

**Date:** August 31, 2020

Agenda Item No. 8(A)(1)

**To:** Honorable Chairwoman Audrey M. Edmonson

and Members, Board of County Commissioners

From: Carlos A. Gimenez

Mayor

Subject: Resolution Ratifying Actions Related to Miami-Dade Aviation Department's

Capital Improvements Acceleration Ordinance, Section 2-285.2 of the Miami-

Dade County Code

# Recommendation

It is recommended that the Board of County Commissioners (Board) ratify the actions of the County Mayor or County Mayor's designee pursuant to the Miami-Dade Aviation Department's (MDAD) Capital Improvements Acceleration Ordinance No. 19-122, codified as Section 2-285.2 of the Miami-Dade County Code, in ratifying construction Contract No. MDAD-CIP-V009A, summarized herein and described in more detail in Exhibit A, and attached as Exhibit B. The Contract Summary attached as Exhibit B and the plans, technical specifications, and the other contract documents that it incorporates by reference will be collectively referred to as the "Subject Contract." Below is a summary of the Subject Contract and a brief description of the project to which it relates.

# **Construction Contract Award**

The Subject Contract relates to MDAD construction Project No. V0090 entitled: Miami Executive Airport (TMB) Runway Incursion Mitigation (RIM). Pursuant to Section 2-285.2 of the Code of Miami-Dade County ("CIP Acceleration Ordinance"), this construction contract was awarded to H&R Paving, Inc. in the total amount of \$13,301,531.44 with a total contract term of 699 days, and an estimated Notice to Proceed date of October 1, 2020.

### **Scope**

The commission district of the project location is District 11, which is represented by Commissioner Joe A. Martinez as noted on Exhibit A. However, this project has a countywide impact as TMB is a regional asset.

# **Delegation of Authority**

Pursuant to the CIP Acceleration Ordinance, described more fully below, the attached resolution delegates to the County Mayor or County Mayor's designee the authority to exercise all provisions, including the termination provisions, of the Subject Contract.

# **Fiscal Impact/Funding Source**

The fiscal impact and funding sources to the County are detailed on Exhibit A, as attached.

# Track Record/Monitoring

MDAD's Chief of Staff, Arlyn Rull-Valenciaga, will oversee the implementation of this construction project.

Honorable Chairwoman Audrey M. Edmonson and Members, Board of County Commissioners Page 2

# **Background**

On December 3, 2019, the Board approved Ordinance No. 19-122, creating Section 2-285.2 of the Code of Miami-Dade County relating to procurement of MDAD's capital improvements. Under the CIP Acceleration Ordinance, with respect to any project included in the capital improvement program, the Board has delegated to the County Mayor or Mayor's designee, among other things: (1) the authority to advertise and invite bids or other competitive procurement documents without Board approval, and (2) subject to Board ratification, the authority to award and reject bids, proposals, or other offers received in connection with any competitive procurement as well as the authority to settle claims, waive liquidated damages, or agree to change orders (not exceeding 10 percent of the base contract amount), modifications, amendments, adjustments, or extensions to complete unfinished work so long as any such action, change order, settlement, modification, adjustment, or extension specifies that it is revocable if not ratified by the Board and contains a release to insulate the County from any lost profit or other consequential damages liability in the event that it is not ratified by the Board.

Exhibit A includes the details of the Subject Contract and contains the information below:

- Item Number
- Department Name
- Contract Type
- Contract No. / Project No.
- Project Name
- Firm Awarded
- Commission District
- Funding Source(s)
- Operations and Maintenance (O&M) Costs
- Estimated Start / Estimated End Date
- Contract Measures: Disadvantaged Business Enterprise (DBE) Goals; Small Business Enterprise (SBE) Goods & Services; SBE-Architectural/Engineering (A/E); SBE-Construction; Community Workforce Program (CWP)
- Brief Project Description

Exhibit B is the executed Contract Summary, which incorporates by reference the plans, technical specifications and the other contract documents, a full copy of which are available upon request from MDAD's Governmental Affairs Division.

The Subject Contract contains the language required by the CIP Acceleration Ordinance and was executed by the County Mayor or County Mayor's designee in accordance with the CIP Acceleration Ordinance.

Attachments

Jack Osterholt Deputy Mayor Exhibit A

		Brief Project Description	The Scope of Work for this project includes: shortening Runway 13-31; modifications to intersections between Runway 13-31 and Taxiways E and H; relocation of D connector; a new connector D2 for the relocated Runway 31 threshold; and the extension of the Taxiway H to Runway 9R threshold. In order to minimize the impact to the airport operations, the work shall be constructed in phases, and sub-phases night work will be required to avoid aircraft disruption.	
	70	CWP Pro- gram	N/A	
	Contract Measures	SBE Const.	N/A	
19-122	ontract	SBE A/E	N/A	
		<b>DBE</b> Goal	13.79%	
Ordinance N	Est. Start Date	Est. End Date	Estimated Start Date of Contract: 10/01/2020 Estimated End Date of Contract: 08/29/2022	
ized by	•	O&M Costs	\$25,000 - \$50,000 annually	
Ratification of Contract Award Authorized by Ordinance No.		Funding Source(s)	1) Capital Project Budget No. 20000001049 - General Aviation Airports, Adopted Budget & Multi- Year Capital Plan, Volume 3, FY 2019-2020, Page 1127; 2) Federal Aviation Grant Funds; 3) FDOT Funds	
Contract A		Commission District	District 11, Commissioner Joe A. Martinez	
ation of		Firm Awarded	H & R Paving, Inc.	
Ratific		Project Name	MDAD-CIP Miami Executive V009A/ Runway Incursion Paving, Inc. Mitigation	
	Contract No.	Project No.	MDAD-CIP V009A/ V009A	
		Contract Type	Construction Contract Award	
		Dept. Name	MDAD	
		Item No.	- 3	

# **EXHIBIT B**

CLERK OF THE BOARD
2020 JUL 30 AM 7:56
ALAK CIRCUIT & COUNTY OF S

Memorandum MIAMI DADE

Date:

July 17, 2020

To:

Lester Sola

From:

Aviation Director

Ken Pyatt
Deputy Director

Subject:

Recommendation for Approval to Award a Contract to H & R Paving, Inc. for Miami Executive Airport Runway Incursion Mitigation, Contract No. MDAD-CIP-V009A

Recommendation

Pursuant to the Miami-Dade Aviation Department's Capital Improvements Acceleration Ordinance, Section 2-285.2 of the Miami-Dade County Code, it is recommended that the County Mayor or County Mayor's designee award the attached contract to H & R Paving, Inc. for a construction project entitled: Miami Executive Airport Runway Incursion Mitigation, Contract No. MDAD-CIP-V009A. The total compensation amount is \$13,301,531.44 with a total contract period of 699 days. This contract award recommendation was prepared by the Miami-Dade Aviation Department (MDAD).

Delegation of Authority

Pursuant to the provisions of Section 2-285.2 of the Miami-Dade County Code, the County Mayor or County Mayor's designee will have the authority to execute, amend and terminate the Contract and to resolve disputes. Additionally, pursuant to the provisions of Section 2-285.2 (4)(d) and (e), the County Mayor or County Mayor's designee will have the authority to amend and/or extend the Contract to complete any unfinished work, waive liquidated damages, negotiate and settle claims, and execute change orders that do not exceed ten percent (10%) of the base contract amount.

SCOPE

PROJECT NAME:

Miami Executive Airport (TMB) Runway Incursion Mitigation

(RIM)

PROJECT NO.:

V009A

CONTRACT NO.:

MDAD-CIP-V009A

PROJECT DESCRIPTION:

The scope of work includes shortening Runway 13-31, modifications to intersections between Runway 13-31 and Taxiways E and H, relocation of D connector, which will be renamed E4 (285 feet to the East), a new connector D2 for the relocated Runway 31 threshold, and the extension of the Taxiway H to Runway 9R threshold. In order to minimize the impact to the airport operations, the work shall be constructed in phases, and sub-phases night work will be required to avoid aircraft disruption.

The proposed scope of work for the project consists of the following:

- Construction of new taxiways per new Federal Aviation Administration (FAA) criteria, including paved shoulders.
- Partial demolition of Taxiways E and H, between Taxiway Connectors E3 and D.
- Realignment of Taxiway E3 connectors.
- Extension of Taxiway J across Runway 13-31 connecting Taxiway E and proposed Taxiway H extension.
- Relocate Runway 31 threshold by 200 feet.
- Construction of proposed Taxiway D2 from Taxiway D.
- Construction for the connectors between Taxiways E and H.
- Demolition of Taxiway Connectors C3 and H4.
- Realignment of Taxiway connector between Taxiway C and aircraft apron.
- Realignment of Taxiway H to Taxiway C.

The project requires removal of the existing flexible pavement and construction of new flexible pavement, drainage inlets, storm pipe, sodding, as well as new taxiway edge lights, airfield signs, lighting conduit and cables.

All taxiway shoulders are required to be paved per FAA guidelines for taxiways to accommodate bigger aircraft, the relocation of Runway 13-31 threshold will require the relocations of the end of the runway aviation aids. The area behind the relocated threshold of Runway 31 will be converted into a safety area call blast pad.

PROJECT LOCATION:

Miami Executive Airport, Bounded by S.W. 136 Street to the South and South SW 120 Street to the North, SW 137 to the East and SW 157 Avenue to the West, in Miami-Dade County.

**COMMISSION DISTRICT:** 

District 11, Commissioner Joe A. Martinez

APPROVAL PATH:

Miami-Dade Aviation Department Capital Improvements Acceleration Ordinance, Section 2-285.2 of the Miami-Dade County Code.

USING DEPARTMENT:

Miami-Dade Aviation Department

MANAGING DEPARTMENT:

Miami-Dade Aviation Department

# FISCAL IMPACT/FUNDING SOURCE

**FUNDING SOURCE:** 

Federal Aviation Administration/Future Aviation Financing/FDOT

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CAPITAL PROJECT BUDGET: 20000001049 - General Aviation Airports, Adopted Budget and

Multi-Year Capital Plan, Volume 3, FY 2019-2020, Page 127.

(See Attachment A, "Adopted Budget and Multi-Year Capital Plan,

Volume 3, FY 2019 - 20 Page 127")

**OPERATION COSTS:** 

There are no operation costs for this project.

MAINTENANCE COSTS:

The annualized cost of maintenance for this project is estimated to

be between \$25,000 and \$50,000 per year.

LIFE EXPECTANCY OF ASSET: 15 years

PTP FUNDING:

No

GOB FUNDING:

No

ARRA FUNDING:

No

MINIMUM QUALIFICATION

EXCEED LEGAL

**REQUIREMENTS:** 

No

BIDS RECEIVED:

Four

SUBMITTAL DATE:

June 5, 2020

SUSTAINABLE

BUILDINGS ORDINANCE (I.O. 8-8):

Does the project qualify for compliance with the Sustainable

Buildings Ordinance? No

CONTRACT PERIOD:

609 Calendar Days to Substantial Completion

90 Calendar Days to Final Completion

INSPECTOR GENERAL (IG) FEE INCLUDED IN BASE

**CONTRACT:** 

No

ART IN PUBLIC PLACES:

Not applicable

BASE CONTRACT AMOUNT:

\$11,771,266.76

CONTINGENCY/DEDICATED **ALLOWANCE** (Section 2-8.1

Miami-Dade County Code):

Contingency Allowance - 10 percent / \$1,177,126.68

Dedicated (Permit Fees) Allowance - 3 percent / \$353,138.00

TOTAL AMOUNT:

\$13,301,531.44

SEA LEVEL RISE (Ord. 14-79):

The impact of sea level rise has been considered and will not affect

the existing runway and taxiway at TMB.

# TRACK RECORD/MONITOR

**DUE DILIGENCE:** 

Pursuant to Resolution No. R-187-12, due diligence was conducted to determine the contractor's responsibility, including verifying corporate status and that no performance or compliance issues exist. The following searches revealed no adverse findings for the firm: Small Business Development (SBD) database, convicted vendors, debarred vendors, delinquent contractors, suspended vendors, and federal excluded parties list. The Capital Improvements Information System (CIIS) database reflects 214 evaluations with an average 3.2 rating out of a possible total 4.0 points.

(See Attachment B, "Contractor Evaluations Report")

Pursuant to Resolution No. R-1181-18, due diligence was conducted to determine the contractor's responsibility by reviewing safety records of the contractor. None of the records provided adversely affect a finding of the contractor's responsibility.

SBD HISTORY OF **VIOLATIONS:** 

None

LICENSING REQUIREMENTS: General Contractor:

1) The State of Florida Construction Industry Licensing Board, pursuant to the provisions of Section 489.115 of the Florida Statutes;

2) The Miami-Dade County Construction Trades Qualifying Board, pursuant to the provisions of Section 10-3 (a) of the Miami-Dade County Code. Holders of Miami-Dade County Certificates of Competency must also hold Certificates of Registration issued by the State of Florida Construction Industry Licensing Board, pursuant to the provisions of Section 489.117, Florida Statutes.

FIRM:

H & R Paving, Inc.

COMPANY PRINCIPAL:

Raul Gonzalez, President

COMPANY LOCATION:

1955 N.W. 110th Avenue, Miami, Florida 33172

PREVIOUS AGREEMENTS WITH THE COUNTY WITHIN THE PAST THREE YEARS:

According the Firm History Report provided by the Internal Services Department, Division of Small Business Development, H&R Paving, Inc. has been awarded twelve contracts in the awarded

total amount of \$29,866,814.14.

(See Attachment C, "Firm History Report")

APPLICABLE WAGES:

Davis Bacon Wages

ASSIGNED CONTRACT

**MEASURES:** 

Disadvantaged Business Enterprise (DBE) Goal - 13.79 percent

MEASURE ACHIEVED

AT AWARD:

Disadvantaged Business Enterprise (DBE) Goal – 13.79 percent (See Attachment D, "SBD Worksheet and Compliance Review")

**DBE SUBCONTRACTORS:** 

Caribbean Technical Services, Inc. – 3.40 percent (\$400,223.07)

Quality Construction Performance, Inc. -8.34 percent

(\$981,723.65)

Highway Striping Inc. – 2.05 percent (\$241,310.97)

(See Attachment E, "DBE Utilization Forms" and "Letters of

Intent")

OTHER

SUBCONTRACTORS:

Downrite Engineering Corporation

Hypower Inc.

Cardinal International Grooving and Grinding, LLC

**MANDATORY** 

**CLEARINGHOUSE:** 

Not applicable

CONTRACT MANAGER /

EMAIL:

Sylvia Novela

SNovela@miami-airport.com

PROJECT MANAGER /

EMAIL:

Ricardo Solorzano

RSolorzano@miami-airport.com

**EXPLANATION:** 

A bid was issued under full and open competition. Four bids were received in response to the solicitation on June 5, 2020 by MDAD. A review of bids was performed and a responsiveness determination by the County Attorney's Office (CAO) was requested for the lowest bidder. Concurrently, because contract measures were

assigned, the bids were forwarded to Internal Services Department's (ISD) Small Business Development (SBD) for a compliance review. All companies were found to be in compliance with the exception of Central Florida Equipment Rentals d/b/a Central Civil Construction ("Central"). Central was deemed to be non-compliant as the firm Central selected to meet the DBE goal was not DBE certified prior to submittal of the bid.

On June 12, 2020, the CAO provided a memorandum deeming H & R Paving, Inc. as the lowest, responsive bidder. (See Attachment F, "CAO Responsiveness Opinion").

Accordingly, this award is being recommended to the lowest, responsible and responsive bidder, H & R Paving, Inc., as shown below in Table A. The final bid tabulation was completed and is attached hereto as Attachment G, "Bid Tabulation".

# Table A

Firm	Base Bid Amount	Comments
H & R Paving, Inc.	\$11,771,266.76	
Central Florida Equipment Rentals d/b/a Central Civil Construction	\$12,899,985.00	Firm was deemed non-compliant by SBD
General Asphalt Co.	\$13,734,170.80	
Ryan Incorporated Southern	\$14,024,152.69	

Because this project is being funded by an FAA grant, an independent review of bids was performed to comply with FAA's grant requirements. The review was conducted by HDR Engineering, Inc., which is a civil engineering firm. As part of their scope of work, an analysis of the prices proposed compared to present market conditions was prepared. The Letter of Recommendation to Award and the Bid Tabulation Analysis is attached hereto as Attachment H, "Civil Engineer Consultant Project Analysis".

# **BACKGROUND:**

The project is required for TMB to comply with the FAA mandate of reducing runway incursions through the Runway Mitigation Program. The incursions will be mitigated in accordance with FAA Advisory Circular 1505300 - 13A Airport Design. Traffic circulation patterns will remedy the incursions by restructuring movement between the taxiways leading to runway 9R - 27.

The Contract Summary and Condition of Award Requirements are attached hereto as Attachment I "Contract Summary and COARs".

