

Section

2

Forms

The undersigned hereby declares that: Joseph A. Rispoli has examined and accepts the specifications, terms, and conditions presented in this Solicitation, satisfies all legal requirements to do business with the County, and to furnish **SUPERVISOR OF ELECTIONS BUILDING DESIGN SERVICES** for which Submittals were advertised to be received no later than 3:00 P.M. Eastern time on the date stated in the solicitation or as noted in an addenda. Furthermore, the undersigned is duly authorized to execute this document and any contracts or other transactions required by award of this Solicitation.

All pricing will be FOB Destination unless otherwise specified in this solicitation document. Pricing submitted will remain valid for a ninety (90) day period.

Vendor will accept payment through the County Credit Card-based payment system: Choose an item.

1.0 TERM OF CONTRACT

The Contract will commence upon the Notice to Proceed. The Contract remains in effect until completion of the expressed and implied warranty periods. The County reserves the right to negotiate for additional services/items similar in nature not known at time of solicitation.

2.0 METHOD OF PAYMENT

The Contractor must submit an accurate invoice to the County's using department's email. The date of the invoice must be after delivery but no more than 30 calendar days after delivery. Invoices must reference the: purchase or task order; delivery date, delivery location, and corresponding packing slip or delivery ticket signed by a County representative at the time of acceptance. Failure to submit invoices in the prescribed manner will delay payment.

Payments will be tendered in accordance with the Florida Prompt Payment Act, Part VII, Chapter 218, Florida Statutes. The County will remit full payment on all undisputed invoices within 45 days from receipt by the appropriate County using department. The County will pay interest not to exceed 1% per month on all undisputed invoices not paid within 30 days after the due date.

3.0 CERTIFICATION REGARDING LAKE COUNTY TERMS AND CONDITIONS:

I certify that I have reviewed the [General Terms and Conditions for Lake County Florida](#) and accept the Lake County General Terms and Conditions dated 5/6/21 as written including the Proprietary/Confidential Information section. Choose an item. Failure to acknowledge may result in Submittal being deemed non-responsive.

4.0 CERTIFICATION REGARDING FELONY CONVICTION:

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? No

5.0 CONFLICT OF INTEREST DISCLOSURE CERTIFICATION:

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this Submittal is made without prior understanding, agreement, or connection with

any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud. No.

6.0 CERTIFICATION REGARDING BACKGROUND CHECKS:

Under any County Contract that involves Contractor or subcontractor personnel working in proximity to minors, the Vendor hereby confirms that any personnel so employed will have successfully completed an initial, and subsequent annual, Certified Background Check, completed by the Contractor at no additional cost to the County. The County retains the right to request and review any associated records with or without cause, and to require replacement of any Contractor employee found in violation of this requirement. Contractor shall indemnify the County in full for any adverse act of any such personnel in this regard. Additional requirements may apply in this regard as included within any specific contract award.

7.0 DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

The County does not establish specific goals for minority set-asides however, participation by minority and non-minority qualified firms is strongly encouraged. If the firm is a minority firm or has obtained certification by the State of Florida, Office of Supplier Diversity, (OSD) (CMBE), please indicate the appropriate classification(s) N/A and enter OSD Certification Number N/A and enter effective date N/A to date N/A

RECIPROCAL VENDOR PREFERENCE: Does not apply.

8.0 GENERAL VENDOR INFORMATION:

Firm Name: Rispoli & Associates Architecture, Inc.

Street Address: 114 S Magnolia Avenue.

City: Ocala State and ZIP Code: FL 34471 Mailing Address (if different): Click or tap here to enter text.

Telephone: 352-620-0909 Fax: Click or tap here to enter text.

Federal Identification Number / TIN: 59-3263092

DUNS Number: 07-926-2559

9.0 SUBMITTAL SIGNATURE:

I hereby certify the information indicated for this Submittal is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an authorized representative of this Vendor and/or empowered to execute this Submittal on behalf of the Vendor. I, individually and on behalf of the Vendor, acknowledge and agree to abide by all terms and conditions contained in this solicitation as well as any attachments, exhibits, or addenda.

Name of Legal Representative Submitting this Proposal: Joseph A. Rispoli

Date: 09/23/2021

Print Name: Joseph A. Rispoli

Title: President/Owner

Primary E-mail Address: joe@rispoliarchitect.com

Secondary E-mail Address: erik@rispoliarchitect.com

The individual signing this Submittal affirms that the facts stated herein are true and that the response to this Solicitation has been submitted on behalf of the aforementioned Vendor.

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000013617

Entity Name: RISPOLI & ASSOCIATES ARCHITECTURE, INC.

