONSULTATION?</small> Y <input type="radio"/> N <input checked="" type="radio"/> <small>OTHER?</small> Y <input type="radio"/> N <input checked="" type="radio"/>	
IS THIS SUBMISSION A REVISION?		Y <input type="radio"/> N <input checked="" type="radio"/>		IF YES, REVISION NUMBER	
B. IF PRIME HAS SUBCONTRACTOR OR SUPPLIER WHO IS A DISADVANTAGED MINORITY, WOMEN-OWNED, SMALL BUSINESS CONCERN OR SERVICE DISABLED VETERAN, PRIME IS TO COMPLETE THIS NEXT SECTION					
DBE M/WBE VETERAN	SUBCONTRACTOR OR SUPPLIER NAME	TYPE OF WORK OR SPECIALTY	ETHNICITY CODE (See Below)	SUB/SUPPLIER DOLLAR AMOUNT	PERCENT OF CONTRACT DOLLARS
	TIMEKEY 100%	SELF-PERFORM			
TOTALS					
C. SECTION TO BE COMPLETED BY PRIME VENDOR/CONTRACTOR					
NAME OF SUBMITTER		DATE		TITLE OF SUBMITTER	
Jordan Wilson		2/19/2026		President	
EMAIL ADDRESS OF PRIME (SUBMITTER)		TELEPHONE NUMBER		FAX NUMBER	
jordan@timekey.us		816-434-3188		816-605-1555	
<small>NOTE: This information is used to track and report anticipated DBE or MBE participation in federally-funded contracts. The anticipated DBE or MBE amount is voluntary and will not become part of the contractual terms. This form must be submitted at time of response to a solicitation. If and when awarded a County contract, the prime will be asked to update the information for the grant compliance files.</small>					
ETHNICITY		CODE			
Black American		BA			
Hispanic American		HA			
Native American		NA			
Subcont. Asian American		SAA			
Asian-Pacific American		APA			
Non-Minority Women		NMW			
Other: not of any other group listed		O			
D. SECTION TO BE COMPLETED BY COLLIER COUNTY					
DEPARTMENT NAME		COLLIER CONTRACT # (IFB/RFP or PO/REQ)		GRANT PROGRAM/CONTRACT	
ACCEPTED BY:				DATE	

**COLLER COUNTY GRANT COMPLIANCE FORM
 BID OPPORTUNITY LIST FOR COMMODITIES, CONTRACTUAL SERVICES OR
 PROFESSIONAL CONSULTANT SERVICES**

It is the policy of Collier County that disadvantaged businesses and minority vendors, as defined in the Code of Federal Regulations (CFR) or Florida Statutes (FS), must have the opportunity to participate on contracts with federal and/or state grant assistance.

Prime Contractor/Prime Consultant: Timekey Enterprise LLC
 Address and Phone Number: 13510 Oak Street, Kansas City, MO 64145
 Procurement Number/Advertisement Number: CDBG MIT22-001

The list below is intended to be a listing of firms that are, or attempting to, participate on the project numbered above. The list must include the firm bidding or quoting as prime, as well as subs and suppliers quoting for participation. Prime contractors and consultants must provide information for Numbers 1, 2, 3, and 4; and, should provide any information they have for Numbers 5, 6, 7, and 8. This form must be submitted with the bid package.

1. Federal Tax ID Number: _____ 2. Firm Name: _____ 3. Phone Number: _____ 4. Address: _____ _____ _____ _____ 5. Year Firm Established: _____	6. <input type="checkbox"/> DBE <input checked="" type="checkbox"/> Non-DBE	8. Annual Gross Receipts <input type="checkbox"/> Less than \$ 1 million <input type="checkbox"/> Between \$ 1-5 million <input type="checkbox"/> Between \$ 5-10 million <input type="checkbox"/> Between \$ 10-15 million <input type="checkbox"/> More than \$ 15 million
	7. <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant	

1. Federal Tax ID Number: _____ 2. Firm Name: _____ 3. Phone Number: _____ 4. Address: _____ _____ _____ _____ 5. Year Firm Established: _____	6. <input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE	8. Annual Gross Receipts <input type="checkbox"/> Less than \$ 1 million <input type="checkbox"/> Between \$ 1-5 million <input type="checkbox"/> Between \$ 5-10 million <input type="checkbox"/> Between \$ 10-15 million <input type="checkbox"/> More than \$ 15 million
	7. <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant	

