

1. VENDOR PROFILE

Statement of Interest & Understanding of Project

The firm of Dickerson Architects, Inc. is very interested in providing professional architectural services in accordance with Lake County's Solicitation of On-Call Architectural Services+21-0933.

It is my understanding that the Board of County Commissioners of Lake County is soliciting a Statement of Qualifications to provide various professional architectural services for On-Call Architectural Services on an as-required basis. Such professional design and engineering efforts will include, but not be limited to, supporting new facility construction and renovations of existing structures.

Complete architectural services will include preparation and certification of construction documents and construction project administration and inspections when requested. The contract for professional services will be a continuing contract entered into in accordance with the Competitive Consultants Negotiation Act+ between the County and our firm. It is understood that the estimated construction cost of each project will not exceed \$4 million, for study activity if the fee for professional services for each individual study does not exceed \$500,000 with the contract being for a specified term.

It is also understood that each individual project shall have a specific Scope of Services agreed to by the parties with a task order being executed which shall include all necessary provisions including, but not limited to, setting forth the time for payment, time for completion, deliverables, electronic and printed formats and any other items relevant to the task. The task order shall be signed by both parties prior to Dickerson Architects, Inc. performing any of the agreed upon work.

This firm began providing on-call services for Lake County in 2004 and other architectural and engineering services since 1978 for numerous renovation and new construction projects. Various types of construction for which services have been provided include prototype fire stations, new and renovated health departments, numerous jail projects, adult living facilities, agricultural center modifications, office additions and renovations, nursing home renovations, a sign shop, pole barns, traffic striping garage, Sheriff's storage in an existing warehouse, renovating a building for the public transportation department, Sheriff's Office renovations in the Historical Courthouse, and most recently the New Animal Control Facility in Tavares.

Our firm will be pleased to work with the County on any discipline. I have no conflict of interest with any department of Lake County.



Michael Judson Dickerson, President
Dickerson Architects, Inc.

Firm Profile / Firm History

1. Firm Name and Corporate Address:

Dickerson Architects, Inc.

Location: 1215 Penn Street, Leesburg, FL 34748

Mail: P.O. Box 492226, Leesburg, FL 34749-2226

Firm is Local

FEIN: #59-1920149

Firm is not a Certified Minority Business Enterprise

Architect Licensed to do business in the State of Florida: Michael J. Dickerson,
Registration #AR96780.

Corporation Licensed to do business in the State of Florida: CAAC00592.

2. Number of people by discipline that the firm will commit to the County's project.

Architect (1)

Project Manager (1)

CADD Operator (1)

Technical Assistant (1)

3. Name, Title, Telephone, Mobile and Email of Principal to Contact:

Michael Judson Dickerson, President

Telephone: (352)787-3771

Mobile: (352)516-7809

Email: JSArch@AOL.com



Ron DeSantis, Governor



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BOARD OF ARCHITECTURE & INTERIOR DESIGN

THE ARCHITECT HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 481, FLORIDA STATUTES

DICKERSON, MICHAEL J

P O BOX 492226
LEESBURG FL 34749-2226

LICENSE NUMBER: AR96780

EXPIRATION DATE: FEBRUARY 28, 2023

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.



Ron DeSantis, Governor

Halsey Beshears, Secretary



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

BOARD OF ARCHITECTURE & INTERIOR DESIGN

THE ARCHITECT CORPORATION HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 481, FLORIDA STATUTES

DICKERSON ARCHITECTS, INC.

P O BOX 492226
LEESBURG FL 34749-2226

LICENSE NUMBER: AAC000592

EXPIRATION DATE: FEBRUARY 28, 2021

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.

List no more than five projects which best illustrates qualifications relevant to the Solicitation. References must be less than five years old. LIST no more than two LAKE COUNTY GOVERNMENT PROJECTS (past, current, prime, and subcontractor) FIRST.

DICKERSON ARCHITECTS, INC.

