

02. Forms

- Completed Attachment 1 – Submittal Form
- Completed Attachment 4 – Team Composition Form;
- Proof of Sunbiz.org registration;
- Include a completed W-9 form;
- Completed Addenda issued. Failure to include signed addenda may be cause for Submittal to be considered non-responsive;
- Proof of insurance or evidence of insurability at levels in Exhibit B – Insurance Requirements;
- Any Contractor required licenses;
- Descriptive literature;

ATTACHMENT 1 – SUBMITTAL FORM

21-0927

The undersigned hereby declares that: Skanska USA Building 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 **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: NO

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. NA

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 [Click or tap here to enter text.](#) and enter effective date [Click or tap to enter a date.](#) to date [Click or tap to enter a date.](#)

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: Maitland, FL
- 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: Skanska USA Building Inc.
Street Address: 389 Interpace Parkway, 5th Floor
City: Parsippany State and ZIP Code: New Jersey, 07054
Mailing Address (if different): NA
Telephone: 973-753-3500 Fax: NA

ATTACHMENT 1 – SUBMITTAL FORM

21-0927

Federal Identification Number / TIN: 22-3752540

DUNS Number: 014275114

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: *Curtis Elswick*

Date: 6/22/2021

Print Name: Curtis Elswick

Title: Senior Vice President/Regional Executive

Primary E-mail Address: Curtis.elswick@skanska.com

Secondary E-mail Address: NA

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]

State of Florida Department of State

I certify from the records of this office that SKANSKA USA BUILDING INC. is a Delaware corporation authorized to transact business in the State of Florida, qualified on January 5, 2001.

The document number of this corporation is F01000000076.

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 April 1, 2021, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Thirteenth day of May, 2021*



Randy Lee
Secretary of State

Tracking Number: 7924663829CU

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

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

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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. Skanska USA Building 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. <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"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 389 Interpace Parkway Suite 5	Requester's name and address (optional)
6 City, state, and ZIP code Parsippany, NJ 07054	
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												
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2	2	-	3	7	5	2	5	4	0			

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 ▶



Digitally signed by Ziggy Cartagena
Date: 2019.06.18 11:16:08 -0400

Date ▶ 06/18/2019

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.

ADDENDUM NO. 1

21-0927



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: Skanska USA Building 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.

Page 1 of 2

ADDENDUM NO. 1

21-0927

Signature of Legal Representative Submitting this Bid: *Curtis Elswick*

Date: 6/22/2021

Print Name: Curtis Elswick

Title: Vice President/Regional Executive

Primary E-mail Address: Curtis.elswick@skanska.com

Secondary E-mail Address: NA



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/28/2020

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 Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext.): (516) 396-4000	FAX (A/C. No.): (800) 363-0105	
	E-MAIL ADDRESS:		
INSURED Skanska USA Building Inc. 389 Interpace Parkway 5th Floor Parsippany NJ 07054 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Zurich American Ins Co		16535
	INSURER B: American Zurich Ins Co		40142
	INSURER C: XL Insurance America Inc		24554
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 570083728750 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	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 <input checked="" type="checkbox"/> 50' RR Exclusion Deleted <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL0489601813 AOS Except NY GL0600624600 NY only	08/31/2020	08/31/2021	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$5,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG \$10,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" 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			BAP-6004715-00	08/31/2020	08/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			US00076358LI20A	08/31/2020	08/31/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
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/A	WC489601716	08/31/2020	08/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$5,000,000 E.L. DISEASE-EA EMPLOYEE \$5,000,000 E.L. DISEASE-POLICY LIMIT \$5,000,000
A	Env Contr Prof			EOC508712409	08/31/2020	08/31/2021	Aggregate \$50,000,000 Per Claim \$25,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Evidence of Insurance for Bid Purposes Only.
 Workers' Compensation Coverage Not Included in Monopolistic States - OH, ND, WA, WY and Puerto Rico.