1. Federal Tax ID Number: _____ 2. Firm Name: _____ 3. Phone Number: _____ 4. Address: _____ _____ _____ _____ 5. Year Firm Established: _____	6. <input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE	8. Annual Gross Receipts <input type="checkbox"/> Less than \$ 1 million <input type="checkbox"/> Between \$ 1-5 million <input type="checkbox"/> Between \$ 5-10 million <input type="checkbox"/> Between \$ 10-15 million <input type="checkbox"/> More than \$ 15 million
	7. <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant	

1. Federal Tax ID Number: _____ 2. Firm Name: _____ 3. Phone Number: _____ 4. Address: _____ _____ _____ _____ 5. Year Firm Established: _____	6. <input type="checkbox"/> DBE <input type="checkbox"/> Non-DBE	8. Annual Gross Receipts <input type="checkbox"/> Less than \$ 1 million <input type="checkbox"/> Between \$ 1-5 million <input type="checkbox"/> Between \$ 5-10 million <input type="checkbox"/> Between \$ 10-15 million <input type="checkbox"/> More than \$ 15 million
	7. <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subconsultant	

**COLLIER COUNTY
Certification of Lobbying**

The undersigned Jordan Wilson (Vendor/ Contractor) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)]

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

The prospective participant also agrees by submitting his or her proposal that he or she shall require that the language of this certification be included in all lower tier subcontracts, which exceed \$100,000 and that all such subrecipients shall certify and disclose accordingly.

The Vendor/Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

Jordan Wilson Name of Authorized Official

President Title

 Signature of Vendor/Contractor's Authorized Official

2/19/2026 Date

COLLIER COUNTY
Acknowledgement of Religious Organization Requirements
24 CFR 570.200(j)

In accordance with the First Amendment of the United States Constitution "church/state principles," Community Development Block Grant CDBG/NSP assistance may not, as a general rule, be provided to primarily religious entities for any secular or religious activities.

Therefore, the following restrictions and limitations apply to any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which is supervised or controlled by or operates in connection with a religious or denominational institution or organization.

A religious entity that applies for and is awarded CDBG/NSP funds for public service activities must agree to the following:

1. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference to persons on the basis of religion.
2. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion.
3. It will provide no religious instruction or counseling, conduct no religious worship or services, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services.
4. The portion of a facility used to provide public services assisted in whole or in part under this agreement shall contain no sectarian or religious symbols or decorations; and
5. The funds received under this agreement shall be use to construct, rehabilitate or restore any facility, which is owned by the provider and in which the public services are to be provided. However, minor repairs may be made if such repairs are directly related to the public services located in a structure used exclusively for non-religious purposes and constitute in dollar terms, only a minor portion of the CDBG/NSP expenditure for the public services.

I hereby acknowledge that I have read the specific requirements contained in this attachment and that eligibility of my organization's project depends upon compliance with the requirements contained in this agreement.

Timekey Enterprise LLC

(Firm)



(Signature)

2/19/2026

(Date)

Jordan Wilson

(Print Name)

COLLIER COUNTY
Certification of Payments to Influence Federal Transactions

FEDERAL HOUSING AND URBAN DEVELOPMENT GRANT PROGRAMS

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

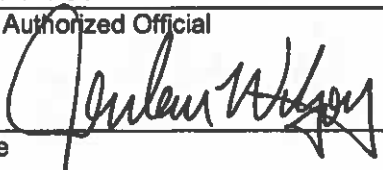
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Jordan Wilson	President
Name of Authorized Official	Title
	2/19/2026
Signature	Date

COLLIER COUNTY
Acknowledgement of Terms, Conditions and Grant Clauses

Flow Down of Terms and Conditions from the Grant Agreement

Subcontracts: If the vendor subcontracts any of the work required under this Agreement, a copy of the signed subcontract must be available to the Department for review and approval. The vendor agrees to include in the subcontract that (1) the subcontractor is bound by the terms of this Agreement, (ii) the subcontractor is bound by all applicable state and federal laws and regulations, and (iii) the subcontractor shall hold the Department and Recipient harmless against all claims of whatever nature arising out of the subcontractor's performance of work under this Agreement, to the extent allowed and required by law. The recipient shall document in the quarterly report the subcontractor's progress in performing its work under this agreement. For each subcontract, the Recipient shall provide a written statement to the Department as to whether the subcontractor is a minority vendor as defined in Section 288.703, Fla. Stat.

