

As outlined in the Solicitation, included in this section are the following:

- Attachment 1 – Submittal Form
- Attachment 3 – Team Composition
- Attachment 4 – Location Percentage of Work to be Completed
- Sunbiz Registration – 2021 Florida Profit Corporation Amended Annual Report (June 1, 2021)
- W-9 Form
- Certificate of Liability Insurance
- Registrations (Licenses)

The undersigned hereby declares that: Ardaman & Associates, Inc. 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 **Hydrogeology, Hydrology and Geotechnical Consulting 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 VISA-based payment system: YES

### **1.0 TERM OF CONTRACT**

The Contract will be awarded for an initial one (1) year term with the option for four (4) subsequent one (1) year renewals. Renewals are contingent upon mutual written agreement.

The Contract will commence upon the first day of the next calendar month after Board approval. 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.

Contract prices resultant from this solicitation will prevail for the full duration of the Contract unless otherwise indicated elsewhere. Prior to completion of each exercised term, the County may consider an adjustment to price based on changes as published by the U.S. Department of Labor, Bureau of Labor Statistics. Refer to Exhibit A – Scope of Services. It is the Contractor's responsibility to request in writing any pricing adjustment under this provision.

### **2.0 METHOD OF PAYMENT**

The Contractor must submit an accurate invoice to the County's using department. 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 [Lake County General Terms and Conditions page](#) and accept the Lake County General Terms and Conditions dated 10/10/2019 as written including the Proprietary/Confidential Information section. YES 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. N/A

**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. YES

**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) not applicable not applicable and enter OSD Certification Number N/A and enter effective date N/A to date N/A

**8.0 RECIPROCAL VENDOR PREFERENCE:**

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

- A. Primary business location of the responding Vendor: Orlando, Florida
- B. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: NO If “yes” is checked, provide supporting detail: N/A

**9.0 GENERAL VENDOR INFORMATION:**

Firm Name: Ardaman & Associates, Inc.

Street Address: 8008 S. Orange Avenue

City: Orlando State and ZIP Code: FL, 32809

Mailing Address (if different): [Click or tap here to enter text.](#)

Telephone: 407-855-3860 Fax: 407-859-8121

Federal Identification Number / TIN: 59-2984496

DUNS Number: 060253853

**10.0 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: *Jason Parker*

Date: 6/4/2021

Print Name: Jason Parker

Title: Assistant Vice President

Primary E-mail Address: jparker@ardaman.com

Secondary E-mail Address: N/A

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.

*[The remainder of this page is intentionally blank]*



LOCATION PERCENTAGE OF  
WORK TO BE COMPLETED

Address of Prime Consultant's designated office where the majority of work will be performed	
Street	8008 S. Orange Avenue
Street 2	
City	Orlando
State	Florida

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)	80%
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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)	0%
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Percentage of total overall fees projected to be performed by firms located within Lake County including the Prime Consultant and Subconsultants.	0%
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**2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# L40551

**FILED**  
**Jun 01, 2021**  
**Secretary of State**  
**7356017683CC**

**Entity Name:** ARDAMAN & ASSOCIATES, INC.

**Current Principal Place of Business:**

8008 SOUTH ORANGE AVE.  
ORLANDO, FL 32809

**Current Mailing Address:**

3475 E. FOOTHILL BLVD.  
PASADENA, CA 91107 US

**FEI Number:** 59-2984496

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SRVPAS  
Name COX, ERNEST A. III  
Address 8008 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title VPD  
Name LEMMON, RICHARD A.  
Address 3475 E. FOOTHILL BLVD.  
City-State-Zip: PASADENA CA 91107

Title T  
Name BURDICK, STEVEN M  
Address 3475 E. FOOTHILL BLVD.  
City-State-Zip: PASADENA CA 91107

Title SRVPAT  
Name GARLANGER, JOHN E.  
Address 8008 SOUTH ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name BATRACK, DAN L.  
Address 3475 EAST FOOTHILL BLVD.  
City-State-Zip: PASADENA CA 91107

Title SENIOR VICE PRESIDENT  
Name LETO, THOMAS J.  
Address 1525 CENTENNIAL DRIVE  
City-State-Zip: BARTOW FL 33830

Title VP  
Name CUNNINGHAM, CHARLES H.  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name HORTA, EVELIO N.  
Address 2608 WEST 84TH STREET  
City-State-Zip: HIALEAH FL 33016

**Continues on page 2**

*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:** PRESTON HOPSON

**SECRETARY**

**06/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name WILSON, MICHAEL  
Address 3175 WEST THARPE STREET  
City-State-Zip: TALLAHASSEE FL 32303

Title VP  
Name CHEUNG, FRANCIS K.  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name MANNING, JASON P.  
Address 1300 N. COCOA BOULEVARD  
City-State-Zip: COCOA FL 32922

Title ASSISTANT VICE PRESIDENT  
Name ZRALLACK, DANIEL J.  
Address 460 NW CONCOURSE PLACE  
UNIT #1  
City-State-Zip: PORT ST. LUCIE FL 34986

Title ASSISTANT VICE PRESIDENT  
Name HOOVER, ASHBY  
Address 1724 BARBER ROAD  
City-State-Zip: SARASOTA FL 34240

Title VP  
Name HOME, RODRIGO  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name BROWNLIE, WILLIAM R.  
Address 3475 EAST FOOTHILL BLVD.  
City-State-Zip: PASADENA CA 91107

Title ASSISTANT VICE PRESIDENT  
Name RUNKLES, BRIAN D.  
Address 1525 CENTENNIAL DRIVE  
City-State-Zip: BARTOW FL 33830

Title ASSISTANT VICE PRESIDENT  
Name ROLO, REINALDO  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title ASSISTANT VICE PRESIDENT  
Name SOKOLIC, IVAN F  
Address 9970 BAVARIA ROAD  
City-State-Zip: FT MYERS FL 33913

Title ASSISTANT VICE PRESIDENT  
Name PARKER, JASON M

Title VP  
Name INGRA, THOMAS S.  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name SHRESTHA, RAJENDRA K.  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title ASSISTANT VICE PRESIDENT  
Name DODSON, ROBERT E.  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title VP  
Name RIAD, ASHRAF H.  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title PRESIDENT  
Name AL-HAWAREE, MOHAMAD  
Address 8008 SOUTH ORANGE AVE.  
City-State-Zip: ORLANDO FL 32809

Title ASSISTANT VICE PRESIDENT  
Name STEVENS, WHITNEY A.  
Address 3925 COCONUT PALM DRIVE  
SUITE 115  
City-State-Zip: TAMPA FL 33619

Title ASSISTANT VICE PRESIDENT  
Name ROUSSET, ROBERT E.  
Address 101 TEAL STREET  
City-State-Zip: SAINT ROSE LA 70087

Title ASSISTANT VICE PRESIDENT  
Name JEWELL, ROBERT E.  
Address 316 HIGHLANDIA DRIVE  
City-State-Zip: BATON ROUGE LA 70810

Title SECRETARY  
Name HOPSON, PRESTON  
Address 3475 E FOOTHILL BLVD  
City-State-Zip: PASADENA CA 91107

Title ASSISTANT VICE PRESIDENT  
Name ZRALLACK, MARK  
Address 1724 BARBER ROAD  
City-State-Zip: SARASOTA FL 34240



Address 8008 SOUTH ORANGE AVE

City-State-Zip: ORLANDO FL 32809

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Ardaman & Associates, Inc.				
	<b>2</b> Business name/disregarded entity name, if different from above				
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<input type="checkbox"/> Individual/sole proprietor or single-member LLC		<input checked="" type="checkbox"/> C Corporation	
		<input 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 <b>not</b> 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) ▶			
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. 8008 S. Orange Avenue	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)			
	<b>6</b> City, state, and ZIP code Orlando, FL 32809	<b>7</b> List account number(s) here (optional)			
		Requester's name and address (optional)			

**Part I Taxpayer Identification Number (TIN)**

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

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

<b>Social security number</b>								
<b>or</b>								
<b>Employer identification number</b>								
5	9		-	2	9	8	4	4
9	6							

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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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](http://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.*



## ARDAMAN – FLORIDA BUSINESS REGISTRATIONS

Ardaman had a Certificate of Authorization(CA) license to offer engineering services in Florida. However, As of October 1, 2019, CA's are no longer required. Now firms are required to create a firm registration, adding them to the statewide registry. Because Ardaman had a current and active CA license at the time the new system went into effect on 10/1, we were automatically transferred into the new registry system.

REGISTRY NUMBER	DISCIPLINE
RY5950	Engineering Services
RYGB140	Geology Services
RYZA0000029	Asbestos Services

Our CA license number CAXXXXXX is now our registry number RYXXXXX. Firm registrations never expire, and there are no longer any physical documents available. There is no license to print as it is no longer a license; just a registration. There is no expiration date showing because it is no longer a license, and it does not expire. Once our firm is on the registry, it stays on there indefinitely until requested to have removed. It does not need to be renewed or maintained.



State of Florida  
 Department of Health, Bureau of Public Health Laboratories  
 This is to certify that

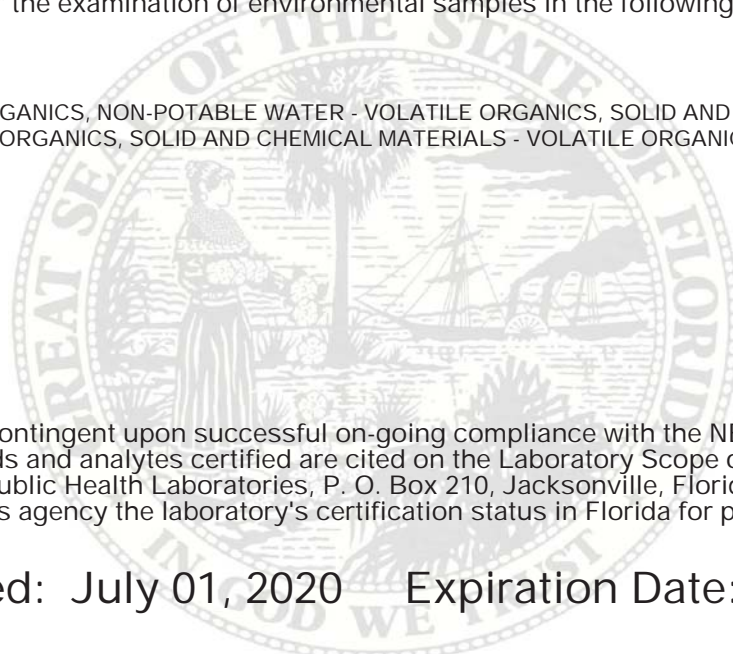


E83484

SOUTHERN RESEARCH LABORATORIES, INC.  
 2251 LYNX LANE, SUITE 1  
 ORLANDO, FL 32804

has complied with Florida Administrative Code 64E-1,  
 for the examination of environmental samples in the following categories

NON-POTABLE WATER - EXTRACTABLE ORGANICS, NON-POTABLE WATER - VOLATILE ORGANICS, SOLID AND CHEMICAL MATERIALS -  
 EXTRACTABLE ORGANICS, SOLID AND CHEMICAL MATERIALS - VOLATILE ORGANICS



Continued certification is contingent upon successful on-going compliance with the NELAC Standards and FAC Rule 64E-1 regulations. Specific methods and analytes certified are cited on the Laboratory Scope of Accreditation for this laboratory and are on file at the Bureau of Public Health Laboratories, P. O. Box 210, Jacksonville, Florida 32231. Clients and customers are urged to verify with this agency the laboratory's certification status in Florida for particular methods and analytes.

Date Issued: July 01, 2020      Expiration Date: June 30, 2021



Patty A. Lewandowski, MBA, MT(ASCP)  
 Chief Bureau of Public Health Laboratories  
 DH Form 1697, 7/04

NON-TRANSFERABLE E83484-29-07/01/2020  
 Supersedes all previously issued certificates