Current Principal Place of Business:

114 S. MAGNOLIA AVE.
OCALA, FL 34471

Current Mailing Address:

114 S. MAGNOLIA AVE.
OCALA, FL 34471

FEI Number: 59-3263092

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RISPOLI, JOSEPH A
114 S. MAGNOLIA AVE.
OCALA, FL 34471 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:



09/30/21

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PTDS
Name RISPOLI, JOSEPH A
Address 2727 SE 23RD AVE
City-State-Zip: Ocala FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH RISPOLI

OFFICER

04/05/2019

Electronic Signature of Signing Officer/Director Detail

Date

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Rispoli & Associates Architecture, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<input checked="" type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> Trust/estate
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ▶ _____	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 114 S Magnolia Avenue	Requester's name and address (optional)
6 City, state, and ZIP code Ocala, FL 34471	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number																
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or																
Employer identification number																
5	9	-	3	2	6 3 0 9 2											

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶	Date ▶ <u>5/2/20</u>
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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



P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Supervisor of Elections Building Design Services

09/15/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM CHANGES THE DATE FOR THE RECEIPT OF PROPOSALS TO SEPTEMBER 30, 2021 AT 3:00PM (EST).

QUESTIONS/RESPONSES

Q1. Is the Completed Attachment 2 – Reference Form where project samples should follow?

R1. Use Attachment 2 – Refences Form to list the previous similar projects

Q2. The same Completed Attachment 2 – Reference Form indicates that references can be no older than 5 years. Does the same apply for the sample projects requested in the Evaluation Criteria 5.1 Building Type Experience?

R2. At least three (3) of the references must be within the past five (5) years. Additional references for projects beyond that time may also be added.

Q3. Attachment 5 on the RFP says Certification Debarment and Suspension form, the document prints with the title "Attachment 4" - Certification Debarment and Suspension. Please instruct how to proceed with the form.

R3. Remove and replace the form with the header Attachment 4" - Certification Debarment and Suspension with Attachment 5 – REVISED Certification Debarment and Suspension

ADDITIONAL INFORMATION

1. Exhibit G – Conceptual Concept published does not necessarily represent the County’s needs and is to be viewed as a guideline for the project.

ACKNOWLEDGEMENT

Firm Name: Rispoli & Associates Architecture, Inc.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid:

ADDENDUM NO. 1

21-0914

Date: 09/30/21

Print Name: Joe Rispoli

Title: President/Owner

Primary E-mail Address: joe@rispoliarchitect.com

Secondary E-mail Address: erik@rispoliarchitect.com



P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: Supervisor of Elections Building Design Services

09/17/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

QUESTIONS/RESPONSES

- Q1. What systems will need to be integrated to legacy systems?
R1. The staff will be transferring our connection to the cloud and our dark tunnel internet connections to the new facility.
- Q2. Per Exhibit A, Clause 3.21 (high-speed tabulation machines): We understand that all Election system hardware & Software is supplied by others, please confirm.
R2. Yes
- Q3. Per Exhibit A, Clause 3.14: Glass breaks: Please clarify whether this is specifying the usage of intrusion monitoring system for external windows.
R3. Yes, monitoring of external windows.
- Q4. Per Exhibit A, Clause 3.14: Motion detectors: Please provide more details regarding the location & type of motion detection to be considered
R4. There is a need for both internal and external motion detection to fulfill recommendations of the Department of Homeland Security and other security agencies. Digital equipment throughout. All security system cameras should be classified as digital cameras.
- Q5. Per Exhibit A, Clause 3.14 Motion Detectors: For example: Motion detection in parking lot using CCTV Camera (Video Analytics)
R5. The project is seeking motion detection in the parking lot. Prefer it be fenced as well. The project is seeking to have exterior cameras to monitor all entries, but we should ensure that there are adequate cameras to monitor all gate entrances and include wiring for gate entry PIN devices. Another recommendation would be to place any wiring for gate access in a conduit or chase as opposed to direct bury.

In the warehouse, it is preferred to have a CCTV monitor at entry doors and freight doors. This would require a type of connection from the main camera operation station.

On the planning stages of wiring, keep in mind the need for the Digital Pedestal sign located next to the highway. Not only electrical but there is a data line to connect operation of the info board. When this time comes, the County will need to have a sign company remove and replace this sign if we plan to use the same one

Q6. As per our understanding CATV system shall be analog type Coaxial based with Coaxial Outlets.
R6. The project is all new digital connections in our systems.