PROJECT NAME: New Animal Shelter for Lake County, Tavares, Florida

Agency: Lake County Board of County Commissioners

Address: 28123 County Road 561

City, State, Zip code: Tavares, FL 32778

Contact Person: Dave Burgess

Title: Manager, Office of Facilities Management, Lake County, FL

Email: dburgess@lakecountyfl.gov

Telephone: (352)253-4978

Project Cost: \$5,922,454

Contract Start and End Dates: Start Date: May 9, 2018 ; End Date: January, 2020.

SCOPE of Project (list tasks, outlines or descriptions of items): Architectural and Engineering Design and Construction Administration services for the New Animal Shelter consisting of 24,775 square feet. The start date for construction was September, 2019 and the project was completed in December, 2020.

PROJECT NAME: New Medical Office for Gastroenterology Associates of Ocala, SE 109th Terrace Road, Summerfield, FL 34491

Agency: Lee Woods Construction of Florida, Inc.

Address: 2468 Hwy 27/441

City, State, Zip code: Fruitland Park, Florida 34731

Contact Person: Bill Emerson

Title: General Manager of Gastroenterology Associates

Email: bemerson@gaocala.com

Telephone: (352)316-6506

Project Cost: \$1.4 million

Contract Start and End Dates: Start Date: May, 2020; End Date: December, 2021

SCOPE of Project (list tasks, outlines or descriptions of items): Architectural and Engineering Design and Construction Administration services for a New Medical Facility with medical offices, staff room and reception area consisting of 9,095 square feet.

PROJECT NAME: Retail Shopping Center at Bonita Plaza, East State Road 44, Wildwood, Florida

Agency: MGE Holdings, LLC, Manuel Encarnacion, Owner

Address: East State Road 44

City, State, Zip code: Wildwood, Florida 34785

Contact Person: Johnny Mellado

Title: Manager, Marleon Properties

Email: jmellado.smi@gmail.com

Telephone: (407)988-4050

Project Cost: \$2.8 million

Contract Start and End Dates: Start Date: November, 2018; End Date: Open

SCOPE of Project (list tasks, outlines or descriptions of items): Architectural and Engineering Design and Construction Administration services for a retail shopping center consisting of 24,818 square feet. Lease spaces of 1,200 sq. ft. each have been designed with a covered walkway, utility area and provisions electrical, water and waste stubbed up for future tenants. The Mechanical and HVAC systems are being vented through the roof for plumbing stacks and HVAC roof top package units. The size of the building is based on the site design, required parking and water retention areas.

PROJECT NAME: Interior Renovations to Building 240 at Laurel Manor Professional Plaza, The Villages, Florida

Agency: The Villages Commercial Construction

Address: 3597 Kiessel Road

City, State, Zip code: The Villages, Florida 32163

Contact Person: Nichole Johnson

Title: Senior Project Coordinator

Email: nichole.johnson@thevillages.com

Telephone: (352)259-6455 x 2402

Project Cost: \$240,000

Contract Start and End Dates: Start Date: March, 2020; End Date: Open

SCOPE of Project (list tasks, outlines or descriptions of items): Architectural and Engineering services for the interior renovation of the 7,000 sq. ft. Building #240 in the Laurel Manor Professional Plaza in The Villages. Our scope of work included assessing the existing space, preparing a removal plan and designing renovations based on the tenant's requirements. Construction documents were prepared for architectural, mechanical, electrical and plumbing engineering.

PROJECT NAME: Interior Build-Out for Village Cycles, Brownwood Boulevard, The Villages, Florida 32163.

Agency: The Villages Commercial Construction

Address: 3597 Kiessel Road

City, State, Zip code: The Villages, Florida 32163

Contact Person: Nichole Johnson

Title: Senior Project Coordinator

Email: nichole.johnson@thevillages.com

Telephone: (352)259-6455 x 2402

Project Cost: \$80,000

Contract Start and End Dates: Start Date: December, 2020; End Date: March, 2021.

SCOPE of Project (list tasks, outlines or descriptions of items): Architectural and Engineering services for an interior build-out for the Village Cycles of 2,525 square feet. The build-out

included adding retail space, a restroom, and a bike service area. Construction Documents included architectural, mechanical, electrical and plumbing drawings.