Certification

On behalf of my firm, I acknowledge, and agree to perform all of the specifications and grant requirements identified in this solicitation document(s).

Vendor/Contractor Name Timekey Enterprise LLCDate 2/19/2026Authorized Signature _____
Address 13510 Oak Street, Kansas City, MO 64145



AIA[®] Document A310™ – 2010

Bid Bond

CONTRACTOR:

(Name, legal status, and address)

Timekey Enterprise, LLC
dba Timekey Glazing
13510 Oak Street
Kansas City, MO 64145

SURETY:

(Name, legal status, and principal place of business)

The Cincinnati Insurance Company
PO Box 145496
Cincinnati, OH 45250-5496

OWNER:

(Name, legal status and address)

HealthCare Network
1454 Madison Avenue West
Immokalee, FL 34142

BOND AMOUNT: \$ Five Percent (5%) of Bid Amount

PROJECT:

(Name, location or address, and Project number, if any)

Window Replacement Marion E Fether Medical Center

ADDITIONS AND DELETIONS:

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 20th day of February

2026



Dani' Cigni
(Witness)

Jonathan Wilson
(Principal)
President
(Title)

[Signature]
(Witness)

[Signature]
(Surety)
Julie Messbarger, Attorney in Fact
(Title)



Int.

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User Notes:

(877099080)

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Robert L. Cox, II; Kathryn E. Johnson; Rodney S. Demaree; Kacey McCrorey; Luke Lambert and/or Julie Messbarger

of Sedalia, Missouri

their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

Any such obligations in the United States, up to
One Hundred Million and No/100 Dollars (\$100,000,000.00).

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 18th day of March, 2021.



STATE OF OHIO)SS:
COUNTY OF BUTLER)

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Ventre

On this 18th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.



Keith Collett

Keith Collett, Attorney at Law
Notary Public - State of Ohio

My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 20th day of February, 2026



Ed H.

Price Analysis

COLLIER COUNTY
For the Acquisition of Goods and Services Funded By Federal/State Grant Programs

PRICE ANALYSIS: FAIR AND REASONABLE

PURPOSE: Grantees must perform an analysis of price **for all procurement actions**. Price analysis is used if competition is deemed adequate. The evidence compiled by a price analysis includes:

- Developing and examining data from multiple sources whenever possible that proves or strongly suggests the proposed price is fair.
- Determining when data consistently indicates that a given price represents a good value for the money.
- Documenting data sufficiently to convince a third party that the analyzer's conclusions are valid.

Requisition/Bid/PO	Item Description
--------------------	------------------

**The price quoted by (_____) is deemed to be fair and reasonable based on the following analysis:
CHECK ALL THAT APPLY**

- Comparison of proposed pricing for same or similar item with historical pricing from previous purchases of the same item, adjusted by market data such as a Consumer or Producer Price Index or Inflation Rate over the corresponding time frame **(attach data and historical price record)**.
- Comparison to the same or similar item found on existing Federal, State, or municipal contracts **(identify contract pricing source)**.
- Comparison of price components against established market prices, such as labor rates, dollars per square foot, etc., to justify the price reasonableness of the whole **(attach analysis that supports conclusions)**.
- Comparison of proposed pricing with in-house, independent cost estimates for the same item **(complete summary below, attach the signed in-house estimate, and explain factors influencing any differences)**.
- The quoted price is from a regulated utility **(identify the utility in the "Comments" section below and provide State regulation)**.
- Other (e.g., verifiable sales information for the same/similar item sold to supplier's other customers **(discuss in "Comments" section below and attach supplier's sales information)**).
- Comparison with competing supplier's prices, catalogue pricing or price lists, commercially advertised sale prices, or prices obtained through other market research (e.g., Internet, trade journals, etc.) for the same/similar item **(complete summary below)**.