Q7. Can you provide the details of preferred manufacturers for Video Intercom systems?
R7. **JP Series 7" Touchscreen Video Intercom with Room-to-Room Communication; (QTY = 1 for front counter). Duke indicates the “back door” area to be encapsulated by fencing, so no need for one out back.**

<https://www.aiphone.com/home/products/jp-series-7-touchscreen-video-intercom-with-room-to-room-communication>

Q8. Can you provide the details of preferred manufacturers for WLAN?
R8. Ubiquiti

Q9. Can you provide the details of preferred manufacturers for LAN?
R9. Ubiquiti PoE switches in support of Cloud PBX to be new acquisitions. The staff be able to migrate current firewalls to the new building in stages as we currently have firewall redundancy in place (i.e., primary and secondary firewalls).

Q10. Can you provide the details of preferred manufacturers for Cable TV – Type of Connection?
R10. RG6

Q11. Can you provide the details of preferred manufacturers for Audio/Visual Systems?
R11. Shure and JBL

Q12. Can you provide the details of preferred manufacturers for PBX or IPPBX, Cloud PBX?
R12. Nextiva Cloud PBX

Q13. Per Exhibit A, Clause 3.6: Cables for Computers and phones: Please provide details of any preferred manufacturer for CAT6 Cables.
R13. No manufacturer preference for voice and data cables. Must be rated Category 6 or higher.

ACKNOWLEDGEMENT

Firm Name: Rispoli & Associates Architecture, Inc.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid:



Date: 09/30/2021

Print Name: Joseph A. Rispoli

Title: President/Owner

Primary E-mail Address: joe@rispoliarchitect.com

Secondary E-mail Address: erik@rispoliarchitect.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2021

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

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

PRODUCER Brown & Brown of Florida, Inc. 1720 SE 16th Avenue, Suite 301 Ocala FL 34471		CONTACT NAME: Tammy Stephens PHONE (A/C, No, Ext): (352) 732-5010 E-MAIL ADDRESS: tammy.stephens@bbocala.com		FAX (A/C, No): (352) 732-5344	
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Sentinel Insurance Company, Ltd.			11000
		INSURER B: Hartford Casualty Insurance Company			29424
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
INSURED Rispoli & Assoc Architecture, Inc 114 S. Magnolia Ave. Ocala FL 34471					

COVERAGES**CERTIFICATE NUMBER:** 21-22 All Lines**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:			21SBABT5767	07/25/2021	07/25/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			21SBABT5767	07/25/2021	07/25/2022	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	21WECAF9104	07/25/2021	07/25/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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Proposed Design Team

Name	Firm	Role
Joseph A. Rispoli, AIA President / Owner	Rispoli & Associates Architecture, Inc. Ocala, FL	Architect / Prime Consultant Point of Contact
Erik Garcia, AIA Project Architect	Rispoli & Associates Architecture, Inc. Ocala, FL	Architect, Interior Designer LEED AP BD+C
Joel Grabe CADD	Rispoli & Associates Architecture, Inc. Ocala, FL	CADD Project Manager Drafting and Design
Nakeema Jackson CADD	Rispoli & Associates Architecture, Inc. Ocala, FL	CADD Project Associate Drafting and Design
Nicolas Rispoli CADD	Rispoli & Associates Architecture, Inc. Ocala, FL	CADD Project Associate Drafting and Design
Sub Consultants:		
Gary C. Kreuger President / CEO	TLC Engineering Solutions, Inc. Orlando, FL	Structural Engineer
M. Moncef Hadiji Engineer	TLC Engineering Solutions, Inc. Orlando, FL	Electrical Engineer
James C. Mullen Engineer	TLC Engineering Solutions, Inc. Orlando, FL	Mechanical & Plumbing Engineering
Don Griffey Engineer	Griffey Engineering, Inc. Eustis, FL	Civil Engineer
Daryl Hobson Engineer	Weber & Hobson, P.A. St. Petersburg, FL	Structural Engineer
James Bailey Landscape Architect	Land Resource Design Group, Inc. Ocala, FL	Landscape Architect
Brenda Wawers Interior Designer	OEC Business Interiors Ocala, FL	Furniture Consultant

See next page for team Organizational Chart

Design Team History

Having a team that cooperates and works well together is essential in completing a successful project. Communication and coordination is of utmost importance and our team communicates constantly to ensure proper coordination of all aspects of the project. Our proposed design team has been working together for many years. Our proposed sub-consultants have worked with us in all previous Marion County projects and have also established a good rapport with the County's staff.