2. FORMS

The undersigned hereby declares that: Dickerson Architects, 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 Architectural 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: NO

1.0 TERM OF CONTRACT

The Contract will be awarded for an initial one (1) year term with the option for two (2) subsequent two (2) 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.

2.0 METHOD OF PAYMENT

The Contractor must submit an accurate invoice to the County 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. 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. None; no conflicts 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) not applicable not applicable and enter OSD Certification Number ó Not applicable 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: Leesburg, Florida
- B. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: YES If öyesö is checked, provide supporting detail: Dickerson Architects, Inc. is located at 1215 Penn Street, Leesburg, FL 34748.

9.0 GENERAL VENDOR INFORMATION:

Firm Name: Dickerson Architects, Inc.

Street Address: 1215 Penn Street

City: Leesburg State and ZIP Code: Florida 34748

Mailing Address (if different): P. O. Box 492226, Leesburg, Florida 34749-2226.

Telephone: (352)787-3771 Fax: (352)787-3791

Federal Identification Number / TIN: 59-1920149

DUNS Number: Not Applicable

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: *Michael Dickerson*

Date: 9/6/2021



Print Name: Michael Dickerson

Title: President

Primary E-mail Address: JSDArch@AOL.com

Secondary E-mail Address: Not applicable

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]



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
DICKERSON ARCHITECTS, INC.

Filing Information

Document Number	627847
FEI/EIN Number	59-1920149
Date Filed	06/04/1979
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	06/04/2018
Event Effective Date	NONE

Principal Address

1215 PENN ST
LEESBURG, FL 34748

Changed: 03/20/2009

Mailing Address

P. O. BOX 492226
LEESBURG, FL 34749-2226

Changed: 02/21/2008

Registered Agent Name & Address

DICKERSON, MICHAEL J
6125 SPINNAKER LOOP
LADY LAKE, FL 32159

Name Changed: 06/04/2018

Address Changed: 06/12/2018

Officer/Director Detail

Name & Address

Title PVTS

DICKERSON, MICHAEL J
6125 SPINNAKER LOOP
LADY LAKE, FL 32159

Annual Reports

Report Year	Filed Date
2019	02/28/2019
2020	01/20/2020
2021	01/25/2021

Document Images

01/25/2021 -- ANNUAL REPORT	View image in PDF format
01/20/2020 -- ANNUAL REPORT	View image in PDF format
02/28/2019 -- ANNUAL REPORT	View image in PDF format
06/12/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
06/04/2018 -- Amendment	View image in PDF format
02/14/2018 -- ANNUAL REPORT	View image in PDF format
02/14/2017 -- ANNUAL REPORT	View image in PDF format
02/17/2016 -- ANNUAL REPORT	View image in PDF format
06/29/2015 -- Amendment and Name Change	View image in PDF format
01/13/2015 -- ANNUAL REPORT	View image in PDF format
02/24/2014 -- ANNUAL REPORT	View image in PDF format
02/18/2013 -- ANNUAL REPORT	View image in PDF format
02/17/2012 -- ANNUAL REPORT	View image in PDF format
02/21/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
03/20/2009 -- ANNUAL REPORT	View image in PDF format
02/21/2008 -- ANNUAL REPORT	View image in PDF format
02/09/2007 -- ANNUAL REPORT	View image in PDF format
01/13/2006 -- ANNUAL REPORT	View image in PDF format
01/31/2005 -- ANNUAL REPORT	View image in PDF format
01/07/2004 -- ANNUAL REPORT	View image in PDF format
04/14/2003 -- ANNUAL REPORT	View image in PDF format
03/12/2002 -- ANNUAL REPORT	View image in PDF format
02/19/2001 -- ANNUAL REPORT	View image in PDF format
03/28/2000 -- ANNUAL REPORT	View image in PDF format
04/05/1999 -- ANNUAL REPORT	View image in PDF format
04/28/1998 -- ANNUAL REPORT	View image in PDF format
02/04/1997 -- ANNUAL REPORT	View image in PDF format
04/30/1996 -- ANNUAL REPORT	View image in PDF format
02/06/1995 -- ANNUAL REPORT	View image in PDF format

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. Dickerson Architects, 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 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) _____ (Applies to accounts maintained outside the U.S.)
		5 Address (number, street, and apt. or suite no.) See instructions. 1215 Penn Street (PO Box 492226)	Requester's name and address (optional) Lake County Board of County Commissioners
		6 City, state, and ZIP code Leesburg, FL 34748 (34749-2226)	
		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									
or									
Employer identification number									
5	9		1	9	2	0	1	4	9

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.