CHECK ONE:

SUMMARY OF ANALYSIS:

Item	Proposed Pricing	Other	Vendor:	Vendor:	Vendor:

COMMENTS:

IFB Bid Tab was prepared and is on file. (Invitation For Bid)

RFP Ranking Sheet was prepared and is on file. (Request for Proposal)

PREPARED BY:

Name		Date	
------	--	------	--

Suite 203
8250 College Parkway
Fort Myers, Florida 33919
239-482-4761
239-482-0265 FAX

Burt Hill/Pollock Krieg Architects, Inc.

Architecture
Interior Design
Planning

#AAC002219

March 23, 2026

Mr. Krisen Singh
Project Administrator
Healthcare Network
1454 Madison Avenue West
Immokalee, FL 34142

Re: Marion E. Fether Window Replacement Bids

Dear Kris:

After reviewing the bids for the above window replacement, I believe the lowest qualified bid came in less than the estimate due to the following reasons:

- The bid documents had been finished, and as such there was more specificity to base the numbers on.
- There were three separate entities competing for the work and as such the profit margins are slightly less.
- Estimates in general tend to be more conservative than bids as they are trying to illustrate worst case.

Let me know if you need any other information.

Sincerely,



James J. Henley, AIA, NCARB, LEED AP
Principal



Draft Award Letter and Contract



NOTICE OF INTENT TO AWARD

TO: Goldson Construction Corporation; 734 North State Road 7, Plantation, FL 33317

PROJECT: CDBG-MIT 22-01 Marion E Fether (MEF) Window Replacement

DATE: 3/12/2026

Dear Mr. Goldson,

This letter is to inform you that Healthcare Network has considered the bids submitted for the above-referenced project. You are hereby notified that your bid in the amount of \$311,225.76 for the CDBG-MIT 22-01 MEF Window Replacement Project has been accepted. This Notice of Intent to Award is contingent upon the successful completion of the following items within 7 days of this notice:

Execution of the Contract: Signing and returning the contract documents.

Performance and Payment Bonds: Submission of required bonds.

Insurance Certificates: Submission of certificates of insurance as required by the bid documents.

Section 3 Compliance: Submission of required Section 3 documentation.

Environmental Clearance: Formal written authorization (Notice to Proceed) from [State Agency/Grant Manager] certifying that environmental requirements have been met and funds are released. No work may commence, and no materials may be ordered until you receive a formal, written "Notice to Proceed."

Please execute this Notice of Intent to Award and return it to Krisen Singh ksingh@healthcareswfl.org no later than [Date].

Sincerely,

John C. Fletcher III, COO & General Counsel

Acceptance of Notice of Intent to Award

Signature: _____ Date: _____

Printed Name/Title: _____



MARION E FETHER (MEF) WINDOW REPLACEMENT PROJECT

PROJECT DESCRIPTION

Collier Health Services, Inc., d/b/a Healthcare Network (“Healthcare Network”) is soliciting bids for replacement of 61 exterior windows on the Marion E Fether Medical Center property located at 1454 Madison Avenue West, Immokalee, FL. The MEF Window Replacement project replaces the windows as part of a larger renovation project remodeling and updating the first-floor patient area and roof replacement. The 40,862 square foot structure, built in 1995, has previously had no significant renovations. The MEF Window Replacement project will increase resilience to disasters and reduce the long-term risk of loss of life, injury, damage to and loss of property, suffering, and hardship by lessening the impact of future disasters in the Immokalee community.

SCOPE OF SERVICES

List of Services Provided (based on the Contractor’s awarded bid).

1. Replacement of 61 windows, storefront window, and 3 glass doors as further shown in the bid packet details located at 1454 Madison Ave W, Immokalee, FL 34142.
2. All related repair work associated with window replacement or caused by window removal.

PROPOSED COMPENSATION

For the scope of services described above, Healthcare Network will provide total compensation not to exceed \$311,225.76 to the Contractor for the performance of the Agreement in current funds, for the total quantities of work performed at the prices stipulated in the Bid.