# SIGNATURE PAGE

# Miami Executive Airport Runway Incursion Mitigation Contract No. MDAD-CIP-V009A

Jennifer Moon Deputy Mayor and OMB Director

David Murray Assistant County Attorney Date

Lester Sola
Aviation Director

on behalf of the County Mayor or

County Mayor's Designee

07/21/2020

Date

# Attachment A

Adopted Budget and Multi-Year Capital Plan, Volume 3, FY 2019-20 Page 127

# FY 2019 - 20 Adopted Budget and Multi-Year Capital Plan

# **FUNDED CAPITAL PROJECTS**

(dollars in thousands)

### **GENERAL AVIATION AIRPORT PROJECTS**

PROJECT #: 2000001049

DESCRIPTION: Replace buildings 102 and 109 at Miami Executive Airport; construct interior service road at Miami-Opa locka Executive Airport (OPF); construct runway incursion mitigation option 2 - Phase 1 project at Miami Executive Airport; and construct runway incursion mitigation hot spot#1 with Taxiway H - west extension to

Threshold 9R at Miami Executive Airport

LOCATION:

**General Aviation Airports** 

Various Sites

District Located: District(s) Served: 1, 11

Countywide

REVENUE SCHEDULE:	PRIOR	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	FUTURE	TOTAL
FDOT Funds	100	1,873	1,366	0	0	0	0	0	3,339
Federal Aviation Administration	1,190	2,962	0	0 .	0	0	0	0	4,152
Future Financing	0	0	10,334	3,933	٥	0	0	0	14,267
Improvement Fund	2,323	1,187	943	0	0	0	0	0	4,453
Reserve Maintenance Fund	1,395	306	100	0	0	0	0	0	1,801
TOTAL REVENUES:	5,008	6,328	12,743	3,933	0	0	0	0	28,012
EXPENDITURE SCHEDULE:	PRIOR	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	FUTURE	TOTAL
Construction	3,938	6,116	12,743	3,933	0	0	0	0	26,730
Planning and Design	1,070	212	0	0	0	0	0	0	1,282
TOTAL EXPENDITURES:	5,008	6,328	12,743	3,933	0	0	0	0	28,012

# MIAMI INTERNATIONAL AIRPORT - AIRSIDE PROJECTS

PROJECT #: 2000001046



DESCRIPTION: Install a new Airport Surface Management System (SMS) that will help to manage the movement of aircraft

from the apron to the taxiways and runways

LOCATION:

Miami International Airport

District Located:

Unincorporated Miami-Dade County

District(s) Served:

Countywide

REVENUE SCHEDULE:	PRIOR	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	FUTURE	TOTAL
FDOT Funds	0	1,000	3,096	0	0	0	0	0	4,096
Future Financing	0	0	6,288	7,039	0	0	0	0	13,327
Improvement Fund	1,281	2,785	707	707	1,061	0	0	0	6,541
TOTAL REVENUES:	1,281	3,785	10,091	7,746	1,061	0	0	0	23,964
EXPENDITURE SCHEDULE:	PRIOR	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	FUTURE	TOTAL
Construction	353	3,053	10,091	7,746	1,061	0	0	0	22,304
Planning and Design	928	732	0	0	0	0	0	0	1,660
TOTAL EXPENDITURES:	1,281	3,785	10,091	7,746	1,061	0	0	0	23,964

# Attachment B

Contractor Evaluations Report



# Capital Improvements Information System

# Contractor Evaluations Report (All Contracts)

Dept	Contract	Туре	Contractor / Architect Name	Date	Rater	Period	Rate
MT	20160266	7360	H & R Paving Inc.	11/1/2018	Armando Aragon	Project conclusion or closeout	3.5
MT	20170254	7360	H & R Paving Inc.	11/1/2018	Armando Aragon	Interim	3.5
MT	20170165	7360	H & R Paving Inc.	11/1/2018	Armando Aragon	Interim	3.5
MT	20170279	7360	H & R Paving Inc.	11/1/2018	Armando Aragon	Interim	3.5
MT	20170165	7360	H & R Paving Inc.	7/9/2019	Armando Aragon	Interim	<u>3.7</u>
MT	20170254	7360	H & R Paving Inc.	7/9/2019	Armando Aragon	Interim	3.7
MT	20170279	7360	H & R Paving Inc.	7/9/2019	Armando Aragon	Interim	<u>3.7</u>
MT	20180048	7360	H & R Paving Inc.	7/9/2019	Armando Aragon	Interim	<u>3.7</u>
MT	20160266	7360	H & R Paving Inc.	8/22/2017	Armando Aragon	Interim	3.5
МТ	20160266	7360	H & R Paving Inc.	2/6/2018	Armando Aragon	Interim	3.5
MT	20160218	7360	H & R Paving Inc.	5/22/2018	Maria Llosas	Interim	3.8
МТ	20180252	7360	H & R Paving Inc.	9/16/2019	Armando Aragon	Interim	3.4
PE	693253	7360	H & R Paving Inc.	1/18/2007	John Piedrahita	Project conclusion or closeout	<u>3.5</u>
PE	CF005002 (B)	CON	H & R Paving Inc.	12/5/2005	Susel Ferrer	Project conclusion or closeout	2.6
PE	630023	CON	H & R Paving Inc.	12/5/2005	Susel Ferrer	Project conclusion or closeout	2.3
	WO: <u>1</u>						
PE	<u>CF002203</u> WO: <u>1</u>	CON	H & R Paving Inc.	12/5/2005	Susel Ferrer	Project conclusion or closeout	2.7
PE	CF005003B	CON	H & R Paving Inc.	12/12/200	5 Susel Ferrer	None	<u>2.1</u>
PW	20160020	7360	H & R Paving Inc.	2/14/2018	Armando Aragon	Project conclusion or closeout	<u>3.5</u>
PW	20150156	7360	H & R Paving Inc.	2/14/2018	Armando Aragon	Project conclusion or closeout	<u>3.5</u>
PW	20150157	7360	H & R Paving Inc.	3/16/2018	Armando Aragon	Project conclusion or closeout	<u>3.5</u>
PW	20150062	7360	H & R Paving Inc.	7/9/2019	Armando Aragon	Project conclusion or closeout	<u>3.7</u>
PW	20150187	CON	H & R Paving Inc.	9/25/2018	Licet Izquierdo	Project conclusion or closeout	3.2
PW	20070593	CON	H & R Paving Inc.	12/17/201	0 Jesus Gonzalez	Project conclusion or closeout	4.0
PW	20080225	7360	H & R Paving Inc.	8/23/2010	Jesus Gonzalez	Interim	<u>3.9</u>
PW	20080225	7360	H & R Paving Inc.	5/10/2011	Jesus Gonzalez	Project conclusion or closeout	<u>3.9</u>
PW	640384	CON	H & R Paving Inc.	10/3/2005	Jesus Gonzalez	Completion of construction	<u>3.5</u>
PW	640383	CON	H & R Paving Inc.	10/3/2005	Jesus Gonzalez	Completion of construction	3,5
PW	640385	CON	H & R Paving Inc.	10/3/2005	Jesus Gonzalez	Completion of construction	3.5
PW	20150187	CON	H & R Paving Inc.	12/20/201	7 Juan Cañizares	Interim	3,2
PW	20040398	CON	H & R Paving Inc.	6/13/2007	Juan Paan	Interim	2.3
PW	640383	CON	H & R Paving Inc.	8/24/2005	Maria Llosas	Interim	2.8
PW	640384	CON	H & R Paving Inc.	8/24/2005	Maria Llosas	Interim	2.8
PW	640385	CON	H & R Paving Inc.	8/24/2005	Maria Llosas	Interim	2.8
PW	20080225	7360	H & R Paving Inc.	11/7/2012	Maria Llosas	Project conclusion or closeout	<u>3.9</u>
PW	20100615	7360	H & R Paving Inc.	11/7/2012	Maria Llosas	Project conclusion or closeout	3.9
PW	20100670	7360	H & R Paving Inc.	11/7/2012	Maria Llosas	Project conclusion or closeout	3.9
PW	20140134	7360	H & R Paving Inc.	3/1/2016	Maria Llosas	Interim	3.6
PW	20140135	7360	H & R Paving Inc.	3/1/2016	Maria Liosas	Interim	3.6
PW	20130208	7360	H & R Paving Inc.	3/12/2015	Maria Llosas	Interim	3.4
PW	20070593	CON	H & R Paving Inc.	2/13/2009	Maria Llosas	Interim	4.0
PW	20120007	7360	H & R Paving Inc.	12/4/2013	Maria Llosas	Project conclusion or closeout	4.0
PW	20120008	7360	H & R Paving Inc.	1/15/2014	Maria Llosas	Project conclusion or closeout	4.0
PW	20130208	7360	H & R Paving Inc.	6/16/2014	Maria Llosas	Interim	4.0
PW	693232Q	CON	H & R Paving Inc.	8/24/2005	Ruben Arencibia	None	2.8
PW	20150202-R	7360	H & R Paving Inc.	5/22/2018	Maria Llosas	Project conclusion or closeout	3.8
PW	20140134	7360	H & R Paving Inc.	2/10/2017	Maria Llosas	Project conclusion or closeout	3.9
PW	20140135	7360	H & R Paving Inc.	2/10/2017	Maria Llosas	Project conclusion or closeout	3.9
PW	20140134	7360	H & R Paving Inc.	10/20/201	16 Maria Llosas	Interim	3.7
PW	20140135	7360	H & R Paving Inc.	10/20/201	16 Maria Llosas	Interim	3.7
PW	20130011	7360	H & R Paving Inc.	5/21/2013	B Urbano Baz	Project conclusion or closeout	3.6
PW	20030256	CON	H & R Paving Inc.	10/3/2005	5 Urbano Baz	Interim	1.3
PW	20030250	QNI	H & R Paving Inc.	5/18/2006	Urbano Baz	Completion of construction	2.6
PW	20030256	CON	H & R Paving Inc.	10/26/200	06 Urbano Baz	Project conclusion or closeout	
PW	20030249	CON	H & R Paving Inc.	8/24/2007	7 Urbano Baz	None	2.6
PW	20060208	CON	H & R Paving Inc.	12/24/200	08 Urbano Baz	Completion of construction	2.7
PW	20060208	CON	H & R Paving Inc.		Nester Melian	Interim	2.9
PW	20030001	CON	H & R Paving Inc.	3/23/2000	6 Armando Aragon	Interim	3.0
PW	20030002	CON	H & R Paving Inc.		6 Armando Aragon	Project conclusion or closeout	
PW	20030003	CON	H & R Paving Inc.		6 Armando Aragon	Interim	3.0
PW	20030254	CON	H & R Paving Inc.		6 Armando Aragon	Interim	3.0
			- Action to the second		-		

PW	20030255	CON	H & R Paving Inc.	3/23/2006 Armando Aragor	n Interim	3.0
PW	20040506	CON	H & R Paving Inc.	3/23/2006 Armando Aragor		3.0
PW	20040507	CON	H & R Paving Inc.	3/23/2006 Armando Aragor	n Interim	3.0
PW	20040508	CON	H & R Paving Inc.	3/23/2006 Armando Aragor	n Interim	3.0
PW	20040509	CON	H & R Paving Inc.	3/23/2006 Armando Aragor	n Interim	3.0
PW	20040450	CON	H & R Paving Inc.	3/24/2006 Armando Aragor	n Interim	3.0
PW	20030001	CON	H & R Paving Inc.	4/25/2006 Armando Aragor	n Project conclusion or closeout	
PW	20030002	CON	H & R Paving Inc.	4/25/2006 Armando Aragor	n Project conclusion or closeout	
PW	20030003	CON	H & R Paving Inc.	4/25/2006 Armando Aragor		3.0
PW	20030254	CON	H & R Paving Inc.	4/26/2006 Armando Aragor		3.0
PW	20030255	CON	H & R Paving Inc.	4/27/2006 Armando Aragor		3.0
PW	20040450	CON	H & R Paving Inc.	4/27/2006 Armando Aragoi		3.0
PW	20040506	CON	H & R Paving Inc.	4/27/2006 Armando Aragoi		3.0
PW	20040507	CON	H & R Paving Inc.	4/27/2006 Armando Aragoi		3.0
PW	20040508	CON	H & R Paving Inc.	4/27/2006 Armando Aragoi		3.0
PW	20040509	CON	H & R Paving Inc.	4/27/2006 Armando Aragoi		3.0
PW	629902	CON	H & R Paving Inc.	8/24/2005 Armando Aragoi	· · · · · · · · · · · · · · · · · · ·	
PW	20030001	CON	H & R Paving Inc.	8/24/2005 Armando Aragoi		3.2
PW	20030002	CON	H & R Paving Inc.	8/24/2005 Armando Aragoi		3.2
PW	20030003	CON	H & R Paving Inc.	8/24/2005 Armando Arago		3.2
PW	20040450	CON	H & R Paving Inc.	12/27/2006 Armando Arago		3.0
PW	20030254	CON	H & R Paving Inc.	12/27/2006 Armando Arago 12/27/2006 Armando Arago	*	3.0 3.0
PW	20030255	CON	H & R Paving Inc.	12/27/2006 Armando Arago 12/27/2006 Armando Arago		3.0
PW	20040506	CON	H & R Paving Inc.	12/27/2006 Armando Arago 12/27/2006 Armando Arago		3.0
PW	20040507 20040508	CON	H & R Paving Inc.	12/27/2006 Armando Arago		3.0
PW PW	20040508	CON	H & R Paving Inc. H & R Paving Inc.	12/27/2006 Armando Arago		3.0
PW	20040309	7360	H & R Paving Inc.	12/27/2006 Armando Arago		3.0
PW	20060049	7360	H & R Paving Inc.	12/27/2006 Armando Arago		3.0
PW	20060196	7360	H & R Paving Inc.	12/27/2006 Armando Arago		3.0
PW	20060222	7360	H & R Paving Inc.	12/27/2006 Armando Arago		3.0
PW	20060040	7360	H & R Paving Inc.	11/28/2007 Armando Arago		2.5
PW	20060196	7360	H & R Paving Inc.	11/28/2007 Armando Arago		2.5
PW	20060222	7360	H & R Paving Inc.	11/28/2007 Armando Arago		2.5
PW	20060352	7360	H & R Paving Inc.	11/28/2007 Armando Arago		2.5
PW	20060353	7360	H & R Paving Inc.	11/28/2007 Armando Arago		2.5
PW	20040506	CON	H & R Paving Inc.	11/28/2007 Armando Arago		
PW	20040507	CON	H & R Paving Inc.	11/28/2007 Armando Arago	n Project conclusion or closeou	
PW	20040508	CON	H & R Paving Inc.	11/28/2007 Armando Arago	n Project conclusion or closeou	
PW	20040509	CON	H & R Paving Inc.	11/28/2007 Armando Arago	n Project conclusion or closeou	
PW	20030255	CON	H & R Paving Inc.	11/28/2007 Armando Arago	n Project conclusion or closeou	t <u>2.5</u>
PW	20060291	CON	H & R Paving Inc.	11/28/2007 Armando Arago	n Project conclusion or closeou	t <u>3.4</u>
PW	20060307	7360	H & R Paving Inc.	11/28/2007 Armando Arago	on Project conclusion or closeou	t <u>2.5</u>
PW	20060040	7360	H & R Paving Inc.	1/10/2008 Armando Arago	on Completion of construction	3.0
PW	20060040	7360	H & R Paving Inc.	3/10/2008 Armando Arago	on Project conclusion or closeou	t <u>3.0</u>
PW	20060222	7360	H & R Paving Inc.	3/10/2008 Armando Arago	on Project conclusion or closeou	t <u>3.0</u>
PW	20060352	7360	H & R Paving Inc.	3/10/2008 Armando Arago	on Interim	3.0
PW	20060353	7360	H & R Paving Inc.	3/10/2008 Armando Arago		<u>3.0</u>
PW	20060069	7360	H & R Paving Inc.	4/10/2007 Armando Arago	on Project conclusion or closeou	t <u>3.0</u>
PW	20060196	7360	H & R Paving Inc.	4/10/2007 Armando Arago		3.0
PW	20060222	7360	H & R Paving Inc.	4/10/2007 Armando Arago		<u>3.0</u>
PW	20040450	CON	H & R Paving Inc.	4/10/2007 Armando Arago	• • • • • • • • • • • • • • • • • • •	
PW	20060307	7360	H & R Paving Inc.	4/10/2007 Armando Arago		3.0
PW	20040506	CON	H & R Paving Inc.	4/10/2007 Armando Arago		<u>3.0</u>
PW	20040507	CON	H & R Paving Inc.	4/10/2007 Armando Arago		3.0
PW	20040508	CON	H & R Paving Inc.	4/10/2007 Armando Arago		3.0
PW	20040509	CON	H & R Paving Inc.	4/10/2007 Armando Arago		3.0
PW	20060352	7360	H & R Paving Inc.	6/30/2008 Armando Arago	•	
PW	20060196	7360	H & R Paving Inc.	6/30/2008 Armando Arago	•	-
PW	20060353	7360	H & R Paving Inc.	6/30/2008 Armando Arago	•	
PW	20070567	7360	H & R Paving Inc.	10/6/2008 Armando Arago	-	
PW	20070568	7360	H & R Paving Inc.	10/6/2008 Armando Arag		3.0
PW	20070564	7360	H & R Paving Inc.	10/6/2008 Armando Arag		3.0
PW	20080134	7360	H & R Paving Inc.	4/15/2009 Armando Arag		3.2 rt 3.0
PW	20070564	7360	H & R Paving Inc.	4/24/2009 Armando Arag	•	
PW	20070568	7360 CON	H & R Paving Inc.	4/24/2009 Armando Arag 4/24/2009 Armando Arag		
PW PW	20070562 20080134	CON 7360	H & R Paving Inc. H & R Paving Inc.	4/24/2009 Armando Arag 12/24/2009 Armando Arag	•	
PW	20090053	7360	H & R Paving Inc.	8/19/2010 Armando Arag	•	3.0
FVV	20000000	, 550	TI WITH AVERY HID.	3/10/20 /O Almando Alag		2.2