CERTIFICATE HOLDER Skanska USA Building, Inc. 389 Interpace Parkway, 5th Floor Parsippany, NJ 07054 USA	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 <i>Aon Risk Services Northeast Inc.</i>
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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

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Holder Identifier :

Certificate No : 570083728750



AGENCY CUSTOMER ID: 570000027144

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Skanska USA Building Inc.	
POLICY NUMBER See Certificate Number: 570083728750			
CARRIER See Certificate Number: 570083728750	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	OTHER							
A	Env Contr Poll			CPL981713800	08/31/2020	08/31/2021	Aggregate	\$50,000,000
							Per Claim	\$25,000,000



AGENCY CUSTOMER ID: 570000027144

LOC #:

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Skanska USA Building Inc.	
POLICY NUMBER See Certificate Number: 570083728750			
CARRIER See Certificate Number: 570083728750	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

Excess Liab. cont. 08/31/20-08/31/21

Carrier: Berkshire Hathaway Specialty Insurance Company
 NAIC: 22276
 Policy No.: 47XSF30284405
 Occ/Agg: \$15,000,000 xs \$5,000,000

Carrier: ACE Property and Casualty Insurance Company
 NAIC: 20699
 Policy No.: XCQG28151809005
 Occ/Agg: \$25,000,000 xs \$20,000,000

Any Contractor required licenses;



Ron DeSantis, Governor

Julie I. Brown, 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

KREIFELS, CHRISTOPHER JOSEPH

SKANSKA USA BUILDING INC.
400 N ASHLEY DR, SUITE 400
TAMPA FL 33602

LICENSE NUMBER: CGC1514217

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.



Bay County Facilities Disaster Recovery Effort

Panama City, FL

Skanska is providing construction project management services in partnership with CDR Maguire in the overall management of the FEMA-funded disaster recovery efforts that follow the aftermath of Hurricane Michael in October 2018. Our services have included damage assessments, re-construction estimating, bid package preparation, and construction and budget oversight. Projects include reconstruction of school facilities, housing units, court facilities and other government buildings. Projects include:

- Bay County Jail: Replacement roof, replacement exhaust fans, RTU units, FEMA and insurance support for all county expenses, TAB setup, lighting and CCTV.
- Roads & Bridges Majette Complex Hurricane Repairs: Siding and gutter replacement to upgrade buildings to HVHZ rating, removal and replacement of fuel canopy, FEMA and insurance support.
- Michigan Avenue Fire Station Shell: Construction management and design oversight for new construction building.
- Military Point Advanced Wastewater Treatment Facility (MPAWTF) located on Tyndall Air Force Base. Replacement roof, exhaust fans, operations building build-out, replacement doors and windows in all buildings, structural retrofit to upgrade buildings to HVHZ rating, FEMA and Insurance support.
- Mosquito Control Facilities: campus, Fish Hatchery and Pole Barn.
- Courthouse
- Juvenile Justice Courthouse
- Dental Clinic
- Government Center
- Health Department
- Library
- Tax Office



Project Cost
Various



Size
Various



Completion Date
TBD



Gulf State Park Gulf Shores, AL

Skanska provided program management services for the \$140 million Gulf State Park project. This initiative encompasses multiple, concurrent projects, including the construction of trails, shelter facilities, pedestrian bridges, and parking areas; dune restoration; and the construction of a 350-room lodge with meeting space, a research and education center, and an interpretive center. The project has received LEED Gold, SITES Platinum and Fortified Commercial Certifications. Currently, the Interpretive Center is pending certification by Living Building Challenge 3.0, and LEED Platinum certifications. Because this project is located on the beach and inside the protected lands of the state park in proximity to ongoing park operations, it required environmentally sensitive approaches and strategies to ensure the integrity and safety of the natural environment and ecologies including both protected and non-protected plant and animal species and archaeologically sensitive cultural resources.



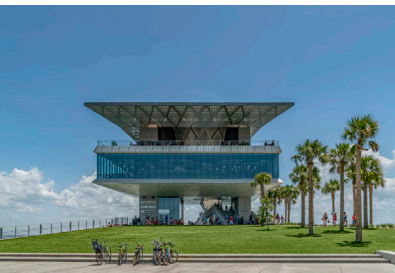
Project Cost
\$140 million



Size
6,100 Acres



Completion Date
11/01/2018



City of St. Petersburg, New St. Pete Pier St. Petersburg, FL

Skanska provided construction management services for the municipal pier from Spa Beach to the end of the pier head in St. Petersburg, Florida. The new pier provides enhanced mobility and interactive experiences along its 3,065-foot length. Activity areas provide a multitude of flexible programs and experiences for both tourists and the local community. Project included:

- Fishing Deck and Bait Shop
- Restaurant/Event Space
- Lawn Bowl and Event Plaza
- Education Center and Wet Classroom
- Floating Platforms
- Coastal Thicket
- Pier Plaza and Tilted Lawn
- Transient Boat Docks, Kayak Launch & Spa Beach
- Family Park
- Bioswale & Picnic Area
- Walking Waterfront
- Marina Lawn
- Open Air Market
- Gateway Plaza



Project Cost
\$72 million



Size
3,065-foot length



Completion Date
05/29/2020



Seminole State College, Multiple Campus Project Oversight Sanford, FL

Owner's on-call Construction Program Manager for capital improvement projects by Seminole State College (SSC) over a five-year duration. In this role Skanska serves as the Owner's advisor, facilitator and trusted partner. Skanska assisted in planning, managing and successfully delivering occupied facility renovations, structural enhancements and complete HVAC system replacement across multiple SSC campus. Additionally, Skanska provided off-site support through estimating, feasibility and planning services.



Project Cost
\$11 million



Size
Various



Completion Date
10/06/2017



Nassau County Sheriff Administration Building and 911 Call Center Yulee, FL

Skanska provided owner's representative services for Nassau County's new Sheriff's Administration Building and the new 911 Call Center project.

The Sheriff's Administration Building consists of design and construction of an \$8 million, 35,000-SF administration building for the Nassau County Sheriff's Office. 911 The 911 Call Center consists of design and construction of an approximate \$2 million, 5,000-SF 911 Call Center building for the Nassau County Sheriff's Office.



Project Cost
\$10 million



Size
40,000-SF



Completion Date
10/06/2017



City of Green Cove Springs, Public Safety and EOC Green Cove Springs, FL

Skanska provided owner's representative services for this \$5.1 million, 16,000-SF project, which consists of a single story facility built to withstand Category 5 hurricane forces primarily through the use of solid concrete tilt panel construction. The facility is arranged to support future expansion and various functions including: large evidence storage requirements, interview and interrogation needs, offices, multiple agency training areas as well as a fully operational emergency call center and emergency response-operations center. The building is set on a sloped 3.2 acre site to accommodate 112 parking spaces, a covered sally port and emergency power generation support facilities. The project was successfully completed under budget and ahead of schedule. As the owner's representative, Skanska focused on the transition of staff into the new facility ensuring any and all emergency needs of the City would be responded to without delay.



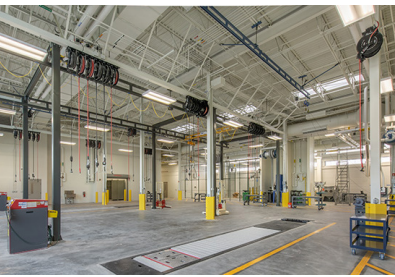
Project Cost
\$5.1 million



Size
16,000-SF



Completion Date
06/15/2014



City of Augusta, Transit Bus Operations and Maintenance Facility Augusta, GA

Skanska provided construction project management services on a new 23,000-SF facility to house administration, operations, and maintenance staff with maintenance bays and storage space, and a new 12,000-SF facility for bus wash and service. Services included project management, commissioning, materials testing and special inspections, and development of a facility maintenance manual. Skanska's preconstruction efforts included review of the design documents at different stages to ensure quality control measures were included in the drawings and specifications. Examples include avoiding potential issues by including equipment such as bus wash, lifts, etc. in the general contractor's scope of work vs. procuring the equipment separately which would present potential delivery and coordination issues.



Project Cost
\$15 million



Size
23,000-SF



Completion Date
05/01/2019



City of Birmingham, Alabama, BRT Birmingham, AL

Skanska is serving as program manager on the \$48 million FTA-funded bus rapid transit project which will connect neighborhoods along a 10-mile corridor in downtown Birmingham. Scope includes exclusive guideways within existing roadway rights-of-way, upgrades or installation of new traffic controllers and signals to enable transit priority to better facilitate BRT and local bus service; a reduction of vehicle travel times in and around the corridor, while reducing wait times, and boosting economic competitiveness; enhancing local bus service, including a realignment of services to a line-corridor configuration; and providing safe and reliable mobility for transit, bicycle and pedestrian modes.



Project Cost
\$48 million



Size
10-mile corridor



Completion Date
12/31/2021