Sign Here	Signature of U.S. person ▶	Date ▶ 08/26/21
------------------	----------------------------	------------------------

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.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect. Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



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

SOLICITATION: On-Call Architectural Services

08/31/2021

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. Attachment 2 states to include references/projects from within the last 5 years, but in the RFQ it states from the last 3 years.

R1. The projects must be from within the past five years

Q2. Should respondents provide proposed subconsultants resumes and experience, or only include their information on Attachment 3?

R.2 At a minimum the information for subconsultants must be included on Attachment 3. However, resumes of subconsultants may, in addition, be added to the submittal package.

ADDITIONAL INFORMATION

Work and services performed by subconsultants must not exceed ten percent (10%) of an overall contract cost, if that work is available under a current Lake County term and supply contract. For any work or services that exceeds 10% of the cost, the consultant must use a contractor currently under a County contract for those requested services.

ACKNOWLEDGEMENT

Firm Name: Dickerson Architects, 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: *Michael Judson Dickerson*

Date: 9/3/2021

Print Name: Michael Judson Dickerson

Title: President

Primary E-mail Address: jsdarch@aol.com

Secondary E-mail Address: info@dickersonarchitect.com

General Liability



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/18/2020

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 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 FDA SERVICES INC/PHS 21212135 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME:	
	PHONE (866) 467-8730 (A/C, No, Ext):	FAX (888) 443-6112 (A/C, No):
E-MAIL ADDRESS:		
INSURED DICKERSON ARCHITECTS INC PO BOX 492226 LEESBURG FL 34749-2226		INSURER(S) AFFORDING COVERAGE
		NAIC# 11000
INSURER A : Sentinel Insurance Company Ltd.		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		21 SBW BW6530	09/16/2020	09/16/2021	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> AUTOS <input type="checkbox"/> AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE -EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	EMPLOYMENT PRACTICES LIABILITY			21 SBW BW6530	09/16/2020	09/16/2021	Each Claim Limit \$10,000 Aggregate Limit \$10,000

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

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy. Re: 18-0003

CERTIFICATE HOLDER

Lake County, A Political Subdivision of Florida & The Board of County Commissioners
 PO BOX 7800
 TAVARES FL 32778

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

Susan L. Castaneda

Professional Liability



Policy Number:

Date Entered: 4/26/2016

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/23/2021

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 RISKPRO Insurance Agency, LLC 901 Waterfall Way, Suite 407 Richardson, TX 75080	CONTACT NAME:	
	PHONE (A/C, No, Ext): () -	FAX (A/C, No): () -
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Underwriters at Lloyds, London	NAIC # 32727
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED Dickerson Architects, Inc.

1215 Penn Street
Leesburg, FL 34749

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Design Professional Liability			KAE 000-0335	3/23/2021	3/23/2022	Each Claim	\$1,000,000
							Aggregate	\$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage subject to all policy terms, conditions, exclusions and endorsements.

CERTIFICATE HOLDER

CANCELLATION

Lake County, A Political Subdivision of the State of Florida and the Board of County Commissioners
P.O. Box 7800
Tavares, FL 32778-7800