PW	20090126	7360	H & R Paving Inc.	8/20/2010 Armando	Aragon I	Interim	3.3
PW	20090110	7360	H & R Paving Inc.	8/20/2010 Armando	Aragon I	Interim	3.0
PW	20090027	7360	H & R Paving Inc.	8/20/2010 Armando	Aragon I	Interim	3.2
PW	20090120	7360	H & R Paving Inc.	8/20/2010 Armando	Aragon I	Interim	<u>3.3</u>
PW	20090116	7360	H & R Paving Inc.	8/20/2010 Armando	Aragon	Interim	3.7
PW	20090126	7360	H & R Paving Inc.	12/17/2010 Armando	•	Completion of construction	3.4
PW	20090123	7360	H & R Paving Inc.	3/16/2011 Armando		Interim	3.0
PW	20090126	7360	H & R Paving Inc.	3/16/2011 Armando	•	Project conclusion or closeout	<u>3.3</u>
PW	20090120	7360	H & R Paving Inc.	3/18/2011 Armando	•	Project conclusion or closeout	<u>3.3</u>
PW	20090027	7360	H & R Paving Inc.	3/18/2011 Armando	•	Interim	3.2
PW	20090053	7360	H & R Paving Inc.	3/18/2011 Armando	•	Interim	3.1
PW	20100387	7360	H & R Paving Inc.	3/18/2011 Armando		Interim	3.0
PW	20090026	7360	H & R Paving Inc.	3/18/2011 Armando	•	Project conclusion or closeout	3.2
PW	20090110	7360	H & R Paving Inc.	3/18/2011 Armando	•	Project conclusion or closeout	3.1
PW	20100426	7360	H & R Paving Inc.	3/22/2011 Armando 7/8/2011 Armando	~	Interim Interim	3.0
PW	20100533	7360	H & R Paving Inc.		•	Interim	<u>4.0</u> 3.0
PW	20100533	7360	H & R Paving Inc.	9/9/2011 Armando 10/12/2011 Armando	-	Project conclusion or closeout	3.2
PW	20090123	7360	H & R Paving Inc.	10/12/2011 Armando	· ·	Project conclusion or closeout	3.7
PW	20090116	7360 7360	H & R Paving Inc.	10/12/2011 Armando		Project conclusion or closeout	3.2
PW PW	20090053	7360 7360	H & R Paving Inc. H & R Paving Inc.	10/12/2011 Armando	-	Project conclusion or closeout	3.3
PW	20090027 20100387	7360	H & R Paving Inc.	10/12/2011 Armando	-	Interim	3.2
PW	20100367	7360	H & R Paving Inc.	10/12/2011 Armando	•	Interim	3.1
PW	20100725	7360	H & R Paving Inc.	10/12/2011 Armando	•	Interim	3.2
PW	20100723	7360	H & R Paving Inc.	10/12/2011 Armando	•	Interim	3.0
PW	20100387	7360	H & R Paving Inc.	3/12/2012 Armando	J	Project conclusion or closeout	3.2
PW	20100426	7360	H & R Paving Inc.	3/12/2012 Armando	-	Project conclusion or closeout	3.1
PW	20100725	7360	H & R Paving Inc.	3/12/2012 Armando	•	Project conclusion or closeout	3.2
PW	20100533	7360	H & R Paving Inc.	3/12/2012 Armando	*	Project conclusion or closeout	3.3
PW	20110036	7360	H & R Paving Inc.	8/2/2012 Armando	-	Interim	3.3
PW	20110089	7360	H & R Paving Inc.	8/2/2012 Armando	-	Interim	3.3
PW	20110036	7360	H & R Paving Inc.	11/27/2012 Armando	Aragon	Project conclusion or closeout	3.3
PW	20110089	7360	H & R Paving Inc.	11/27/2012 Armando	Aragon	Interim	3.6
PW	20110168	7360	H & R Paving Inc.	11/27/2012 Armando	Aragon	Interim	3.6
PW	20110169	7360	H & R Paving Inc.	11/27/2012 Armande	Aragon	Interim	3,6
PW	20110168	7360	H & R Paving Inc.	3/21/2013 Armand	o Aragon	Interim	3.7
PW	20110169	7360	H & R Paving Inc.	3/21/2013 Armand	o Aragon	Interim	3.7
PW	20110089	7360	H & R Paving Inc.	5/21/2013 Armand	o Aragon	Project conclusion or closeout	<u>3.6</u>
PW	20110168	7360	H & R Paving Inc.	10/30/2013 Armand	o Aragon	Project conclusion or closeout	<u>3.7</u>
PW	20110169	7360	H & R Paving Inc.	10/30/2013 Armand	o Aragon	Project conclusion or closeout	<u>3.7</u>
PW	20120073	7360	H & R Paving Inc.	10/30/2013 Armand	o Aragon	Interim	3.7
PW	20120073	7360	H & R Paving Inc.	1/16/2014 Armand	o Aragon	Interim	<u>3.7</u>
PW	20120159	7360	H & R Paving Inc.	1/16/2014 Armand	-	Interim	<u>3.7</u>
PW	20130169	7360	H & R Paving Inc.	4/30/2014 Armand	•	Interim	3.0
PW	20120160	7360	H & R Paving Inc.	4/30/2014 Armand	_	Interim	<u>3.1</u>
PW	20120159	7360	H & R Paving Inc.	4/30/2014 Armand	-	Interim	<u>3.1</u>
PW	20070562	CON	H & R Paving Inc.	1/14/2009 Armand		Interim	3.3
PW	20090123	7360	H & R Paving Inc.	8/30/2010 Armand	•	Interim	2.0
PW	20090026	7360	H & R Paving Inc.		o Aragon	Interim	3.2
PW	20130280	7360	H & R Paving Inc.		o Aragon	Interim	3.1
PW	20120160	7360	H & R Paving Inc.	12/2/2014 Armand	•	Interim	<u>3.1</u>
PW	20120159	7360	H & R Paving Inc.	12/2/2014 Armand	•	Interim	3.1
PW	20130169	7360	H & R Paving Inc.	12/2/2014 Armand	-	Interim	3.1
PW	20120073	7360	H & R Paving Inc.	12/5/2014 Armand		Project conclusion or closeout	3.7
PW	20130169	7360	H & R Paving Inc.	3/12/2015 Armand	-	Project conclusion or closeout	3.4
PW	20120159	7360	H & R Paving Inc.	3/12/2015 Armand 3/12/2015 Armand	-	Project conclusion or closeout Interim	3.4 3.4
PW	20120160	7360	H & R Paving Inc. H & R Paving Inc.	3/12/2015 Armand	-	Interim	3.4
PW	20130280	7360		6/15/2015 Armano	-	Project conclusion or closeout	
PW	20120160	7360	H & R Paving Inc.	10/16/2015 Armano	-	Interim	3.5
PW PW	20140112 20140088	7360 7360	H & R Paving Inc. H & R Paving Inc.	10/16/2015 Armano	=	Interim	3.5
PW	20140088 20140055	7360 7360	H & R Paving Inc.	10/16/2015 Armano	-	Interim	3.5
PW	20140055	7360	H & R Paving Inc.	10/16/2015 Armano	-	Interim	3.5
PW	20140184	7360	H & R Paving Inc.	11/20/2015 Armano	-	Project conclusion or closeout	
PW	20150280	7360	H & R Paving Inc.	4/21/2016 Armano	-	Interim	3.4
PW	20130062	7360	H & R Paving Inc.		lo Aragon lo Aragon	Project conclusion or closeout	
PW	20140033	7360	H & R Paving Inc.		lo Aragon	Interim	3.5
PW	20140066	7360	H & R Paving Inc.		io Aragon	Interim	3.5
PW	20150156	7360	H & R Paving Inc.		io Aragon	Interim	3.5
		, 550			<b>3</b>		

PW	20140112	7360	H & R Paving Inc.	8/8/2016	Armando Aragon	Project conclusion or closeout	<u>3,6</u>
PW	20150133	7360	H & R Paving Inc.	8/8/2016	Armando Aragon	Interim	3.5
PW	20150157	7360	H & R Paving Inc.	8/8/2016	Armando Aragon	Interim	<u>3.5</u>
PW	20150062	7360	H & R Paving Inc.	8/8/2016	Armando Aragon	Interim	<u>3.5</u>
PW	20140164	7360	H & R Paving Inc.	12/2/2016	Armando Aragon	Project conclusion or closeout	<u>3.5</u>
PW	20140088	7360	H & R Paving Inc.	2/9/2017	Armando Aragon	Project conclusion or closeout	3.5
PW	20150133	7360	H & R Paving Inc.	2/9/2017	Armando Aragon	Interim	3.5
PW	20150157	7360	H & R Paving Inc.	2/9/2017	Armando Aragon	Interim	3.5
PW	20160020	7360	H & R Paving Inc.	2/9/2017	Armando Aragon	Interim	3.5
PW	20150156	7360	H & R Paving Inc.	2/9/2017	Armando Aragon	Interim	3.5
PW	20150062	7360	H & R Paving Inc.	2/9/2017	Armando Aragon	Interim	3.5
PW	20150133	7360	H & R Paving Inc.	8/22/2017	Armando Aragon	Project conclusion or closeout	3.5
ws	W-897, Divisio	ns CON	H & R Paving Inc.	6/10/2013	Miguel Pichardo	Completion of construction	3.9
	1 and 2				_		
WS	W-897, Divisio	ns CON	H & R Paving Inc.	11/9/2010	Raul Caballero	Interim	3,8
	1 and 2						
WS	W-897, Divisio	ns CON	H & R Paving Inc.	5/31/2011	Raul Caballero	Interim	3.9
	1 and 2					No. 4 m. 4 m.	٠,
ws	W-897, Divisio	ns CON	H & R Paving Inc.	4/7/2010	Iden Edwards	Interim	<u>3.4</u>
	1 and 2						

Evaluation Count: 214 Contractors: 1 Average Evaluation: 3.2

# Attachment C

Firm History Report



# Small Business Development MIAMI DADE COUNTY Firm History Report

From: 06/01/2017 To: 06/15/2020

FIRM NAME: H & R PAVING, INC. 1955 NW 110th Ave Miami. FL 33172

PRIMES

	윤노	.52			\$0.00	25	<b>1 1 1 1 1 1 1 1 1 1</b>	.17		1-1	261 162	80:		<b>[</b> 80:
	AWARD	\$1,740,113.52			\$	\$1,740,113.52	\$1,346,043.14 \$1,346,043.14	\$1,677,911.17		\$1,677,911.17	\$1,787,109.92 \$1,787,109.92	\$2,489,977.08		\$2,489,977.08
	Đ	/2017					1027/2017	12/21/2017			01/31/2018	05/31/2018		
	AWARD DATE	08/29/2017					10/27	12/21			01/31	05/31		
		E CSBE					ECSPE	E CSBE			E CSBE	E 1 CSBE	E 2 CSBE	
	MEASURES	TRADE SET ASIDE CSBE					TRADE SET ASIDE CSBE NO MEASURE	TRADE SET ASIDE CSBE			TRADE SET ASIDE CSBE	TRADE SET ASIDE 1 CSBE	TRADE SET ASIDE 2 CSBE NO MEASURE SBE	
		TRAD		90 days	days			TRAD	days			•	TRAD NO M	
	CT DEPT.	1 MT		06	120 days		1 WS	1 MT	120 days		1 MT 120 days	1 MT		
	CONTRACT		SOUTH)	JAN-29-19	JUN-07-19				SOUTH JUL-17-19					
			H BUTTON-9	~	8				BUTTON- 8		<b>\_</b>			
			ROADWAY RESURFACING CONTRACT (PUSH BUTTON-SOUTH)	Change Order#	Change Order#		70232 (7360) WASD STREET REHABILITATION CONTRACT		ROADWAY RESURFACING CONTRACT PUSH BUTTON-SOUTH  Change Order # 1 JUL-17		ONTRACT Change Order#		RACT	
33172			CING CONT	Ch	ပ်		BILITATION		CING CONT		CING CONT		CING CONT	
Miami, FL 33172		(0)	Y RESURFA				REET REHA	(0)	Y RESURFA		70279 (7360) ROADWAY RESURFACING CONTRACT Change O	(0)	ROADWAY RESURFACING CONTRACT	
2	PROJECT#	20170165 (7360)	ROADWA				20170232 (7360) WASD STREET F	20170254 (7360)	ROADWA		20170279 (7360) ROADWAY RE	20180048 (7360)	ROADWA	
	A A	20					۶ 2				<b>5</b> 0	20		

Indicates closed or expired contracts
 Disclaimer: Payments shown may not reflect current information

 Monday, June 15, 2020

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Ver: 1

DBDR0210\_E v.20150827

# DEPARTMENT OF BISINESS BEVELOPMENT

# MIAMI DADE COUNTY Small Business Development Firm History Report

From: 06/01/2017 To: 06/15/2020

FIRM NAME: H & R PAVING, INC. 1955 NW 110th Ave Miami, FL 33172

PRIMES

, PROJECT#	CONTRACT DEPT.	MEASURES	AWARD DATE	AWARD	
20180252 (7360) ROADWAY RESURFACING CONTRACT	1 MT	TRADE SET ASIDE CSBE	02/07/2019	\$2,385,550.89	
				\$2,385,550.89	
20190079 (7360) ROADWAY RESURFACING	TM	TRADE SET ASIDE CSBE	07/11/2019	\$2,054,982.86	
			İ	\$2,054,982.86	
20190121 (7360) ROADWAY RESURFACING		TRADE SET ASIDE CSBE	07/12/2019	\$3,933,591.93	
				\$3,933,591.93	
20190236 (7360) PUSH BUTTON INTERSECTION IMPROVEMENTS SOUTH	TM	TRADE SET ASIDE CSBE	11/25/2019	\$2,007,250.24	
			I	\$2,007,250.24	
RPQ NO. 20190280 ROADWAY RESURFACING –MULTIPLE SITES	L L	TRADE SET ASIDE CSBE	03/23/2020	\$3,390,994,09	
				\$3,390,994.09	

DBDR0210\_E v.20150827

Indicates closed or expired contracts
 Disclaimer: Payments shown may not reflect current information

 Monday, June 15, 2020

FIRM NAME: H & R PAVING, INC.

1955 NW 110th Ave Miami, FL 33172

# Small Business Development MIAMI DADE COUNTY

Firm History Report

From: 06/01/2017 To: 06/15/2020

PRIMES

AWARD AMOUNT 05/11/2020 \$3,576,697.44 \$3,476,591.86 \$3,576,697.44 \$3,476,591.86 \$29,866,814.14 \$29,866,814.14 04/16/2020 AWARD DATE 1 MT TRADE SET ASIDE CSBE TRADE SET ASIDE CSBE **Total Award Amount** Total Change Orders Approved by BCC MEASURES DEPT. Σ CONTRACT PUSH BUTTON ROADWAY RESURFACING-SOUTH ROADWAY RESURFACING-MULTIPLE SITE 20200097 (7360) 20190338 (7360) PROJECT#

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Page 3

Ver: 1

DBDR0210\_E v.20150827

<sup>\*</sup> Indicates closed or expired contracts Disclaimer: Payments shown may not reflect current information Monday, June 15, 2020

# Attachment D

SBD Project Worksheet and Compliance Review



Project/Contract Title:

# **Small Business Development Division**

# Project Worksheet

**Received Date: 1/16/2020** 

Project/Contract No:	NO. V009A		Funding Source: FDOT
Department:	Aviation <sup>®</sup>		
Estimated Cost of Project/Bid	: \$15,446,662.00	•	
Description of Project/Bid:	AVIATION - TMB RIM HIS wi	th Taxiway H West Extension	to Threshold 9R
	Contract Mea	sures Recommendation	
	Measure	Program	Goal Percent
	Goal	DBE	13.79%
		or Recommendation	
			licating a 13.79% DBE Goal, to be
	g in the following categories: C is Bacon Wages are applicable.		ling - 4.19%, Concrete68%, Striping -
4.2% and sodding -4.1%. Day	5 bacon wages are applicable.		
NAICE 227 Hanner and Chill Co.	ringering Canetauritan MAICC	120 Carolalar Tanda Cantan An	NAICC 227740 Diskurre Charles
			ors, NAICS 237310 Highway, Street, and rs, NAICS 561730 Landscaping Services,
	rs (i.e., subdividing and installing		13, MAICS 301730 Latituscaping Services,
	energement in the second secon	ract Measure Recommendation	
Sub-trade			Category
Highway, Street, and Bridge C	Construction		DBE
Land Subdivision			DBE ,
Sodding			DBE
Poured Concrete Foundation	and Structure Contractors		DBE
Site Preparation Contractors	•	•	DBE
Living Wages: YES	NO X Highway:	YES X NO	Heavy Construction: YES NO X
Responsible Wages: YES	NO Building:	YES NO X	
Jus	eada		2/7/20
County A	Mayor (Aviation Only)	***************************************	Date

TMB RIM HS1 WITH TAXIWAY H WEST EXTENSION TO

**THRESHOLD 9R** 

# Memorandum



DATE:

June 11, 2020

TO:

Sylvia Novela, Strategic Procurement Director

Miami Dade Aviation Department

FROM:

Gary Hartfield, Division Director

Internal Services Department-

Small Business Development

SUBJECT:

Compliance Review

Project No. V009A

TMB RIM HS1 With Taxiway H West Extension to Threshold 9R

Small Business Development (SBD), a Division of the Internal Services Department, has completed its review of the subject project for compliance with Disadvantaged Business Enterprise (DBE) program for Construction services. The contract measure established for this project is a 13.79% DBE subcontractor goal.

The Strategic Procurement Division of the Aviations Department has submitted contract documents for the firms listed below acknowledging their commitment to comply with the project's DBE measure. Each firm was required to submit a DBE Utilization Form identifying the DBE subcontractor(s) to fulfill the goal. The following is their pre-award compliance status and summary.

# STATUS:

1. General Asphalt Co., Inc.

2. H&R Paving, Inc.

3. Ryan Incorperated Southern

4. Central Civil Construction

Compliant

Compliant

Compliant

Non-Compliant

# **SUMMARY:**

General Asphalt Co., Inc., a non-certified DBE firm, submitted the DBE Utilization Form and Letter of Intent (LOI) Affidavit, committing to use the following DBE certified firm: Kailas Corp. to perform Earthwork at 13.79%. The DBE Utilization Form was signed by both the prime and the subcontractor confirming their commitment to achieve the overall DBE goal of 13.79%.

General Asphalt Co., Inc. has satisfied the contract's 13.79% DBE subcontractor goal and is in compliance with the overall Disadvantage Business Enterprise measures established for this contract.

**H&R Paving, Inc.,** a non-certified DBE firm, submitted the DBE Utilization Form and the Letter of Intent (LOI) Affidavits, committing to use the following DBE certified firms: Caribbean Technical Services, Inc. to perform Pre-construction Services and Project Management work at 3.40%, Highway Striping Inc. to perform Pavement Markings and Sign work at 2.05%. Quality Construction Performance, Inc. to perform Drainage and Earthwork work at 8.34%. The DBE Utilization Form was signed by both prime and subcontractors confirming their commitment to achieve the overall DBE goal of 13.79%

Compliance Review Project No. V009A June 11, 2020 Page 2

H&R Paving, Inc. has satisfied the contract's 13.79% DBE subcontractor goal and is in compliance with the overall Disadvantage Business Enterprise measures established for this contract.

Ryan Incorperated Southern, a non-certified DBE firm, submitted the DBE Utilization Form and Letter of Intent (LOI) Affidavits, committing to use the following DBE certified firms: A Caribbean Technical Services, Inc. to perform Pre-construction Services and Project Management work at 2.0%, Chin Diesal, Inc. to perform Hauling and Aggregate work at 8.8%, Highway Striping Inc. to perform Pavement Markings and Sign work at 2.0%, Radise International, LLC. to perform Quality Control Testing and Inspection Services work at 1.3% in satisfaction of the 13.79% DBE goal. The DBE Utilization Form was signed by both the prime and the subcontractors confirming their commitment to achieve the overall DBE goal of 13.79%.

Ryan Incorperated Southern has satisfied the contract's 13.79% DBE subcontractor goal and is in compliance with the overall Disadvantage Business Enterprise measures established for this contract.

**Central Civil Construction,** submitted DBE Utilization Form and Letter of Intent (LOI) Affidavit, committing to use R&D Electric, Inc. to provide Electrical work at 13.79%. Since R&D Electric, Inc., is not certified as a DBE firm, it cannot meet the DBE 13.79% subcontractor goal measure. As such, Central Florida Equipment Rentals, Inc. is not in compliance. All DBEs must be certified by the FLUCP as DBEs pursuant to 49 CFR Part 26 prior to Bid submittal.

Please note that SBD staff reviewed and addressed compliance with the DBE Programs. The Strategic Procurement Division of Internal Services Department is responsible for any other issues that may exist.

Should you have any questions or need any additional information, please do not hesitate to call Robert Parson, Business Development Specialist 2, at (305) 375-3182.

c: Laurie Johnson, SBD Tiondra Wright, MDAD Richard Solorzano, MDAD

# Attachment E

DBE Utilization Forms and Letters of Intent



EXHIBIT A - Revised 9/2/2014

# DBE Utilization Form Forms 1 & 2 Demonstration of Good Faith Efforts

# FORM 1: DISADVANTAGED BUSINESS ENTERPRISE (DBE) UTILIZATION

The undersigned bidder/offeror has satisfied the requirements of the bid specification in the following manner (please check the appropriate space).

- The bidder/offeror is committed to a minimum of 13.19 % DBE utilization in this Contract.
- The bidder/offeror (if unable to meet the DBE goal of% is committed to a minimum of% DBE utilization on this contract and submits documentation demonstrating good faith efforts. Actions constituting evidence of good faith efforts are described in Appendix A to 49 CFR Part 26, Section 26.53 and request for waiver Exhibit D.
Name of bidder/offeror's firm: Hta Routes toc.
Address: 1955 www 110 Ausous
City: 5/10012 State: FL Zip: 3314 ]
Telephone: 305-761-3005
State Registration No.
By & tent title: President
State Registration No.  By Description  (Signature)  Date: 6 4 7070  (Print Name)
FORM 2: LETTER OF INTENT
Name of DBE firm: Caribbean Technical Services, Inc.
Address: 14900 SW 30th Street, Unit 277751
City: Miramar State: FL Zip: 33027
Telephone:
Description of work to be performed by DBE firm: <u>Material supplier for conduits</u> , wires, airfield <u>lighting equipment and electrical miscellaneous materials</u> ; <u>Pre-construction Services and Project Management</u>
The bidder/offeror is committed to utilizing the above named DBE firm for the work described above. The estimated <i>percentage</i> value of this work is%.
AFFIRMATION:
The above named DBE firm affirms that it will perform the portion of the contract for the estimated percent as stated above
as stated above.  By:  (Signature)  (Title)
By: (Signature) Control Services, Inc. (Title)
If the bidder/offeror does not receive award of the contract, any and all representations in this Letter of Intent and Affirmation shall be null and void.

This form may be duplicated if utilizing multiple DBE firms.



EXHIBIT A - Revised 9/2/2014

as stated above.

(Signature)

Letter of Intent and Affirmation shall be null and void.

# DBE Utilization Form Forms 1 & 2 Demonstration of Good Faith Efforts

# FORM 1: DISADVANTAGED BUSINESS ENTERPRISE (DBE) UTILIZATION

The undersigned bidder/offeror has satisfied the requirements of the bid specification in the following manner (please check the appropriate space).

The bidder/offeror is committed to a minimum of \( \frac{13.49}{2} \) DBE utilization in this Contract.

The bidder/offeror (if unable to meet the DBE goal of% is committed to a minimum of% DBE utilization on this contract and submits documentation demonstrating good faith efforts. Actions constituting evidence of good faith efforts are described in Appendix A to 49 CFR Part 28, Section 26,53 and request for waiver Exhibit D.
Name of bidder/offeror's firm: Hin Paving Inc.
Address: 1985 DW 110 AVENUE
City: <u>The state:</u> State: FL Zip: 33672
Telephone: 305-261-3005
State Registration No.
By: Title: Ynesident
(Signature)  Date: 5 20 2026  (Print Name)
FORM 2: LETTER OF INTENT
Name of DBE firm: Highway Striping Inc.
Address: 18851 SW 218th St
city: MIQMI state: FL zip: 33 17 0
Telephone: 305 934 8933
Description of work to be performed by DBE firm: Striping & Signs (pavement markings)
The bidder/offeror is committed to utilizing the above named DBE firm for the work described above. The estimated percentage value of this work is%.
AFFIRMATION:
The above named DBE film affirms that it will perform the portion of the contract for the estimated percent

This form may be duplicated if utilizing multiple DBE firms.

If the bidder/offeror does not receive award of the contract, any and all representations in this



EXHIBIT A - Revised 9/2/2014

# DBE Utilization Form Forms 1 & 2 Demonstration of Good Faith Efforts

# FORM 1: DISADVANTAGED BUSINESS ENTERPRISE (DBE) UTILIZATION

The undersigned bidder/offeror has satisfied the requirements of the bid specification in the following manner (please check the appropriate space).

The bidder/offeror is committed to a minimum of 13.79 % DBE utilization in this Contract.
- The bidder/offeror (if unable to meet the DBE goal of% is committed to a minimum of% DBE utilization on this contract and submits documentation demonstrating good faith efforts. Actions constituting evidence of good faith efforts are described in Appendix A to 49 CFR Part 26, Section 26.53 and request for waiver Exhibit D.
Name of bldder/offeror's firm: HER Pauloy, TUC
Address: 1955 NW W AVENUR
City: D[ravii State: FL Zip: 30172
Telephone: 305-761-3005
State Registration No. 5844
By: + Signature) Title: Caesideat
By: A Title: Taleident  (Signature)  Date: 601 7020  (Print Name)
FORM 2: LETTER OF INTENT
Name of DBE firm: Quality Construction Performance, Inc
Address: 2451 NW 109 Av Unit # 2
City: Miami State: FI Zip; 33172
Telephone: 305-592-6353
Description of work to be performed by DBE firm:
The bidder/offeror is committed to utilizing the above named DBE firm for the work described above. The estimated <i>percentage</i> value of this work is
AFFIRMATION:
The above named DBE firm affirms that it will perform the portion of the contract for the estimated percent as stated above.
By: Gustavo Bustos Bustos Bustos Bustos / President  Gustavo Bustos / President
(Signature) (Title)  If the bidder/offeror does not receive award of the contract, any and all representations in this Letter of Intent and Affirmation shall be null and void.

This form may be duplicated if utilizing multiple DBE firms.

# Attachment F

CAO Responsiveness Opinion

# Memorandum MIAMI-DADE

Date:

June 12, 2020

To:

Tiondra Wright

Aviation Senior Contracting Officer

From:

Angela F. Benjamin and Altanese P. Phenelus

Assistant County Attorneys

Subject:

Responsiveness Opinion for Bid for Miami Executive Airport (TMB) Runway

Incursion Mitigation (RIM) Project Bid No. MDAD-CIP-V009A (the "Solicitation")

You have asked this office if the lowest bid received in response to the Solicitation from H&R Paving, Inc. ("H&R") is responsive. We rely on the information you provided in your memorandum, dated June 11, 2020, the Solicitation documents, the bid submitted by H&R, and our various email conversations on the topic. To the extent any of the facts provided change, our opinion may also change. We are advised that the estimated value of the contract exceeds \$1 million, and as such provide a formal responsiveness opinion.

The Solicitation is seeking bids to provide specific construction work at Miami Executive Airport. The project includes the shortening of Runway 13-31, modifications to Taxiways E and H, the relocation of the D connector, a new D-2 connector, and the extension of Taxiway H, in addition to other related work.

# H&R

H&R's bid's signature page is signed but not sealed. In other words, what purports to be the signature of the president of H&R is provided on each of the signature pages, but there is no notary certification verifying the president's signature and there is not a corporate seal. In addition, according to your memorandum, the schedules of bid prices form for H&R provides unnecessary information by writing the grand total, but not otherwise altering the bid form. You have not indicated whether the grand total is accurate.

The purpose of the competitive bidding process is, among other things, "to secure fair competition upon equal terms to all bidders . . . . and to afford an equal advantage to all desiring to do business with the county, by affording an opportunity for an exact comparison of bids." Harry Pepper & Assocs., Inc. v. City of Cape Coral, 352 So. 2d 1190, 1192 (Fla. 2d DCA 1977) (citing Wester v. Belote, 138 So. 721, 723-24 (Fla. 1931)). Responses to a solicitation must be capable of assuring the County that, if accepted, the proposal will result in a contract that can be performed in accordance with the requirements of the Solicitation. See e.g., Glatstein v. City of Miami, 399 So. 2d 1005, 1007-1008 (Fla. 3d DCA 1981) (relying on Wester for the proposition that solicitations must include "reasonably definite plans or specifications, as a basis on which bids may be received."). This standard is embedded within the County's definition of "responsiveness" as set forth in Implementing Order 2-13.

Here, there is nothing in the Solicitation specifically requiring that the signature of the bidder be notarized/sealed. The individuals listed on the bid's signature page are the same listed on the Department of State website as officers of H&R. The president of the company signed the solicitation thereby providing assurances that if accepted, the proposal will result in a contract between the County and H&R.

The lack of a notarization/seal does not render H&R's bid non-responsive.

Although not directed to provide the total for its bid or the total for all the units of each item in the bid, the bid form does state that "Miami-Dade County will calculate the amount (sum of Items 1 through 81)" to determine the total bid amount. See e.g., General Asphalt's Bid at BF-3.K. H&R's calculation of the total for all units listed for each item does not provide it with a competitive advantage in any way. Listing the total for all units does not prevent the County from doing an exact comparison of each of the bids. Thus, this fact alone does not render the bid non-responsive. If the total amounts listed by H&R somehow does not equal the totals the County calculates, this conclusion will need to be reconsidered by our office.

Angela F. Benjamin

angela B

Altanese P. Phenelus

# Attachment G

Bid Tabulation

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## Attachment H

Civil Engineer Consultant Project Analysis

## **F**)3

June 10, 2020

Mr. Ricardo Solorzano Construction Project Manager Miami International Airport P.O. Box 025504 Miami, Florida 33102-5504

RE:

Letter of Recommendation to Award Miami-Dade Aviation Department Bid No. MDAD-CIP-V009A Miami Executive Airport (TMB) Runway Incursion Mitigation

Dear Mr. Solorzano,

The evaluation and analysis of the bids received on Friday, June 5, 2020, finds that the bid submitted by H&R Paving, Inc. in the amount of \$11,771,266.76 is the lowest bid. The initial recommendation by HDR is to award the contract to H&R Paving plus the 10% General Allowance Account and 3% Permit Allowance Account as the lowest bidder in accordance with the Schedule of Unit Prices they submitted. HDR did not evaluate their insurance, licensing and qualifications of the firm to determine if they are technically qualified to perform the scope of work as defined in the bid documents. The Engineer's Estimate represents a cost of approximately 28% above the lowest bid.

The table below is a summary of the bids received and the Engineer's Estimate of Probable Construction Cost.

Bidder	Total Bid as Submitted	Remarks
H&R Paving Inc.	\$11,771,266.76	Lowest Bid
Central Florida Equipment Rentals, Inc.	\$12,899,985.00	
General Asphalt Co. Inc.	\$13,734,170.80	
Ryan Incorporated Southern	\$14,024,152.69	Highest Bid
Engineer's Estimate	\$16,264,300.00	

Refer to the attached Bid Tabulation Analysis Table for a complete bid item unit prices and totals as submitted by each of the bidders. Based on the bids received, HDR did a line-by-line analysis of the bid unit prices and checked the Contractor's Schedule of Prices Bid matches the Schedule of Prices in Addendum 5. In Central Florida Equipment Rentals, Inc. bid, there were five (5) unit prices there were priced at \$0.01 which is extremely low compared to the current market value of those items. They were for the following line numbers: 19, 54, 55, 60 &

hdrinc.com

15450 New Barn Road Suite 304 Miami Lakes, FL 33014-2169 (305) 728-7400

## F)S

61. Besides these variances, all the other unit prices that were presented from the Contractors were in accordance with the current market value.

The comparison of bid item provides information on the percent difference between the Engineer's Unit Price and the Contractor's Unit Price. The Total Bid Amount percent difference from the Engineer's Estimate to the Lowest and Highest bidder ranges between (–)28% and (-)14%. The Engineer's Estimate was created using market value unit prices prior to the COVID-19 pandemic. Due to COVID-19, bids have been noticed to come in low across the nation.

Should you have any questions, or if further information is required, please do not hesitate to call us.

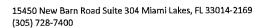
Sincerely, HDR Engineering, Inc

Timothy J. Fish, P.E.

Associate Vice President

Attachments: Bid Tabulation Analysis Table

hdrinc.com



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			lo l	\$138,105,/3	गर	7.00	2		\$2,453,527		\$196,200.00	59 500 00	53,200.00	\$275,800,00	\$36,400,00	\$30,800.00	3554,000,00	\$204 300 00	\$10,000,00	\$260,000,00	\$953,400.00	\$1,417,500,00	\$3,234,000.00	\$54,000.00	\$175 000 00		\$104,625,00	\$225,000,00	\$7,750,00	\$88 400.00		\$71,250,00	5135,000,00	\$22,500.00	44 650 00	\$10,000,00	\$218,000.00	\$25,200.00	\$57,600,00	\$257,400,00 \$708,800,00	\$78,300,00	\$160,000.00	\$21,500.00	\$8.400.00	\$2,000,00	\$1,200,00	\$6,300.00	\$20,000,00	\$5,000,000	\$928,400.00		09 340 AD	
ig inc.			1690,533.65	\$138,106,73	\$69 053.37	\$414,320,19	22 282 25	\$19,821.47	Discipline Subtotal		\$4.00	55,000,00	\$3,200,00	\$7.00	\$26.00	\$6.00	25.00	23.00	\$20,00	\$10.00			\$140,00	\$4.00	\$4,00	200	\$250	\$2.50	\$2.50	\$4.50		\$1.50	\$1.50	\$1.50	61 60	\$5.00	\$8.00	\$140,00	\$180.00	\$195,00	\$290,00	\$20,000,00	\$21,500.00	\$2,800.00	53,000.00	\$1,200,00	\$42.00	\$20,000,00	25,000,00	Diccinitine Subtotal		2 2	* 1777.09
Unit		L	4	4	╀	11.8	ļ_	3 5	Discipi		49,050 SY	47.3	1 5	39,400 SY	1,400 LF	5,100 LF	95,000 CY	750 CY		5.000 CY	68,100 SY	7.500 SY	3,100 TON		11.600 GAL		41,850 SF	90,000 SF	3,100 SF	45 870 SE		47,500 SF	90,000 SF	15,000 SF	2000	3,100 SF	27,250 SY		320 LF		270 12		<u>-</u>	3 EA	\$ 5	4 t	150 LF	43	- 64	42.2 AC		31,000,00	- Land
Quantity		100			1		and	-			4		Trench	L			1	-		6	-					-	-				L		-							+	-			ction	a	-	-				frical	L	
	Artentate	gram (CGCP) (59		d costs)	(2)	hard costs)	rton, Soil Erosian			CIVII	(2)		ng Cramage Sun	-	ng Drainage Plbe			1)	then deput				7-22, Gradation 2			g. Yellow with Gia	A Merita with Gla	g, waxe mai sie.	g. Red with Glass	g, Black without G	nent Marking, Yel	nent Marking, Wh	,	nent Marking, dia	nent Marking, Red							nlat	Manhole	red Trench Conne	red Trench Inlet T	ottire poetal RCD	hoand hou	207			Elec	e C Cable, Installe	
		Contractor Quality Control Program (CQCP) (5% of		General Conditions (1% of hard costs)	Mobilization (5.5% of hard costs)	of Traffic (3% of	Temporary Air and Water Pollution, Soil Erosion, and	trol (3% of Civil)			Pavement Milling (Bituminaus) (2	Grubbing	Remove and Dispose of Existing Dramage Superings  Remove and Dispose of Existing Stab Covered Trench	Bituminous Pavement Removal	Remove and Dispose of Existing Drainage Plpe	asseut	avation	Embankment (On-Site material)	Sungiade Fieb -	Harding of Exponented Material	.ograde (12")	se 10" depth	P-401-8.1 Asphalt Surface Course, PG 67-22, Gradation 2	Emulaified Asphalt Prime Coat	Tack Coat	oncrete Vaterborne Pavement Marking, Yellow with Glass	Seads	raverrent maj ra	Pavement Markin	Waterborne Pavement Marking, Black without Gless	Temporary Waterborne Pavement Marking, Yellow vinto	Salerborne Paver	without Glass Beads	Temporary Waterborne Pavement Narking, Black without Glass Beads	Waterborns Paver	Glass Beads Demonst of Existing Markings	aviria	'ass V	lass V	lass V	lass V	D-751-5,19 Furnish and Install Drainage Inlet	0-751-5.1b Furnish and Install Drainage Manhole	D-751-5.1c Furnish and Install Stab Covered Trench Connection	Furnish and Install Slab Covered Trench Inlet Top	Modify Existing Drainage Structure	Fence (8+1)	Driveway Gate, (Chain Link, 20")	val		1000000	No. 8 AWG, 5 xV, L-824. Type C Cable, Installed in	The same of the same of the same of
Description		Contractor O				1 Maintenance	Temporary A	1 Siltation Co.					2) Permove and	3 Bituminous			1 On-Site Excavation	.3 Embankmer	F Compagned		7	2 Limerock Ba	1 Asphalt Sun	1,1 Emulation A		SP.	W F	<u>, w</u>	av Waterborne	Waterborne	lemporary (	5,42 Glass Bead		4c without Glas	lemporary		7	5.1a 18" RCP, Class V	5.1b 24" RCP, Class V	D-701-5.1c 30" RCP, Class V	D-701-5.14 38" RCP, Class V D-701-5.14 48" RCP, Class V	1,19 Fumish and	5.1b Furnish and	5.1c Fumish and	5.1d Furnish and	5.10 Modify Exis	5.11 Chain link Fence (8-	7		T-904-5.1 Sadding		No. 8 AWG.	
ltem No. Spec	٦		01440-9	01500-2	01505-2a	01505-20		01562-11			P-150-4.1	T	10 P-151-4.2a	12 P-151-4.3	Г			16 P-152-4.3	Т	T	Τ	Т	22 P-401-8	П	Т	$\top$	26 P-620-5,24	27 P-520-5.2b		Т	27 c-07-c-1	30 P-520-5.4a	1 P-520-5.4b	32 P-620-5.4c	Γ	33 P-620-5.4d	Τ	36 D-701-5.1a		Т	39 D-701-5.1d	Τ	П	-151-G E#	П	D-751-6.1e	Τ	48 F-162-5.4	П	П		-	11 400

6/10/2020



Ryan Incorporated Southern Line Total	\$ 69,692.00	\$ 82,654,00	\$ 57,860.00			\$ 79,170,00	, s		\$ 619,237.50		\$ 96,862.50	11,655.00	\$ 56,700.00	\$ 80,850.00	200 000		s. in		\$ 46,819.50		00°5600'+	\$ 5,040.00	u	v,	s,	\$ 15,169.31 \$ 3,757.45	s	w w	, \$ 14,024,152.69
Ryan Incorporated Southern Price Difference (%)	1.6	38.88	3 143,0	2 542.0		5		28.0	0		6 7.4	ş.	0 620	214.7					5 -07.5		M Ma		00 425.0	57		31 89.E		19.0	-14%
Ryan Incorporated Southern Unit Price (\$)	\$131	\$2.89	\$2.63	\$2.42		\$30,45		\$6,401.28	\$1,837.50		\$2,362,50	\$3,885,00	\$5,670.00	\$11,550.00	5				\$257.25		P0.480.44		\$78,750.00			\$15,169.31	\$1,785.00		
Ryan Incorporated H & R Paving Inc. LineSouthern Unit Total	74,480.00	88,088,00	61,600.00	28,380.00	790,272,00	84,448.00 6,860.00	32,928.00	2,800.00	660,520.00		103,320.00	12,432.00	60,480.00	86,240,00		340,340.00	12 648 00	Po'ob'ot	49,940.80		4,368.00	5,376.00	84,000.00	81,496.50	28,224.00	15,680.00	1,904.00	3,808.00	1
H & R Paving inc. Price H & Olfference (%) Tota	S S	BE S	183.6 \$	168.0 \$		S S S	\$ 50		444.5		\$ 5,4	28.5	72.8 \$	2357 \$		97.0	2 2 2	\$ 0.54 \$			82.8 5	5 677		S #18	\$ 623	2 1.09 2 1.09	\$ 6,82	28.95	-28% \$
H & R Paving H Inc. Unit Price In (\$)	\$1.40	\$3.08	\$2.80	\$2.58	\$31.36	\$32.48	\$3.36	\$2,800.00	\$1,960.00		\$2,520.00	\$4,144.00	\$6,048.00	\$12,320.00		\$12,320.00	34/5,00	no.**	\$274,40		\$4,368.00	\$1,792.00	\$84,000.00	\$274,40	\$2,352.00	\$15,680.00		\$1,904.00	
General Asphalt Co., Inc. Price Difference (%) Line Total	73,416.00	86,658.00	60,500.00	27,830.00	776,160.00	82,940.00	32,340.00	2,750.00	648,725.00		101,475.00	12,216.00	59,400.00	84,700.00		314,600.00	143,527.50	no ere'st	49,049,00		4,290.00	5,280.00	82,500.00	80,041.50	27,720.00	15,400.00	1,870.00	3,740.00	44 734 470 80
General Asphalt Co., Gene inc. Price Inc. F Difference (%) (%) L	7.0 \$	\$ 85.88	175.D \$	153.0 \$	17.9 5		2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ 6.00	164.5		12.5 \$	37.2 \$	S S	\$ 7.857		33.6 \$	122.8 5	* * * * * * * * * * * * * * * * * * *	5 + 15		8 8 8	S	450.0 \$	40.15	16.8 \$	82.5 \$	24.7 \$	40.0	7567
neral Asphalt , Inc. Unit Price	\$1.38	\$3,03	\$2.75	\$2,53	\$247.50	\$31.90	\$3.30	\$2,750.00	\$1,925.00		\$2,475.00	\$4,070.00	\$5,940.00	\$12,100.00		\$12,100.00	\$467.50	\$495.00	\$269.50	OF eec	\$4,290.00	\$1,760.00	\$82,500.00	\$269.50	\$2,310.00	\$15,400.00	\$1,870.00	\$1,870.00	
Central Florida Ge Equipment Rentals Co.	159,600.00	75,790.00	220.00	110,00	2,650.00	12,250.00	98.00	3,500.00	657,150.00		94,300.00	12,000.00	47,000.00	56,000.00	-	221,000.00	144,290.00	103,600.00	218,400.00	16,380.00	4,600.00	10,500.00	37,000.00	594,000.00	68,400.00	20,000.00	3,000,00	4,000.00	3,326,936,00
Central Florida Equipment Con Rentals Price Equ Difference (%) Line	132.8 \$	71.0 \$	\$ 98	9	26.2 \$	202000000	\$ 600		\$ 27%		4,5 \$	280 \$	\$ C. 20	*18.D S				7000 \$	100.0	^ 000 - 000	92.8 \$	S #6	48.7 \$	S Date	111.1 \$	150,0 \$		33.3 \$	2
Florida Equipment Rentals Unit	\$3.00	\$2,65	\$0.01	\$0.01	550.00		\$0.01	\$3,500.00	\$1,950.00		\$2,300.00	\$4,000.90	\$4,700.00	\$8,000.00		\$8,500.00	\$470.00	\$2,800.00	\$1,200.00	\$90.00	\$4,600.00	00.002.83	٠,	\$2,000.00	\$5,700.00	\$20,000,00	¥		~ T
HDR Engineering Inc. Line Total	\$ 68,628.00	\$ 44,330.00	\$ 22,000.00	\$ 11,000.00		\$ 124,800,00 \$ 124,800,00 \$ 98,000,00	5 58,800,00		s 775,100,00		\$ 90,200.00	\$ 9,600,00	\$ 35,000,00	\$ 25,690.00		\$ 162,500,00		\$ 12,950,00	\$ 109.200.00	\$ 27,300.00	\$ 2,390.00	4 500 30		\$ 148,500.00	\$ 32,400.00	\$ 6,000,00	1 500 00	3,000,00	\$2,397,898
HDR Enginearing Inc. Unit Pdce	82.	\$ 1.55	\$ 1,00	3,00		\$ 48,00	8 6,00	\$ 5,000.00	\$ 2,300,00		\$ 2,200,00	\$ 9,200,00	3,500.00	3.670.00		\$ 6,250.00	\$ 210.00	\$ 350.00	\$ 600.00	\$ 150.00	\$ 2,390,00	2000		\$ 500,00	\$ 2,700.00	S 8,000,00	1	\$ 1,500,00	Discipline Subtate
Quantity Unit	53,200 LF	28.600 LF	22,000 LF	11,800 LF	33 ES	25,200 LF 2,600 LF 24,500 LF	#) 008.6	AZ t	337 EA		#	<u>8</u>	5 8	р 1-		28 EA	307 EA	37 E	182 EA	182 EA	5	, t		297 EA	12 EA	- u	5 5	2 EA	
	No. 6 AWS, Solid, Bare Copper Counterpoise Wer. Inetaled in Trench, Above the Duzt Bank or Conduit. 5,2b Including Connections (Terminations	No. 6 AWG, Insulated, Stranded Equipment Ground.				L-110-5,1a 2" Schedule 40 PVC Duct, encased in controlin L-110-5,1b 4" Schedule 40 PVC Duct, encased in centrals L-110-5,1b Removal of Existing Conduit and Cables	5,1d 2' Schadule 40 PVC Conduit for Temporary Installation	5.1e Hemoval of Temporary Conduit and Catoles 5.1f Removal of Marthole	New L-861T(L), LED Elevated Taxivay Edge Light - Which includes: the Base can, transformer, spike kits, 5,1a light fixture, base can cover, ground rod, and installation	New L-861(L), LED Elevated Runway Edge and Threshold Light - Which includes: the Base can,		New L-850C(L), LED Insat Runway Edge Light - Which includes: the Base can, bandomar(s), splice kits, light 5:10 fixture, specer rings, ground not, and installation	New L-604(L), LED Elevated Guard Bar Light - Which includes: the Base can, transformer, splice kits, light fixtum, base can cover, ground rod, and Installation	New L-856(L), LED Guidance Sign single Sided - Which includes; the Base can, transformer, splice bits, light foundation, base can cover, ground rod, and including	New 1858(1). LED Gudance Sign Double Sided - Which includes; the Base can, transformer, spice kits, lask shakes. Sind Aumobian base ran most continu		6.19 Removal of existing Taxivay Edge Light and basecan Removal of existing Guidance sum, base can, and	5.1h foundation Temporary installation of L-861T(L), LED Elevated		5.1) Taxiway Edge Light Modification of Existing Guidance sign - Which include:	G.14 transformers.  S.pt. transformers.  Ropiscement of Inset Runway Edge Light with L-861(L)  Eliwated Runway Edge Light. Which includes: The	disposal or storage of the old fixture, installation of the new fixture, and new transformers needed, and special	5.1n Modification of existing ALCMS System	Reuse of existing L-8611(L), LED Elevated Laxiva, 5.1n Edge Light		New 4-May Dan Plaza Induding ground rod, spirce kile L-125-5,1p and cover	New bassean including ground rod, splice kits, cover.	L-125-5,17 and tournescon L-125-5,15 Adjust extent base can to new grade	
tem do. Spec	52 L-108-5,2b	1,400 £ 2,	54 L-108-5.2d		$\Box$	57 L-110-5.1a 58 L-110-5.1b 1-110-5.1c	$\Box$	61 L-110-5.1e 52 L-110-5.1f	53 (-125-5,1e)	T	64 L-125-5.1b	65 1-125-5.10	68 1.425-5.14		1 (2007)	68 1-125-5.11	69 1-125-6.19	70 L-125-5.1h	71 1-125-5.11	72 [-125-5.1]	73 L-125-5.1k		74 L-125-5.11 75 L-125-5.1m	76 1-125-5.1n	77 1:125-5.10		1	80 L-125-5,1r 81 L-125-5,1s	

6/10/2020

## Attachment I

Contract Summary and COARs

CONTRACT SUMMARY
THIS CONTRACT Made and entered into as of the
by and between Miami-Dade County, Florida, by its Board of County Commissioners, hereinafter called the Owner and H & R Paving, Inc.
hereinafter called the Contractor:
WITNESSETH, that the said Contractor, for and in consideration of the payments hereinafter specified and agreed to be made by the County, hereby covenants and agrees to furnish and deliver all the materials required, to do and perform all the Work and labor, in a satisfactory and workmanlike manner, required to complete this Contract within the time specified, in strict and entire conformity with the Plans, Technical Specifications and other Contract Documents, which are hereby incorporated by reference, for;
PROJECT TITLE: MIAMI EXECUTIVE AIRPORT RUNWAY INCURSION MITIGATION
BID NO:_MDAD-CIP-V009A
<b>CONTRACT TIME</b> : Completion of the Work within the Contract Time is of the essence. The Contract Time for this Work is calendar days from the effective date established in the Notice To Proceed.
<b>INDEMNITY</b> : The value of the indemnity hereunder shall not exceed \$1,000,000.
<b>LIQUIDATED DAMAGES</b> : Liquidated Damages at the rate of \$2,000 per day, will be deducted from the Contract amount for each calendar day of delay due to a Non-Excusable Delay.
<b>LIQUIDATED INDIRECT COSTS:</b> Liquidated Indirect Costs recoverable by the Contractor, shall be \$2,000 per day for each day the project is delayed up to 90 days due to a Compensable Excusable Delay. After 90 days, the recoverable Liquidated Indirect Costs by the Contractor, resulting from a Compensable Excusable Delay, shall be \$500 per day.
The Contractor agrees to make payment of all proper charges for labor and materials required in the aforementioned Work, and to defend, indemnify and save harmless the County and all its officers, employees and agents against and from all suits and costs of every kind and description, and from all damages to which the said County or any of its officers, agents and employees may be put, by reason of injury or death to persons or injury to property of others resulting from the performance of said Work, or through the negligence of the Contractor, its officers, agents or employees or through any improper or defective machinery, implements or appliances used by the Contractor, its officers, agents or employees in the aforesaid Work, or through any act or omission on the part of the Contractor, or its officers, agents or employees.
In consideration of these premises, the County hereby agrees to pay to the Contractor for the said Work when fully completed, the total maximum sum of
Thirteen Million, Three Hundred One Thousand, Five Hundred Thirty One Dollars, and Forty Four Cents (\$13,301,531.44),
consisting of the following accepted items or schedules of Work as taken from the Bid Form:
Total Unit and L.S. Price Items \$\ \text{11,771,266.76}
General Allowance Account

12/19 DBE CS

353,138.00

 Permit Allowance Account
 \$\_\_\_\_\_\_\_

The total maximum Contract amount is subject to such additions and deductions as may be provided for in the Contract Documents. Partial and Final Payments will be made as provided for in the Contract Documents.

Notwithstanding and prevailing over any other provision of the Contract Documents to the contrary, the County Mayor or County Mayor's designee's may exercise the provisions of Section 2-285.2 (4) (d) and (e) of the Code of Miami-Dade County. Individual change orders or amendments shall not exceed 10 percent of the base contract price in cumulative percentage amount; provided however, that the foregoing limitation shall not apply to any change order or amendment related to emergency actions impacting remediation, public safety, health requirements or recovery from natural disaster and the foregoing change orders and amendments shall require ratification by the Board; provided further that the County Mayor or his designee may reduce in any amount the scope and compensation payable under this Contract and grant compensable and non-compensable time extensions thereunder. Pursuant to Section 2-285.2 (6), the County Mayor or the County Mayor's designee's award and execution of this Contract is subject to ratification by the Board of County Commissioners. If the County Mayor or the County Mayor's designee's action is not ratified, and such legislative action becomes final, this Contract shall be deemed terminated without further notice. In such event, the Contractor shall not be entitled to recovery of any lost profits or other consequential or indirect damages. However, the Contractor is eligible for payment for any work done prior to failure of the ratification, in accordance with the Article 13 of the General Conditions.

## CONTRACT SUMMARY(Cont'd)

IN WITNESS WHEREOF, the above parties have appropriate officials as of the date first above written.	e caused this Contract to be executed by their
BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA,	ATTEST: Harvey kuvin Clerk
By:Mayor or designee	By: COUNTY Clerk
(MIAMI-DADE COUNTY SEAL)	CONTRACTOR (If Corporation)  Holl Paving Inc.  (Corporate Name)
Approved for Form and Legal Sufficiency  (Assistant County Attorney)	By President
Secret  CONTRACTOR (if Partnership	
(A) PARTNERSHIP OR CORPORATE JOINT VENTURER:	(B) PARTNERSHIP OR CORPORATE JOINT VENTURER:
(Corporate Name)	(Corporate Name)
By: By:	President
Attest Attest Secretary	Secretary
(ATTACH ADDITIONAL SHEETS F	OR EACH JOINT VENTURER, AS NEEDED)
NAME OF MANAGING JOINT VENTURER:	(CORPORATE SEAL)
By Signature of Authorized Representative of Joint	Venture
Witnesses as to Above	

## **CONDITION OF AWARD REQUIREMENTS**

The following documents having page numbers "AR 2-9" are required to be executed by the selected Contractor prior to award of the Contract. The selected Contractor will be notified as to when these documents are due, but should not wait for such notification prior to gathering the information required. The required documents are:

•	Affirmation of Vendor Affidavits:F	Page AR-2
	Collusion AffidavitF	Page AR-2
•	Affidavit – Scrutinized Companies with Activities in Sudan or Iran Petroleum Energy Sector Lists F.S. 215.473F	Page AR-3
•	Contractor Due Diligence (applicable to contracts over \$1,000,000)	Page AR-3
•	Clean Air and Water Pollution Control Affidavit F	Page AR-5
•	Certification of Non-Segregated Facilities	Page AR-6
•	Subcontractor/Supplier Listing:	Page AR-7
•	Subcontracting Policies Statement:	Page AR-8
•	Proof of Authorization to do Business:  (Attach a copy of the Certificate of Status or Authorization per 607.0128 F.S., and certificate evidencing compliance with the Florida Fictitious Name Statute per 865.09 F.S., if applicable.)  (Also required, but no format (insert page is provided)	Page AR-9

Prior to award of the Contract, the selected Contractor and proposed first tier subcontractors shall submit the following items for the previous three (3) years from the United States Department of Labor Occupational and Safety Health Administration (OSHA):

- OSHA Form 300 containing a list of the company's work-related injury and illness data; and
- OSHA inspection data

The Contractor's adherence to the requirements and execution of the following "AR" documents (when applicable) will be after final award of the Contract.

•	Community Workforce Program	Page AR-10
	Miami-Dade County Clearinghouse Procedures For Placing Job Opportunities	
•	Construction Clearing House Job Opportunity	Page AR-11
	Community Workforce Program/Construction Workforce Plan	
	Contractor/Supplier General ISO Awareness Information Handout	

Project Name

AR-1

## Miami-Dade County Affirmation of Vendor Affidavits

In accordance with Ordinance 07-143 amending Section 2-8.1 of the Code of Miami-Dade County, effective July 1, 2008, vendors are required to complete a *new* Vendor Registration Package, including a Uniform Affidavit Packet (Vendor Affidavits Form), before being awarded a new contract. The undersigned affirms that the Vendor Affidavits Form submitted with the Vendor Registration Package is current, complete and accurate for each affidavit listed below.

Contract No. HOAD- CIP-VOOGA

Federal Employer

Identification No. (FEIN): 59-1690152

Contract Title: Miani Executive Ainport (TMES) Quevay Invusion (Chichion (RIM)

### Affidavits and Legislation/Governing Body

1.	Miami-Dade County Ownership Disclosure Sec. 2-8.1 of the County Code	6.	Miami-Dade County Vendor Obligation to County Sec. 2-8.1 of the County Code
2.	Miami-Dade County Employment Disclosure County Ordinance No. 90-133, amending Section 2.8- 1(d)(2) of the County Code	7.	Miami-Dade County Code of Business Ethics Article 1, Section 2-8.1(i) and 2-11(b)(1) of the County Code through (6) and (9) of the County Code and County Ordinance No. 00-1 amending Section 2-11.1 (c) of the County Code
3.	Miami-Dade County Employment Drug-free Workplace Certification Sec. 2-8.1.2(b) of the County Code	8.	Miami-Dade County Family Leave Article V of Chapter 11 of the County Code
4.	Miami-Dade County Disability Non- Discrimination Article 1, Section 2.8.1.5 Resolution R182-00 amending R-385-95	9.	Miami-Dade County Living Wage Sec. 2-8.9 of the County Code (If applicable)
5.	Miami-Dade County Debarment Disclosure. Section 10-38 of the County Code	10.	Miami-Dade County Domestic Leave and Reporting Article 8, Section 11A-60, 11A-67 of the County Code
11.	Miami-Dade County E-Verify Affidavit Obligation for State Funded Contracts	12.	PayParity Affidavit Resolution R-1072-17
13.	Miami-Dade County Suspected Workers' Compensation Fraud Affidavit Resolution No. R-919-18		

### **COLLUSION AFFIDAVIT**

(Code of Miami-Dade County Section 2-8.1.1 and 10-33.1) (Ordinance No. 08-113)

I, being duly first sworn, hereby state that the bidder of this contract:

is not related to any of the other parties bidding in the competitive solicitation, and that the contractor's proposal is genuine and not sham or collusive or made in the interest or on behalf of any person not therein named, and that the contractor has not, directly or indirectly, induced or solicited any other proposer to put in a sham proposal, or any other person, firm, or corporation to refrain from proposing, and that the proposer has not in any manner sought by collusion to secure to the proposer an advantage over any other proposer.

<u>OR</u>

ecommend ecommend extent of o Related pa ndirect ow thereof of	person or entity that fails to submit this executed affidavit shall be ineligible for contract award. In the event a ded contractor identifies related parties in the competitive solicitation its bid shall be presumed to be collusive and the ded contractor shall be ineligible for award unless that presumption is rebutted by presentation of evidence as to the wnership, control and management of such related parties in the preparation and submittal of such bids or proposals, rties shall mean bidders or proposers or the principals, corporate officers, and managers thereof which have a direct or nership interest in another bidder or proposer for the same agreement or in which a parent company or the principals one (1) bidder or proposer have a direct or indirect ownership interest in another bidder or proposer for the same. Bids or proposals found to be collusive shall be rejected.
	AFFIDAVIT SCRUTINIZED COMPANIES WITH ACTIVITIES IN SUDAN OR IRAN PETROLEUM ENERGY SECTOR LISTS FLORIDA STATUTES 215.473
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any of ite (	o 215.473, F.S., the { H & C
any of its o	officers, directors, or executives are doing certain types of business in or with Sudan or Iran.
any of its o	o 215.473, F.S., the { H & C & C & C & C & C & C & C & C & C &
any of its of indicate be had be had be had be had been been been been been been been bee	elow if the above named Entity, as of the date of submission:  as not engaged in commerce in any form in Sudan or Iran, including, but not limited to, acquiring, developing, g, owning, selling, possessing, leasing, or operating equipment, facilities, personnel, products, services, personal
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Indicate be had naintaining property, has selling, po any other	elow if the above named Entity, as of the date of submission:  as not engaged in commerce in any form in Sudan or Iran, including, but not limited to, acquiring, developing, g, owning, selling, possessing, leasing, or operating equipment, facilities, personnel, products, services, personal real property, or any other apparatus of business or commerce.  as engaged in commerce with Sudan or Iran, including, but not limited to, acquiring, developing, maintaining, owning, assessing, leasing, or operating equipment, facilities, personnel, products, services, personal property, real property, or apparatus of business or commerce.  Contractor Due Diligence Affidavit (Applicable to Contracts over \$1,000,000)  ii-Dade County Board of County Commissioners (Board) Resolution No. R-63-14, County Vendors and Contractors lose the following as a condition of award for any contract that exceeds One Million Dollars (\$1,000,000) or that must be presented to the Board for approval:  Have any lawsuits been filed against the firm, its directors, partners, principals and/or board members, based on a
Indicate be had a	elow if the above named Entity, as of the date of submission:  as not engaged in commerce in any form in Sudan or Iran, including, but not limited to, acquiring, developing, g, owning, selling, possessing, leasing, or operating equipment, facilities, personnel, products, services, personal real property, or any other apparatus of business or commerce.  as engaged in commerce with Sudan or Iran, including, but not limited to, acquiring, developing, maintaining, owning, resessing, leasing, or operating equipment, facilities, personnel, products, services, personal property, real property, or apparatus of business or commerce.  Contractor Due Diligence Affidavit (Applicable to Contracts over \$1,000,000)  ii-Dade County Board of County Commissioners (Board) Resolution No. R-63-14, County Vendors and Contractors lose the following as a condition of award for any contract that exceeds One Million Dollars (\$1,000,000) or that must be presented to the Board for approval:  Have any lawsuits been filed against the firm, its directors, partners, principals and/or board members, based on a breach of contract by the firm, in the five (5) years prior to bid or proposal submittal?

AR-3

Project Name

(3)	Has the firm cure or a sus	been debari pension froi	red or received a formal notice of non-compliance or non-performance, such as a notice to metricipating or bidding for contracts, whether related to Miami-Dade County or not?
	No X	Yes	_ If so, attach a list of those instances.
	e above inform formation, if ap		be attached to the executed affidavit. The Vendor/Contractor attests to providing all of the
	ngle execut ually execut		have the same force and effect as if each of the above affidavits had been
Ву: -	K film	Sign	Advise 77 20 26 Date
	Printed Na	ame of Affia	nt and Title  5/9-1/6/9/0/1/5/7  Federal Employer Identification Number
	HER	Pari	Printed Name of Firm
	1955 1	ו נעט	Address of Firm
Subscrii by Type of  Signatu	// !	to (or affirm	Serial Number  County of Anni - DA Le 2020  Ale County of Anni - DA Le 2020  Notary Public Abe Rodriguez Commission # 6G160467  Expires: January 11, 2022  Bonded thru Aaron Notary

### CLEAN AIR AND WATER POLLUTION CONTROL AFFIDAVIT PURSUANT TO 49 CFR PART 18.36(i)(12), SEC. 306 OF THE CLEAN AIR ACT, SEC. 508 OF THE CLEAN WATER ACT

Pursuant to 49 CFR Section 306 of the Clean Air Act and Section 508 of the Clean Water Act, if the contract and subcontract exceeds \$100,000, the Entity agrees:

- a. That any facility to be used in the performance of the contract or subcontract or to benefit from the contract is not listed on the Environmental Protection Agency (EPA) List of Violating Facilities;
- b. To comply with all the requirements of Section 114 of the Clean Air Act, as amended, 42 U.S.C. 1857 et seq. and Section 308 of the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq. relating to inspection, monitoring, entry, reports, and information, as well as all other requirements specified in Section 114 and Section 308 of the Acts, respectively, and all other regulations and guidelines issued thereunder;
- c. That, as a condition for the award of this contract, the contractor or subcontractor will notify the awarding official of the receipt of any communication from the EPA indicating that a facility to be used for the performance of or benefit from the contract is under consideration to be listed on the EPA List of Violating Facilities;
- d. To include or cause to be included in any construction subcontract which exceeds \$100,000 the aforementioned criteria and requirements.
- The Entity affirms under oath that the Entity will comply with the requirements of Section 306 of the Clean Air Act and Section 508 of Clean Water Act, 49 CFR.

CONTRACTOR HER PRINCE TOC	
(Legal Name of Organization)	
D. A.A.	
(Signature of Authorized Representative)	
Title Rocsi Lout	
Date 6 22 2020	

Project Name

AR-5

## CERTIFICATION OF NON-SEGREGATED FACILITIES

The federally-assisted construction contractor certifies that she or he does not maintain or provide, for his employees, any segregated facilities at any of his establishments and that she or he does not permit his employees to perform their services at any location, under his control, where segregated facilities are maintained. The federally-assisted construction contractor certifies that she or he will not maintain or provide, for his employees, segregated facilities at any of his establishments and that she or he will not permit his employees to perform their services at any location under his control where segregated facilities are maintained. The federally-assisted construction contractor agrees that a breach of this certification is a violation of the Equal Opportunity Clause in this contract.

As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, restrooms, and washrooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directives or are, in fact, segregated on the basis of race, color, religion, or national origin because of habit, local custom, or any other reason. The federally-assisted construction contractor agrees that (except where she or he has obtained identical certifications from proposed subcontractors for specific time periods) she or he will obtain identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity Clause and that she or he will retain such certifications in his files.

Witness:	(Signature)	By & Signature)	
Witness:	Mania Cinchuid (Signature)	(Legal Name and	1 Brosidant
The foregoin	ng instrument was acknowledged before me	this <u>22</u> day of <u>Joe</u>	<u>e</u> , 20 <u>70</u>
FOR AN IN	IDIVIDUAL ACTING IN HIS OWN RIGH	T:	
t	py:		
FOR A CO	rporation, partnership, or joint by: Paul Gow Talez ()a pu corporation ()	VENTURE:  Having the title of	las, dent.
He She is	( )acorporation ( ) ( personally known to me, or ( ) has produced	As identification	
Notary Sigr	nature:	(Notary	Seal)
Type or pr	int name: Ahe Rodigusz		Abe Rodriguez Commission # GG160467 Expires: January 11, 2022 Bonded thru Aaron Notary

Project Name

AR-6

Firm Name of Prime Contractor/Respondent: Hin Kautus Tus.

FEIN# 59-1690152

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all bidders/respondents on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The bidders/respondent who is awarded this bid/contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The bidder/respondent should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

In accordance with Ordinance No. 11-90, an entity contracting with the County shall report the race, gender and ethnic origin of the owners and employees of all first tier subcontractors/suppliers. In the event that the successful bidder demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the successful bidder shall be obligated to exercise diligent efforts to obtain that information and provide the same to the County not later than ten (10) days after it becomes available and, in any event, prior to final payment under the contract.

	Business Name and Address of Principal Owner First Tier Direct Supplier			T(2091) FL 33130	1000 000 COO	TISHER CRICKE	Sub-consultant	Business Name and Address of		
						Tillo Wists	rincipal Owner			
	by Supplier	Supplies/Materials/Ser vices to be Provided by Supplier		O (PRIVATE)	7.10	Pavorent	Subcontractor/ Sub-consultant	Performed by	Scope of Work to be	
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	White  Black  Hispanic  Asian/Pa cific  Native  American /Native	Race/Ethnicity	Principal Owner (Enter the number of male and female owners by race/ethnicity)				White Black Hispanic Asian/Pacific Islander Native American/Native Alaskan Other	Race/Ethnicity	Enter the number of male and female owners by race/ethnicity)	
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Mark here if race, gender and ethnicity information is not available and will be provided at a later date. This data may be submitted to Contracting/User department or on-line to the Small Business Development Division of the Internal Services Department at http://www.miamidade.gov/smallbusiness/business-development-forms.asp. Signature of Bidder/Responder certify that the representations contained in this Subcontractor/Supplier listing are to the best of my knowledge true and accurate **Print Name** rasidont **Print Title** 

Project Name

SUB 100 Rev. 12/15

AR-7

Firm Name of Prime Contractor/Respondent: HEA LASKAN JANG

> FEIN# 25/0891-15

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all bidders/respondents on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The bidders/respondent who is awarded this bid/contract shall not change or substitute first ther subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The bidder/respondent should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

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[Please duplicate this form if additional space is needed.]

. :	First Tier Direct Supplier	<b>Business Name and Address of</b>	CONSTRUCTION OF THE HALLO	100 Barnes Hill Goad	Closus and principly the	Cardwal Indemisational Philip Zuzels	First Tier Subcontractor/ Sub-consultant	Business Name and Address of	
	f Principal Owner					Philip Zuzela	Principal Owner		
	by Supplier	vices to be Provided	Supplies/Materials/Ser			CIMOCULOS	Subcontractor/ Sub-consultant	Performed by	(Enter
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Signature	9	Internal Service	Mark here if rac	
of Bidder/Respond	No Market	is Department at imp	e, gender and ethnic	
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) Date	6/22/2010	vledge true and accurate.	or on-line to the Small Business Development Division of t	
	Print Title	The state of	ractor/Supplier listing are to the best of my knowledge true	in in

Project Name

AR-7

Firm Name of Prime Contractor/Respondent: His Kaurus, Inc.

FEIN# 59-1690152

In accordance with Sections 2-3.1, 2-3.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all bidders/respondents on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The bidders/respondent who is awarded this bid/contract shall not change or substitute first ther subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The bidder/respondent should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

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(Please duplicate this form if additional space is needed.)

	Business Name and Address of First Tier Direct Supplier				7+ 1012 bunker & L 33365	HITCHWOY IN C	Business Name and Address of First Tier Subcontractor/ Sub-consultant			
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	by Supplier	vices to be Provided	Supplies/Materials/Ser	100stallation	and electurical	Aintick lithing	Subcontractor/ Sub-consultant	Performed by	Scope of Work to he	
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Signature of Bidder/Respondent		Internal Services Department at http://www.	Mark here if race, gender and ethnicity infor
Print Name 3	1 Certify that the representations contained in this Subcontractor/Supplier listing are to the best of the victorial forms of the contract of the best of the presentations contained in this Subcontractor/Supplier listing are to the best of the victorial forms of the contract of the presentations of the contract of the presentations of the contract	Internal Services Department at http://www.miamidade.gov/smallbusiness/business-development-forms.asp.	lead of the service o
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Date	QCQ2 22 9	owledge true and accurate	/User department or on-line to the Small Business Development Division of the
			t Division of the

Project Name

SUB 100 Rev. 12/15

AR-7

Firm Name of Prime Contractor/Respondent:

FEIN# 59- 169, 6152

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all bidders/respondents on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The bidders/respondent who is awarded this bid/contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The bidder/respondent bid/contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. The bidder/respondent bid/contract shall not change or substitute first tier subcontractors or direct suppliers or the portions of the contract work to be performed or materials to be supplied from those identified, except upon written approval of the County. should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

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	Business Name and Address of First Tier Direct Supplier			JOSEPH OF THE PROPERTY.			First Tier Subcontractor/ Sub-consultant	Business Name and Address of	
	Principal Owner				Corone Only	tuting Ruch	Principal Owner		
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Mark here if race, gender and ethnicity information is not available and will be provided at a later date. This data may be submitted to Contracting/User department or on-line to the Small Business Development Division of the Internal Services Department at http://www.miamidade.gov/smallbusiness/business-development-forms.asp. Signature of Bidder/Respondent I certify that the representations contained in this Subcontractor/Supplier listing are to the best of my knowledge true and accurate Print Name - Antonot **Print Title** 

SUB 100 Rev. 12/15~

AR-7

[2/19 DBE

FEIN# 59-1690152

Firm Name of Prime Contractor/Respondent: High Keyley . These

In accordance with Sections 2-8.1, 2-8.8 and 10.34 of the Miami-Dade County Code, this form must be submitted as a condition of award by all bidders/respondents on County contracts for purchase of supplies, materials or services, including professional services which involve expenditures of \$100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more, and all bidders/respondents on County or Public Health Trust construction contracts which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respondent who is awarded this professional services which involve expenditures of \$100,000 or more. The bidder/respo

In accordance with Ordinance No. 11-90, an entity contracting with the County shall report the race, gender and ethnic origin of the owners and employees of all first tier subcontractors/suppliers. In the event that the successful bidder demonstrates to the County prior to award that the race, gender, and ethnic information is not reasonably available at that time, the successful bidder shall be obligated to exercise diligent efforts to obtain that information and provide the same to the County not later should enter the word "NONE" under the appropriate heading of this form if no subcontractors or suppliers will be used on the contract and sign the form below.

than ten (10) days after it becomes available and, in any event, prior to final payment under the contract, (Please duplicate this form if additional space is needed.)

Principal Owner by Supplier by		Contract: Contract Contract: Contract:	Principal Owner Subcontractor/ Sub-consultant  White Black Hispanic Asian/Pacific Islander American/Native Alaskan Other  White	(Enter the number of male and female (Enter the number of male and female employe employe  Scope of Work to be  Scope of Work to be  Candor Race/Ethnicity Gender	(Please duplicate titls form in adminorial space is moores)
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.

Project Name

SUB 100 Rev. 12/15

AR-7

## SUBCONTRACTING POLICIES STATEMENT PURSUANT TO SECTION 2-8.8(4) OF THE CODE

Subcontracting Policies Statement (County Code 2-8.8(4)). For all contracts in which a bidder may use a Subcontractor, prior to contract award, the bidder shall provide a detailed statement of its policies and procedures for awarding subcontracts. Failure to provide the required statement shall preclude the bidder from receiving the contract. The format for this document is the Bidder's choice.

## (Insert Here)

H&R Paving Inc, Subcontracting Policies Statement consist on the following:

- 1- Quality of work by Subcontractor.
- 2- Price of work by Subcontractor.
- 3- Shedule / Backlog.

AR-8

Project Name: Miami Executive Airport Runway Incursion Mitigation

12/19 DBE 06AR

## PROOF OF AUTHORIZATION TO DO BUSINESS

(Attach a copy of the Certificate of Status or Authorization per 607.0128 F.S., and certificate evidencing compliance with the Florida Fictitious Name Statute per 865.09 F.S., if applicable.)

(Insert Here)

AR-9

Project Name: Miami Executive Airport Runway Incursion Mitigation

12/19 DBE 06AR

### 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 513070** 

Entity Name: H & R PAVING, INC.

**Current Principal Place of Business:** 

1955 N. W. 110 AVE MIAMI, FL 33172

**Current Mailing Address:** 

1955 N. W. 110 AVE MIAMI, FL 33172 US

FEI Number: 59-1690152

Certificate of Status Desired: Yes

**FILED** Mar 17, 2020

**Secretary of State** 

8284362647CC

Name and Address of Current Registered Agent:

GONZALEZ, LUCRECIA 1955 NW 110 AVENUE MIAMI, FL 33172 US

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Name

Address

GONZALEZ, LUCRECIA

Title

1955 N. W. 110 AVE

Name Address GONZALEZ, RAUL 1955 N. W. 110 AVE

City-State-Zip: MIAMI FL 33172

City-State-Zip:

MIAMI FL 33172

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

SIGNATURE: LUCRECIA GONZALEZ

SECRETARY TREASURER 03/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

## State of Florida Department of State

I certify from the records of this office that H & R PAVING, INC. is a corporation organized under the laws of the State of Florida, filed on August 19, 1976.

The document number of this corporation is 513070.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on March 17, 2020, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventeenth day of March, 2020



RAUNINGEN-Secretary of State

Tracking Number: 8284362647CC

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

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

## Community Workforce Program

### Community Workforce Program

If the project is located in a Designated Targeted Area (DTA), in lieu of the Clearinghouse procedures, the Contractor shall comply with the Miami-Dade County Community Workforce Program pursuant to Miami-Dade County Code, Section 2-1701, and as described in Special Provisions 3, Community Workforce Program (CWP) Participation Provisions.

The Contractor shall meet the goal of the percent specified within the Bid Form, of its workforce performing construction trades and labor work shall be residents of Designated Target Areas.

The Contractor shall submit to the Internal Services Department (ISD) – Small Business Development Division. a Workforce Plan, within fifteen (15) days of notification of Contract award, delineating how the goal will be met and containing all of the information and elements required by the Code.

After approval of the Workforce Plan the Contractor shall forward notification of job opportunities to ISD – Small Business Development Division using the Construction Clearinghouse Job Opportunity Form.

## MIAMI-DADE COUNTY JOB CLEARINGHOUSE (JCH) PROCEDURES FOR PLACING JOB OPPORTUNITIES IN ACCORDANCE WITH RESOLUTIONS NO. R-937-98 AND R-1145-99

- 1. Complete the attached Miami-Dade County Clearinghouse Opportunities, Job Clearinghouse Form. Please provide as much detailed information as possible concerning the job openings (requirements. experience, job opportunities, hours. education, salary, employer contact information, etc.)
- 2. The completed Job Clearinghouse Form may be submitted to the (ISD) Small Business Development Division by one of the following means:
  - A The Job Clearinghouse Form may be Eemailed to:

## SBDMAIL@MIAMIDADE.GOV

B. The Job Clearinghouse Form information may be mailed to the (ISD) – Small Business Development Division within ten (10) working days following the Contractor's receipt of an executed Contract to:

Internal Services Department Small Business Development Division 111 NW 1st Street, 19th Floor Miami, FL 33128

Questions regarding Miami-Dade County Job Clearinghouse Procedures may be directed to ISD – Small Business Development Division at (305) 375-3111.

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Project Name: Miami Executive Airport Runway Incursion Mitigation

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## MIAMI-DADE COUNTY - CONSTRUCTION JOB CLEARINGHOUSE (JCH) FORM

Governed by Miami-Dade County Code Section 2-1701 and R-1395-05

EMPLOYER'S INFORMATION	CONTRACT/PROJECT NO
Federal Identification No	
Business Name	Type of Business:
Business Address:	CityStateZip Code
	e-mail Address
Contact Person:	
JOB INFORMATION - APPLICATIONS ACCEP	TED UNTIL
Would you like to advertise this position on the	Internet? Yes No
Number of Openings	
Job Site Location(s)	
Position Available (please use one form per ava	ailable classification)
Hourly Rate: \$	
Experience Required: None	will Train_How Many Month(s) or Years
Education Required:	
None HS Diploma/ GED	Associates Bachelors
Masters Ph.D	
Duration of job: PermanentTemporar	y/ How LongFull Time Part Time
Language(s) Required: English - Creole_Span	nishOther
Drivers License Required: NoneE- Regular	rCDL (A. B OR C)
Describe Job Duties (Knowledge, Skills. & Abili	ities):
Deadline to apply No Yes (when?	y)Fringe Benefits YesNo
Contact by: Phone Fax Resume	Mail Resume Email Resume
Apply in person (Day & Hours)	
FOR OFFICE USE	ONLY
Date Received Time Rec	ceived

AR-11

Project Name: Miami Executive Airport Runway Incursion Mitigation

12/19 DBE 06AR



## JOB CLEARINGHOUSE AFFIDAVIT Notice of Construction Job Opportunities

Project /Contract Number: MDAD- CIP-VOO9 A

Pursuant to Miami-Dade County Resolution No. R-1395-05, there are positions(s) to submit to the Job Clearinghouse for this project at this time. All open positions will be submitted to Career Source South Florida at https://iapos.careersourcesfl.com/jchcwp/.

https://iapps.careersourcesfl.com/jchcwp/.	
(Date)	
2 1 1 Davidant / Hip Raylor IUC	
(Printed Name of Affiant, Title, and Firm Name)	
(Witness)	
Sworn to and subscribed before me this  day of 1000 20 20  By: Car boytalez	
Signature of Notary Public	
Notary's Name, Printed, Stamped or Typed  Notary's Name, Printed, Stamped or Typed  Commission # GG160467	
Personally Known  Produced ID  Expires: January The Bonded thru Aaron Notary	
Type of ID produced	

## Miami-Dade Aviation Department Use Only Community Workforce Program/ Construction Workforce Plan (Miami-Dade County Code Section 2-1701) Form

Contract No. WDAD-CIR-VOOS A

Prime Contractor: HER Kowing The

S2-1701 Community Workforce Program

In accordance with Section 2-1701 of the Miami Dade County-Code, this form must be submitted by the Prime Contractor within 15 business days of award notification and prior to issuance of a Notice to Proceed. The Prime Contractor should enter the word "NONE" where appropriate below and sign the form below. Please duplicate this form if additional space is needed.

qualifications for each category, the number of persons to be utilized in each category, the number of positions to be hired by the contractor in each category which are not currently staffed, and the number of employees which live Specify the total number of persons that will be used by the Prime Contractor and all subcontractors to perform all of the construction trades and labor work of the contract, broken down by trade and labor category, minimum

Total:				*	The state of the s	the week stagged the		Contractor/Subcontractor Name	within the project DTA
		**************************************		Carrent Six	とうごう	Carloto	2	Trade/Category	
					1	THE COURTS	こってきない	Minimum Qualifications	
							8	# of Persons to be Utilized	-
							0	# of Persons to be # of Persons to be Utilized Hired	
							*	Reside in the DTA (if applicable)	# of Persons who
	6	8							

- Identify by name, address and trade category of all persons proposed to perform work under the contract currently on the contractor's (or on any proposed subcontractor's) payroll who reside in Miarni-Dade County only and reside in the DTA. Two forms of identification must be provided for each DTA resident demonstrating one year of residency.
- Attach a list of subcontractors that will be used on the project
- ₹. Attach a list of all employees currently employed by the contractor and each subcontractor at the time of award that includes the last four digits of their social security.

representations contained in this Construction Workforce Plan are to the best of my knowledge true and accurate.

Print Name Dougo

Print Title

6 22 2020

AR-1

Project Name: Miami Executive Airport Runway Incursion Mitigation

12/19 DBE 06AR

WORKERS         ADDRESS         SS         Tille         DTARESIDENT           1 JULIO CESAR NIETO         18851 SW 218 ST, MIAMI FL 33170         5361         President           2 JESSICA NIETO         18851 SW 218 ST, MIAMI FL 33170         8594         Administrative           3 DEBORAH NIETO         4970 NW 102 AVE, APT 104 DORAL FL 33178         1947         Administrative           4 NOEL YANES-MARCHENA         30011 SW 149th CT Miami, FL 33033         4305         Striping Machine Opertator           5 RENE MAFRAN- LEYVA         11059 NW 6TH TER MIAMI FL 33172         9243         Striping Machine Opertator           6 JOSE LIQUI-SANTISTEBAN         10477 SW 216TH ST APT 107 CULTER BAY FL 33190         0353         Striping Machine Opertator           7 ALFREDO VERANES-QUIALA         1304 NW 36 AVE MIAMI FL 33125         4648         Striping Machine Opertator           8 MARCOS A GONZALEZ         2320 NW 89 TER MIAMI FL 33175         7215         Striping Machine Opertator           9 GISTAVO BARNES         14413 SW 45TH TER MIAMI FL 33175         7157         Striping Machine Opertator					0 0000000000000000000000000000000000000
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IETO         18851 SW 218 ST, MIAMI FL 33170         5361         President           0         18851 SW 218 ST, MIAMI FL 33170         8594         Administrative           0         4970 NW 102 AVE, APT 104 DORAL FL 33178         1947         Administrative           MARCHENA         30011 SW 149th CT Miami, FL 33033         4305         Striping Machine Opertator           -LEYVA         11059 NW 6TH TER MIAMI FL 33172         9243         Striping Machine Opertator           VITISTEBAN         10477 SW 216TH ST APT 107 CULTER BAY FL 33190         0353         Striping Machine Opertator           NES-OUIALA         1304 NW 36 AVE MIAMI FL 33125         4648         Striping Machine Opertator		String Machine Opertator	1775		
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ADDRESS		President	5361	ADDET CREATOCT MINNIEL 33170	
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## Community Workforce Program/ Construction Workforce Plan (Miami-Dade County Code Section 2-1701) Form Miami-Dade Aviation Department Use Only

Contract No. MAC- CLP VOCA A

Prime Contractor: HÈQ Series Tes

S2-1701 Community Workforce Program

In accordance with Section 2-1701 of the Miami Dade County-Code, this form must be submitted by the Prime Contractor within 15 business days of award notification and prior to issuance of a Notice to Proceed. The Prime Contractor should enter the word "NONE" where appropriate below and sign the form below. Please duplicate this form if additional space is needed.