- A. Monthly Invoices.** The Contractor will submit monthly invoices to the designated Healthcare Network staff, by the 10th of the month following the month the expenses were paid in accordance with the work performed, accompanied by material/supplies receipts, and payroll records. As a condition of payment, Contractor will provide partial releases of lien from Contractor and all subcontractors and suppliers through the date of the payment request. 10% of each progress payment will be held as retainage and will be paid along with final payment.
- B. Final Payment.** After final inspection and the acceptance by the County of all work under the Contract, the Contractor shall prepare the requisition for final payment which shall be based upon the careful inspection of each item of work at the applicable unit prices stipulated in the Contract. Final payment will be contingent upon full release of liens.

GENERAL CONDITIONS

- A. Statement of Work.** The Contractor shall furnish all supervision, technical personnel, labor, materials, machinery, tools, equipment and services, including utility and

transportation services, and perform and complete all work required for the construction of the improvements embraced in the Project.

- B. **Standard of Care.** All work is to be performed in a workmanlike manner. It is understood that the contractor is entitled to rely upon administrative interpretations by the governing authorities responsible for interpreting laws, codes, statutes, ordinances, rules, regulations, and orders which apply to this project. The Contractor must comply with all applicable state and federal rules and regulations.
- C. **Subcontractors.** The Contractor shall not, at any time during the tenure of the contract, subcontract any part of his operations or assign any portion or part of the contract, to Subconsultant/Subcontractor(s) not originally mentioned in their Proposal, except under and by virtue of permission granted by Healthcare Network through the proper officials. Nothing contained in this specification shall be construed as establishing any contractual relationship between any Subconsultant/Subcontractor(s) and Healthcare Network. The Contractor shall be fully responsible to Healthcare Network for the acts and omissions of Subconsultant/Subcontractor(s) and their employees, as for acts and omissions of persons employed by the Contractor
- D. **Change Orders.** Changes in the quantity or character of the Work within the scope of the Project, including all changes resulting in changes in the Contract Price, or the Contract Time, shall be authorized only by Change Orders approved in advance and issued in accordance with the provisions of the County and Healthcare Network.
- E. **Warranty for Materials and Equipment.** The Contractor warrants to Healthcare Network that all materials and equipment furnished under the Agreement will be new unless otherwise specified and that all the Work will be of good quality, free from faults and defects and in conformance with the Agreement. All Work not conforming to these requirements, including substitutions not properly approved and authorized, may be considered defective. If required by the State, County or Healthcare Network, the Contractor shall furnish satisfactory evidence as to the kind and quality of materials and equipment. This warranty is not limited by any other provisions within the Contract Documents.
- F. **Liability Insurance.** The contractor is to provide General Liability (\$1MM/\$2/MM), Workers Compensation (Statutory \$1MM), Automobile Liability (\$1MM), Installation Floater (\$1MM), and Umbrella Liability Insurance (\$3MM).
- G. **Performance.** Work, in accordance with the Agreement dated shall commence on or upon execution of the Agreement and Contractor shall complete the work within _____ consecutive calendar days thereafter.
- H. **Indemnification.** Contractor shall indemnify, defend, and hold harmless Healthcare Network, its officers, directors, employees, and agents from and against any and all claims, damages, losses, liabilities, and expenses, including attorneys' fees, arising out of or resulting from the performance of the Work, provided that such claim is attributable to

bodily injury, sickness, disease, death, or injury to or destruction of property caused in whole or in part by the negligent acts or omissions of the Contractor, its subcontractors, or anyone directly or indirectly employed by them.

- I. **Compliance.** Contract will comply with all requirements set out in Healthcare Network Marion E. Fether Window Replacement Construction Bid Package attached hereto as Attachment A. Contractor will provide all documentation necessary to Healthcare Network to comply with county, state, and federal requirements, including but limited to documentation related to The Davis Bacon Act and Community Development Block Grants.
- J. **Termination.** Healthcare Network may terminate this Agreement on Seven (7) days' notice.
- K. **Governing Law.** This Agreement shall be governed by the laws of the State of Florida. Venue for any dispute arising or relating to this Agreement shall lie exclusively in Collier County, Florida.

IN WITNESS WHEREOF, the Parties hereto have caused this agreement to be duly executed and delivered by their proper and duly authorized officers.

For: Healthcare Network

For: _____

By: _____

By: _____

Name/Title: _____

Name/Title: _____

Date: _____

Date: _____