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

Handwritten Signature

Automobile Liability



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2021

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 Chris Semans Insurance Agency, Inc 122 N Old Dixie Hwy Lady Lake, FL 32159	CONTACT NAME: Diane Fontaine PHONE (A/C, No, Ext): 352.430.2270 FAX (A/C, No): 352.430.2271 E-MAIL ADDRESS: djane.fontaine.jzph@statefarm.com																					
INSURED DICKERSON ARCHITECTS, INC PO BOX 492226 Leesburg, FL 34749	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="left" colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th align="left">NAIC #</th> </tr> <tr> <td>INSURER A: State Farm Mutual Automobile Insurance Company</td> <td></td> <td>25178</td> </tr> <tr> <td>INSURER B:</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: State Farm Mutual Automobile Insurance Company		25178	INSURER B:	<input type="checkbox"/>		INSURER C:	<input type="checkbox"/>		INSURER D:	<input type="checkbox"/>		INSURER E:	<input type="checkbox"/>		INSURER F:	<input type="checkbox"/>	
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A: State Farm Mutual Automobile Insurance Company		25178																				
INSURER B:	<input type="checkbox"/>																					
INSURER C:	<input type="checkbox"/>																					
INSURER D:	<input type="checkbox"/>																					
INSURER E:	<input type="checkbox"/>																					
INSURER F:	<input type="checkbox"/>																					

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		034 0083-C30-59K	03/30/2021	09/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Lake County A political Subdivision of the State of Florida and the board of county commissioners PO box 780, Tavares, FL 32778	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 Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.
---	--

CONSULTANT

ROLE	Name	City of Residence	Florida Active Registrations Number
Principal in Charge	Michael Judson Dickerson	Lady Lake	AR96780
Architect	Michael Judson Dickerson	Lady Lake	AR96780
Administrative Assistant	D. Genice Dickerson	Leesburg	
CAD Technical	Michael Judson Dickerson	Lady Lake	AR96780

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)
Civil Engineer	Riddle-Newman Engineering, Inc	115 Canal St., Leesburg	Keith E. Riddle, P.E.	10%*	Yes	Yes
Civil Engineer	Neel-Schaffer, Inc.	2301 Lucien Way, Maitland	Steven R. Cockerham, P.E.	10%*	Yes	Yes
Civil Engineer	Kimley-Horn	101 E. Silver Spgs., Ocala	Joe London, P.E.	10%*	Yes	Yes
MEP Engineer	Miller Professional Engineering, Inc.	P.O.Box 4246, Ocala	Matt Miller, P.E.	35%*	Yes	Yes
MEP Engineer	OCI & Associates, Inc.	600 S. Orlando Ave., Maitland	Randy Stewart, Principal	35%*	Yes	Yes
Landscape Architect	Michael Pape & Associates, PA	2351 SE 17th St., Ocala	Suzanne Stancil, PLA	1%*	Yes	Yes
Landscape Architect	Green Consulting Group, Inc.	4070 United Ave., Mt. Dora	Tim Green, PLA	1%*	Yes	Yes
Structural Engineer	MWS Engineering	Sunset Harbor Rd., Summerfield	Michael W. Springstead, P.E.	5%*	Yes	Yes
Structural Engineer	Kittridge Engineering	W. Mountain, Ft. Collins, CO	Dave Kittridge, P.E.	5%*		
*Sub Consultant Options - see Section 3. Proposed Solution						

LOCATION PERCENTAGE OF
WORK TO BE COMPLETED

Address of Prime Consultant's designated office where the majority of work will be performed	
Street	1215 Penn Street
Street 2	
City	Leesburg
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)	49%
--	-----

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.	60%
---	-----

3. PROPOSED SOLUTION

Approach to Project – Concise Description

We strongly believe in working closely with the County's representatives. It is our intent to obtain all pertinent information on the scope of work for each project prior to preparing any conceptual or schematic design drawings. We will be certain that we understand what you want to accomplish by reviewing the design process numerous times with the County's representatives if necessary. The conceptual design that is produced will be the result of reviewing exactly what is needed in each space, i.e., intended use and square footage requirements, before making any design recommendations.

Our Approach to Your Project is as Follows:

- ◆ We feel that it is of utmost importance to understand the scope of work for each project for new construction or additions and renovations. We will work with the County's representatives very closely to meet the project design requirements. A key to our success as professional architects is to listen to the client to determine what is needed to understand the entire scope of work.
- ◆ We will approach your project(s) as team members working directly with you and our engineering consultants. Our goal is to develop a design that will meet your project goals.
- ◆ A cost estimate will be prepared to ascertain that the design for the project can be kept in check with the County's allotted budget. The cost estimate will be presented to the appropriate personnel for review and approval before proceeding further.
- ◆ Our consultants will be selected based on each project's scope of work and their capability to provide services in a timely manner.