CONSULTANT

ROLE	Name	City of Residence	Florida Active Registrations Number
Principal in Charge	Joseph A. Rispoli	Ocala	AR95439
Project Architect	Erik Garcia	Ocala	AR94374 ID5577
Production Manager	Joel Grabe	Ocala	
CAD Production	Nakeema Jackson	Ocala	
CAD Production	Nicholas Rispoli	Ocala	

SUB CONSULTANTS

ROLE	Company Name	Address	Individual's Name Assigned	Projected % of Overall Work	Worked with Prime before (YES/NO)	Individual Worked with Prime before (YES/NO)
MEP/FP Engineers	TLC Engineering Solutions, Inc.	5300 N. Wickham Rd. #132C Melbourne, FL 32940	Gary C. Kruger	30%	Yes	Yes
Structural Engineer	Webber & Hobson P.A.	5329 Central Ave St. Petersburg, FL 33710	Daryl Hobson	15%	Yes	Yes
Landscape Architect	Land Resource Design Group	821 S.E. 16th Pl Ocala, FL 34471	James Bailey	10%	Yes	Yes
Civil Engineer	Griffey Engineering	36202 E. El Dorado Lake Dr. Eustiss, FL 32736	Don Griffey	15%	Yes	Yes
FF & E Consultant	O.E.C. Business Interiors, Inc.	1925 S.W. 18th Ct. #105 Ocala, FL 34471	Brenda Wawers	5%	Yes	Yes

LOCATION PERCENTAGE OF
WORK TO BE COMPLETED

Address of Prime Consultant's designated office where the majority of work will be performed	
Street	114 S. Magnolia Avenue
Street 2	
City	Ocala
State	FL

Percentage of total overall fees projected to be performed by the Prime Consultant's office above (Do not include percentage of fees anticipated to be performed on this project by sub-consultants)	100%
--	------

Address of Prime Consultant's other offices where work will be performed (if applicable)	
Street	
Street 2	
City	
State	

Percentage of total overall fees projected to be performed by the Prime Consultant's office above (Do not include percentage of fees anticipated to be performed on this project by sub-consultants)	
--	--

Percentage of total overall fees projected to be performed by firms located within Lake County including the Prime Consultant and Subconsultants.	
---	--

CERTIFICATION DEBARMENT AND SUSPENSION

THE QUOTER HEREBY CERTIFIES THAT:

- a. The resulting contract is a covered transaction for purposes of 2 C.F.R. 180 and 2 C.F.R. 3000. As such, the vendor is required to verify that none of the vendor, its principals (defined at 2 C.F.R. 80.995), or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. 180.940) or disqualified (defined at 2 C.F.R. 180.935).
- b. The vendor must comply with 2 C.F.R. 180 subpart C and 2 C.F.R. 3000, subpart C and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- c. This certification is a material representation of fact relied upon by County (subgrantee). If it is alter determined that the bidder did not comply with 2 C.F.R. 180, subpart C and 2 C.F.R. 3000, subpart C, in addition to remedies available to County, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- d. The bidder agrees to comply with the requirements of 2 C.F.R. 180, subpart C and 2 C.F.R. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder further agrees to include a provision requiring such compliance in its lower tier covered transactions.

COMPANY NAME: *Rispoli & Associates Architecture, Inc.*

ADDRESS: 114 S. Magnolia Avenue

CITY: Ocala

STATE & ZipCode: FL 34471

COMPANY'S AUTHORIZED OFFICAL:

SIGNATURE:



Printed Name: Joseph A. Rispoli

Title: President/Owner

Date: 09/30/2021

TRUTH-IN-NEGOTIATION CERTIFICATION

1. Pursuant to Section 287.055(5)(a), Florida Statutes, for any lump-sum or cost-plus-a-fixed fee professional services contract over the threshold amount provided in Section 287.017, Florida Statutes for CATEGORY FOUR, the Consultant must execute this Certificate and include it with the submittal of its proposal or as prescribed in the solicitation.

2. The Consultant hereby certifies, covenants, and warrants that wage rates and other factual unit costs supporting the compensation for this project are accurate, complete, and current at the time of contracting.

3. The Consultant further agrees that the original agreement price and any additions thereto will be adjusted to exclude any significant sums by which Lake County determines the agreement price was increased due to inaccurate, incomplete, or noncurrent wage rates and other factual unit costs. All such agreement adjustments must be made within (1) year following the end of the agreement.

CONSULTANT

Firm Name: Rispoli & Associates Architecture, Inc.

Signature: _____

Print Name: Joseph A. Rispoli

Title: President/Owner

_____ This
29th day of September, 2021.

State of Florida
County of Marion

The foregoing instrument was acknowledged before me this 29th day of September, 2021
by Joseph A. Rispoli
(print name of officer or agent)

on behalf of Rispoli & Associates Architecture, Inc.
(name of corporation/entity)

He/she is personally known to me or has produced

DL _____ as identification.

(NOTARY SEAL)

Notary Signature

Wendy L Grabe
Print Name

5/15/2022
Commission Expiration:

