

SECTION 2

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SECTION 2 – FORMS

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The undersigned hereby declares that: COST MANAGEMENT INC. dba CMI 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 **On-Call, Construction Cost estimating 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. NO CONFLICT OF INTEREST.

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) Asian-American Asian-American and enter OSD Certification Number (This certification does not have a number) and enter effective date 11/5/2019 to date 11/5/2021

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: [Click or tap here to enter text.](#)

9.0 GENERAL VENDOR INFORMATION:

Firm Name: COST MANAGEMENT INC. dba CMI

Street Address: 158 TERRA MANGO LOOP, SUITE B

City: ORLANDO State and ZIP Code: FLORIDA 32835

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

Telephone: 407-293-4168 Fax: 407-293-0944

Federal Identification Number / TIN: 59-3308072

DUNS Number: 958219735

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: *Ganesh Jiawon*

Date: 6/21/2021

Print Name: Ganesh Jiawon

Title: President

Primary E-mail Address: gj@cminc.biz

Secondary E-mail Address: cmi@cminc.biz

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]

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000026535

Entity Name: COST MANAGEMENT INC.

Current Principal Place of Business:

158 TERRA MANGO LOOP
SUITE B
ORLANDO, FL 32835

FILED
Jan 29, 2021
Secretary of State
7403644130CC

Current Mailing Address:

158 TERRA MANGO LOOP
SUITE B
ORLANDO, FL 32835 US

FEI Number: 59-3308072

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JIAWON, GANESH
7804 ANBURY COURT
ORLANDO, FL 32835 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 P
Name JIAWON, GANESH
Address 7804 ANBURY COURT
City-State-Zip: ORLANDO FL 32835

Title S
Name PERSAD, VIDISHA
Address 15338 HERON HIDEAWAY CIRCLE
City-State-Zip: WINTER GARDEN FL 34787

Title T
Name JIAWON, INDRANI
Address 7804 ANBURY COURT
City-State-Zip: ORLANDO FL 32835

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: INDRANI JIAWON

TREASURER

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

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

SOLICITATION: On-Call Construction Cost Estimating Services

06/17/2021

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 CHANGES THE DATE FOR RECEIPT OF PROPOSALS TO JULY 1, 2021.

QUESTIONS/RESPONSES

Question 1. For Section “2. Forms”, would the County please clarify what type of response they are looking for regarding “Descriptive Literature”?

Answer 1. Any literature provided by the vendor that their discretion that may add support to their proposal

Q2. Does the County want respondents to include resumes for all proposed staff or only for the Program Manager?

R2. Please provide the resumes for the proposed staff.

Q3. For “Section 5. Completed Pricing Sheet”, the second item requests “supporting documentation for proposed pricing”. What is the County looking for in regard to supporting documentation?

R3. This is for any documentation, at the vendor’s discretion, to clarify any of the items on the pricing sheet.

Q4. In Section 1.0 – part 1.2 (Attachments – page 2 of 5) – Attachment 2 is the Pricing Sheet and Attachment 4 is Team Composition Form. however, in Section 6.0-E-2 (Delivery and Submittal Requirements - page 3 of 5) Attachment 2 is named the Team Composition Form. Please clarify.

R4. Section 1.2 ATTACHMENTS shall now read:

- Attachment 1 – Submittal Form**
- Attachment 2 – Pricing Sheet**
- Attachment 3 – References Form**
- Attachment 4 – Team Composition**

ACKNOWLEDGEMENT

Firm Name: COST MANAGEMENT INC. dba CMI

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.

ADDENDUM NO. 1

21-0927

Signature of Legal Representative Submitting this Bid: *Ganesh Jiawon*

Date: 6/21/2021

Print Name: GANESH JIAWON

Title: PRESIDENT

Primary E-mail Address: gj@cminc.biz

Secondary E-mail Address: [Click or tap here to enter text.](#)



Ron DeSantis, Governor

Halsey Beshears, Secretary



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

CONSTRUCTION INDUSTRY LICENSING BOARD

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

JIAWON, GANESH PERSAUD

COST MANAGEMENT INC
158 TERRA MANGO LOOP
SUITE B
ORLANDO FL 32835

LICENSE NUMBER: CGC1505217

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com



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

Department of State

I certify from the records of this office that COST MANAGEMENT INC. is a corporation organized under the laws of the State of Florida, filed on March 30, 1995.

The document number of this corporation is P95000026535.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 29, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-ninth day of January,
2021*



Ronald R. Lee
Secretary of State

Tracking Number: 7403644130CC

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

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

State of Florida

Department of State

I certify from the records of this office that CMI is a Fictitious Name registered with the Department of State on April 30, 2004.

The Registration Number of this Fictitious Name is G04121900101.

I further certify that said Fictitious Name Registration is active.

I further certify that said Fictitious Name Registration filed a renewal on August 3, 2020, and expires on December 31, 2025.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Fourth day of August, 2020*



Randy R. Lee

Secretary of State

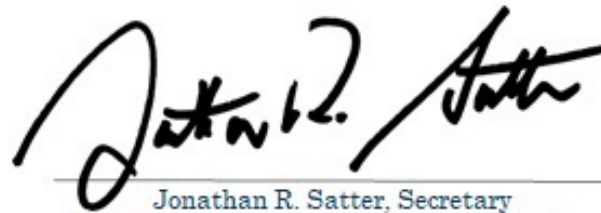
State of Florida

Minority Business Certification

Cost Management Inc.

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

11/05/2019 to 11/05/2021



Jonathan R. Satter, Secretary
Florida Department of Management Services



Office of Supplier Diversity
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Tallahassee, FL 32399
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