Schematic Design Phase:

- ◆ We will begin the Schematic Design Phase process to analyze site orientation, spatial adjacencies, circulation, accessibility, and of course to meet all Building Code requisites.
- ◆ The Schematic Design will be revised to reflect the needs and incorporate the recommendations made by the County and will then be presented for approval. If the County has elected to use design-build strategy we will bring the General Contractor into the process so input on the building systems, material selections, and cost estimating can be incorporated.

Design Development Phase:

- ◆ Upon approval of the Schematic Design Phase plans we will proceed into the Design Development Phase, working with the County and General Contractor [if the design-build strategy has been chosen], to further develop the Schematic Design Phase plans. These plans will encompass architectural, structural, mechanical, plumbing, electrical systems, and materials. This is the phase when preliminary elevations, building sections, and the site plan will be further refined.

Construction Documents Phase:

- ◆ Once the Design Development Phase plans have been accepted by Lake County, we will proceed into the Construction Documents Phase. This is when the complete set of plans and specifications will be prepared for the construction of your facility.

- ◆ Upon completion of the Construction Documents the final plans will be presented to the County for review and final approval.
- ◆ When the project is out for bids from General Contractors the Project Architect will answer all questions and prepare any Addenda necessary to clarify any items that may be of concern.

Construction Phase:

- ◆ During the Construction Phase the Project Architect will make periodic site visits for the purpose of observing and reporting on the status of the work in progress, report the observations of the work, and record any necessary instructions given to the General Contractor. This information will be transmitted to the County's appointed representative and the General Contractor.
- ◆ Field observation services will be performed for all structural related work; shop drawings will also be reviewed for design conformance. We will assist the County in selecting finishes and colors and present them to the County for review and approval.
- ◆ When the construction of the project is substantially complete and the Architect has been notified by the General Contractor according to the contractual requirements, a substantial completion walk-through with County's representatives and the General Contractor will be performed. At this time a punch list of all items which need to be completed or corrected will be prepared. The Owner generally accepts the project as being "substantially" complete at this time and the General Contractor is granted 30 days to finish the project to the complete satisfaction of the County. The General Contractor will prepare all close-out documents including guarantees, certificates, maintenance instructions, other instructions to the County with final releases of liens.

The firm of Dickerson Architects, Inc. is prepared to offer complete professional architectural and engineering services from the onset of your project through the final close-out of the construction of your new or renovated facilities. I, Michael Hudson-Dickerson, Principal and Project Architect, will be personally involved during the entire design and construction of your project(s). My personal services will be afforded during the design phases, attending meetings, preparation of construction documents, field observation services, and closing out your project(s). Our services can begin immediately upon receipt of the contract awarding the project.

Specific Staffing and Equipment Resources:

Our specific staffing includes a registered architect who has been with the firm 26 years and a technical assistant who has been with the firm for 43 years. Our firm has the capabilities to engage the professional services of any specialty building systems engineers. Equipment resources include state-of-the art computers with the latest AutoCAD software, Windows, QuickBooks Pro, Office Suite, Adobe Acrobat Pro, Sketchup, and In-House printing capabilities for up to 36" size sheets.

4. SUBCONTRACTORS/JOINT VENTURES

Subcontractors/Joint Ventures

As indicated on ATTACHMENT 3 . TEAM COMPOSITION our Subcontractors [Professional Consultants], unless otherwise selected by Lake County, will be chosen from the following professionals. The selection will be based on the scope of the work for each project and the consultant's capability to provide services in a timely manner:

Civil Engineer, Keith E. Riddle, P.E., Riddle-Newman Engineering, Inc., 115 Canal Street, Leesburg, FL 34748

Civil Engineer, Steven R. Cockerham, P.E., Neel-Schaffer, Inc., 2301 Lucien Way, Suite 300, Maitland, FL 32751

Civil Engineer, Joe London, P.E., Kimley-Horn, 101 E. Silver Springs Boulevard, Suite 400, Ocala, FL 34470

Mechanical, Electrical, Plumbing Engineer, Matt Miller, P.E., Miller Professional Engineering, Inc., P. O. Box 4246, Ocala

Mechanical, Electrical, Plumbing Engineer, Randy Stewart, Principal, OCI & Associates, Inc., 600 S. Orlando Avenue, Suite 100, Maitland, FL

Landscape Architect, Suzanne Stancil, PLA, Michael Pape & Associates, P.A., 2351 SE 17th Street, Ocala

Landscape Architect, Tim Green, PLA, Green Consulting Group, Inc., 4070 United Avenue, Mt. Dora, FL

Structural Engineer, Michael W. Springstead, P.E., MWS Engineering, Sunset Harbor Rd., Summerfield

Structural Engineer, David G. Kittridge, P.E., Kittridge Engineering, 1034 West Mountain Avenue, Fort Collins, Colorado 80521

Joint Ventures

The firm of Dickerson Architects, Inc. is willing to enter a Joint-Venture project with another architectural firm if the scope of work as presented by Lake County requires that type of contract. We will utilize AIA Document C101i - 2018 which is intended for use by two or more parties to provide for their mutual rights and obligations in forming a joint venture. This document provides that once the joint venture is established, the parties will enter into an agreement with the Owner to provide professional services. In the case of our firm, this would be with another architectural firm or another combination of professionals. This agreement sets forth the provisions establishing the governance rules for the joint venture and the parties' relative ownership interest in the joint venture.

5. FINANCIAL STABILITY

Financial Stability Statement

The firm of Dickerson Architects, Inc. [previously John S. Dickerson Architect, Inc. until the name was changed on 06/14/2018], has operated in Lake County and the surrounding areas since 1978. The firm has the necessary personnel and essential financial stability to continue such operations for the foreseeable future.

The firm has provided professional architectural and engineering services to Lake County since 1978 and intermittently provided on-call architectural services since 2004.

The Project Architect designated for this solicitation has worked on all Lake County projects with this firm since 1995 and most recently performed professional services for Lake County's Animal Control Facility in Tavares. The Office Manager/Technical Assistant has been employed by the corporation since its onset in 1978.

It is our understanding that the County may request a financial statement, a certified audit, or a third party prepared financial statement. The consultants who we have listed for this solicitation and who we have worked with on countless projects have all been in business for numerous years and are also financially and personnel reliable to the best of our knowledge.

6. LITIGATION

Litigation Proceedings

The firm of Dickerson Architects, Inc. has not been involved in any litigation proceedings for the previous three (3) years relating to any professional activities.

7. OTHER INFORMATION

Additional Data

The following is a list of previously completed projects which indicates the capacity of this firm to provide services for a variety of designs for new and renovated facilities with construction costs ranging from a few hundred thousand to several million dollars.

Lake County Animal Control Facility, Tavares

A Paint Shop for Tucker's Machine and Steel Shop, Leesburg

Leesburg Branch of Lake County's Health Department Renovations

Lake Technical College, Machinist and Welding Additions, Eustis

City of Leesburg, Conversion of Cultural Arts Center into a Medical Facility for Employees

Lake County Historical Courthouse Sheriff's Office Renovations, Tavares

Fish & Wildlife Conservation Richloam Fish Hatchery, Renovations to Residences, Webster

Ferndale Temporary Fire Station, Investigative and Research Phase

On-Call Architectural and Engineering Services for Lake County since 2004

Environmental Services Scale House, Astatula

Pole Barn at Lake County Public Vehicle Staging Area, Additions and Renovations

New Church and Fellowship Hall for Christ Church of Longboat Key

North Lake Presbyterian Church New Fellowship Center and Additions and Renovations, Lady Lake

The Villages Commercial Property Management, Numerous Build-Outs and Interior Renovations

Medical Offices New Facilities and Additions and Renovation, Numerous