Specify the total number of persons that will be used by the Prime Contractor and all subcontractors to perform all of the construction trades and labor work of the contract, broken down by trade and labor category, minimum qualifications for each category, the number of persons to be utilized in each category, the number of positions to be hired by the contractor in each category which are not currently staffed, and the number of employees which live

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						0	# of Persons to be Utilized # of Persons to be Hired	•
						EV/H	Reside in the DTA (if applicable)	# of Persons who
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- Identify by name, address and trade category of all persons proposed to perform work under the contract currently on the contractor's (or on any proposed subcontractor's) payroll who reside in Miarni-Dade County only and reside in the DTA. Two forms of identification must be provided for each DTA resident demonstrating one year of residency.
- Attach a list of subcontractors that will be used on the project

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₹ Attach a list of all employees currently employed by the contractor and each subcontractor at the time of award that includes the last four digits of their social security.

fained in this Construction Workforce Plan are to the best of my knowledge true and accupa

Project Name: Miami Executive Airport Runway Incursion Mitigation

12/19 DBE 06AR

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Name	Address	SS#
Joseph Rodriguez	13522 sw 116 place miami fl 33176	8920
William Prieto	9921 W Okechobee Road Apt 522 Hialeah, fl 33016	8194
Jose Torres	12650 sw 6 st apt 412 pembroke pines, fl 33027	6233
Lazaro Montejo	5030 sw 152 ave miramar, fl 33027	6192
Marvin Owens	18822 sw 293 terr homestead, fl 33030	3647
Luis Rodriguez	8152 NW 114 Psge Doral, Fl 33178	5177
Orestes Pastrana	2144 sw 6 st apt 12 miami, fl 33135	1589
Abdoulay Rodriguez	13000 sw 81 st miami, fl 33183	1533
Eric Jimenez	8899 sw 133 court aot C miami, fl 33186	5277

## Community Workforce Program/ Construction Workforce Plan (Miami-Dade County Code Section 2-1701) Form Miami-Dade Aviation Department Use Only Prime Contractor: His

Contract No. HUAC- CIP YOUR A

S2-1701 Community Workforce Program

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In accordance with Section 2-1701 of the Miami Dade County-Code, this form must be submitted by the Prime Contractor within 15 business days of award notification and prior to issuance of a Notice to Proceed. The Prime Contractor should enter the word "NONE" where appropriate below and sign the form below. Please duplicate this form if additional space is needed.

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Attach a list of subcontractors that will be used on the project

7 Attach a list of all employees currently employed by the contractor and each subcontractor at the time of award that includes the last four digits of their social security.

I certify that the pepreser pofilained in this Construction Workforce Plan are to the best of my knowledge true and accus

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Project Name: Miami Executive Airport Runway Incursion Mitigation

12/19 DBE 06AR

Company Name:

Quality Construction Performance, Inc.

#### \*Ony list the employee's that worked for the week you are reporting.

Employee's Full Name	LAST 4 SSN	Complete Address
Jorge Adalid Torres	XXX-XX-9113	14327 SW 274 Way. Homestead, Fl. 33032
Alex Hilbert	XXX-XX-7785	945 SW 1 ST APT 102, FORT LAUDERDALE, FL
Jorge Torres	XXX-XX-0698	14327 SW 274 Way. Homestead, Fl. 33032
Orlando Rodriguez	XXX-XX-3726	3920 NW 172 TER, MIAMI GARDENS, FL 33055
Arnaldo Rodriguez	XXX-XX-3858	115 W, 51 ST, HIALEAH FL 33012
•		

### Community Workforce Program/ Construction Workforce Plan (Miami-Dade County Code Section 2-1701) Form Miami-Dade Aviation Department Use Only

Contract No. MDAC-CIR-NOO9 A

Prime Contractor: Hi of Kaving

In accordance with Section 2-1701 of the Miami Dade County-Code, this form must be submitted by the Prime Contractor within 15 business days of award notification and prior to issuance of a Notice to Proceed. The Prime Contractor should enter the word "NONE" where appropriate below and sign the form below. Please duplicate this form if additional space is needed.

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within the project DTA					# of Darsons who
Contractor/Subcontractor Name	Trade/Category	Minimum Qualifications	# of Persons to be Utilized	# of Persons to be Utilized # of Persons to be Utilized	Reside in the DTA (if applicable)
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Total					

- Identify by name, address and trade category of all persons proposed to perform work under the contract currently on the contractor's (or on any proposed subcontractor's) payroll who reside in Miami-Dade County only and reside in the DTA. Two forms of identification must be provided for each DTA resident demonstrating one year of residency.
- Attach a list of subcontractors that will be used on the project

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₹. Attach a list of all employees currently employed by the contractor and each subcontractor at the time of award that includes the last four digits of their social security.

த்தில் contained in this Construction Workforce Plan are to the best of my knowledge true and accura

Project Name: Miami Executive Airport Runway Incursion Mitigation

12/19 DBE 06AR

#### **EMPLOYEE LIST**

	FIRST NAME	LAST NAME	HIRE DATE	SS#
1	JOSE	ACEVEDO	8/21/2007	***-**-8402
2	MARIO	ANDINO	3/18/2020	***-**-5819
3	RICARDO	BIANCHETTI	12/23/2012	***-**-1274
4	JONATHAN	CARDONA	11/3/2011	***-**-9568
5	IRVIN	CASTRO	3/24/2020	***-**-5756
6	JORGE LUIS	FABELO	3/28/2016	***-**-0844
7	JOSE	FERNANDEZ	8/12/2019	***-**-9747
8	ANTONIO	FERRAZ	11/8/2017	***-**-8003
9	FELIX	FERRAZ	5/22/2017	***-**-6066
10	HERIBERTO	FONSECA	8/5/2019	***-**-2329
11	MICHAEL	GONZALEZ	11/12/2018	***-**-4825
12	ROBERTO	HARO	5/13/2020	***-**-7450
13	ANTONIO	HERNANDEZ	1/22/2020	***-**-3002
14	IVAN	LASTRE	5/26/2015	***-**-0071
15	FRANK	LOPEZ	9/9/2019	***-**-1820
16	ORLANDO	MESA	12/2/2019	***-**-4669
17	HUMBERT	ORTEGA	3/1/2002	***-**-8038
18	JULIO	RUANO	5/18/2020	***-**-7721
19	DIEUSEUL	TIJEAN	7/16/2019	***-**-3147

#### CONTRACTOR/SUPPLIER GENERAL ISO AWARENESS INFORMATION HANDOUT

In order to maintain environmental compliance with MDAD's environmental program, only Contractors and Suppliers that retain proper licenses, certifications and permits, and have an awareness of MDAD's Environmental Management System (EMS) shall be allowed to supply contracted services.

The Contractor/Supplier that has been awarded a contract to perform work for MDAD hereby certifies the following:

- (a) Contractor/Supplier is in receipt of and has reviewed all relevant information and materials on MDAD's EMS that has been provided as part of this affidavit.
- (b) Contractor/Supplier agrees to conduct contracted activities in accordance with MDAD's environmental procedures and all applicable federal, state, and local environmental laws, regulations, directives, ordinances and other governmental authorizations, and certifies that all required licenses, certifications and permits are current and available upon request to MDAD,
- (c) Contractor/Supplier acknowledges that it is responsible for ensuring that its current and projected employees and subcontractors that will be performing on-site services shall receive and review all relevant information and material on MDAD's EMS, complete the EMS training module, and comply with MDAD's environmental procedures.

By signing this affidavit, the Contractor/Supplier acknowledges that a Notice to Proceed will not be issued by MDAD, and no contracted work will be authorized by MDAD until the EMS training module has been completed by current and projected employees and subcontractors. The Contractor/Supplier's failure to provide the affidavit, or to comply with the terms, shall constitute a default of the subject contract and may be cause for suspension or termination, in accordance with the terms of the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this Affidavit to be executed by their appropriate officials.

CONTRACTOR/SUPPLIER HER SENSON INC	
(Legal Name of Organization)	
(Signature of Authorized Representative)	
Title Puesi don't	
Date 6/22 /2020	•
STATE OF:	
COUNTY OF: The above instrument was acknowledged before, of (Authorize	d Representative) / fave pavils , who is
personally known to me or has Aname of Co	poration, Partiership, etc.)
has produced as identification and who did/did	nortake an oath.
(Signature of Notary)	Notary Commission Number: My Commission Expires:
Abe Rodizor	Notary Stamp or Seal:
(Print Name)	Abe Rodriguez  Commission # GG160467  Expires: January 11, 2022  Bonded thru Aaron Notary

AR-13

Project Name: Miami Executive Airport Runway Incursion Mitigation

12/19 DBE 06AR

# OSHA's Form 300A (Rev. 01/2004)

# Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

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Year 20 17

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U.S. Department of Labor

Occupational Safety and Health Administration Form approved OMB no. 1218-0176

All establishments covared by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases	ses		
otal number of	Total number of	Total number of cases	Total number of
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Number of Days	ys .		
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328			
( <del>S</del>		(5)	
injury and Illi	and Illness Types		
Total number of (M)  1) Injuries	ν.	(4) Poisonings	0
2) Skin disorders	0	(5) Hearing loss	0
3) Respiratory conditions	itions 0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Save Input

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently waird ON-08 control number. If you have any comments about these estimates or any other species of chit data onlylention, contact US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 202 10. Do not send the completed forms to this office.

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#### Incident Report njury and liness

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are 'fillable/writable' PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

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Information about the employee

U.S. Department of Labor Occupational Safety and Health Administration

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Information about the case

Form approved OMB no. 1218-0176

According to Public Law 91-596 and 29 CFR	substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.	equivalent. Some state workers' compensation, insurance, or other reports may be acceptable	illness has occurred, you must fill out this form or an	Within 7 calendar days after you receive information that a recordable work-related injury or	the employer and OSHA develop a picture of the	and the accompanying Summary, these forms help	work-related injury or timess has occurred, 1 ogcuse with the Log of Work-Related Injuries and Illnesses	first forms you must fill out when a recordable	This Injury and Illness Incident Report is one of the
6) Name of physician or other health care professional	Information about the physician or other health care professional	Male Month Day Year     O Fennule	5) Date hired 9 2/ 2016	Day 7	3) City WHAITH GIGHS State FL ZIP 33033	n n	2) Street 4310 NW 185 ST	1) Full name Efrain Hernandez	
Employe disconnected hydraulic hose causing equipment to collapse	15) What Happened? Tell us how the injury occurred. Examples: "When hadder slipped on wet floor, worker fell 20 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."		Employee was repairing/replacing a hydraulic hose on a Paver	14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific, Examples: "climbing a Indder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."	13) Time of event 7:34	12) Time employee began work 7:00 @AM OPM	II) Date of injury or illness Z I ZUII  Month Day Year	30.	

<ol> <li>Was employee hospitalized overnight as an in-patient?</li> <li>Yes</li> </ol>	© Yes	City Miami s
cht as an in-patient?	į	· 阳
		33136 J
18) If the employ		17) What object "radial arm sa
18) If the employee died, when did death occur? Date of death		17) What object or substance directly harmed the employee? Exan "radial arm saw." If this question does not apply to the incident, leave in Payer
Date of death		e employee? Ex the incident, leave
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Year		floor"; "chlorine";

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Page 1 of 2

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Phone

305 - 261 - 3005

Date

Month Day

Year

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Title Human Resource Specialist

Completed by Maidelin Benito

pages in the PDF, and then use as many as you need

Street

1611 NW 12th Ave

Facility

HML

may photocopy the printout or insert additional form

If you need additional copies of this form, you

7) If treatment was given away from the worksite, where was it given?

and crush left hand

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hort," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "earpal tunnel syndrome."

Left hand was crushed

this form on file for 5 years following the year to

1904, OSHA's recordkeeping rule, you must keep

#### njury and liness incident Report

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then save your inputs using the free Adobe PDF Reader. In addition, then save your inputs using the free Adobe FUF Neares. In the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentially of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor

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substitute must contain all the information asked for substitutes. To be considered an equivalent form, any insurance, or other reports may be acceptable equivalent. Some state workers' compensation, illness has occurred, you must fill out this form or an information that a recordable work-related injury or Within 7 calendar days after you receive

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4) Date of birth 11 29	3) City Miami	2) Street 17001 SW 119 Ct	1) Full name Gelacio Enamorado	Impilianon about the embolic
59	State FL	9 Ct	morado	uprofee
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	zæ 33177			

5) Date hired Male
 Female Month က Pay | 21 Pay | 17

professional Information about the physician or other health care

Name of physician or other health care professional **Bob Torgbede** 

If treatment was given away from the worksite, where was it given?

Facility Baptist South Hospital

Street ω<sub>υ</sub> Miami 7101 SW 99 Ave State

ŹĮ

33173

8) Was employee treated in an emergency room? ⊚ Y:

Completed by Maddy Benito

ты Huaman Resource

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9) Was employee hospitalized overnight as an in-patient?

Phone

305

. 261 -

3005

Date

Month ~1

Day <u>~</u>

Page 2 of 2

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# Information about the case

(Transfer the case number from the Log after you record the case.)

 Date of injury or illness Case number from the Log 27 Day Year

13) Time of event 12) Time employee began work 5 ® AM OPM

(4) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Welding a machine

15) What Happened? Tell us bow the injury occurred. Examples: "When ladder slipped on wet floor, worker fell O 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

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Employee slipped & fell

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "earpal tunnel syndrome."

Right Wrist Sprain

(6)

5 Floor What object or substance directly harmed the employee? Examples: "concrete floor", "chlorine", "radial arm saw." If this question does not apply to the incident, leave it blank.

18) If the employee died, when did death occur?

Date of death

Month

Day

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OSHA's Form 300 (Rev. 01/2004)

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Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

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U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

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Irransed health rate professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.9	k-related inluries and illne	sses that meet any of	the specific recording criteria listed in	29 CFR Part 1904.8		Establishment nam	ntname		
through 1904,12. Fael free to use two lines for a single case if you need to. You must complete an injury and illness incident Report (OSHA Form 301) or equivalent torm each injury or illness recorded on this form. If you're not sure whether a case is recordable, cell your local OSHA office for help.	If you need to. You must on whether a case is record	omplete an Injury and able, call your local O	' Illness Incident Report (OSHA Form SHA office for help.	301) or equivalent form	tar	city		Slate	
identify the person	Describe the case	Ise		Classil	y the case				
	(D) Date of injury Where	(E) the event occurred	(F) Describe injury or illness, parts of hody	based o that cas	ONLY ONE BOX for each in the most serious outcomes.	ome for	Enter the number of days the injured or III worker was:	Select the "Injury" column or choose one type of illness;	column or illness;
no, (e.g., Welder)		(e.g., Loading dock north end)	affected, and object/substance that directly injured or made person ill (e.g.,		Remained at Work			7) X	
	(e.g., 4/10)		acetylene torch)	Death	Days away Job transfer from work or restriction	Job transfer Other record por restriction able naxes	Away On job from transfer or work restriction	injury Skin disc Respirate condition Potsonic	Hearing All othe
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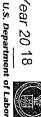
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# OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable"
PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 18



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Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summany page, even if no work-related injuries or illnesses occurred during the yeer. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, meking sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirely. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordireeping rule, for further details on the access provisions for these forms.

(3) Respiratory conditions	(2) Skin disorders	Total number of (M) (1) Injuries	Injury and Illness Ty	(%)	2	Total number of days away from work	Number of Days	(G)	0	Number of Cases  Total number of case deaths awa
s 0	0	3	s Types	•		Tot tran		Ξ	ω	Total number of cases with days away from work
(6) All other illnesses	(5) Hearing loss	(4) Poisonings		£	0	Total number of days of job transfer or restriction		(9)	0	Total number of cases with job transfer or restriction
0	0	0						G	0	Total number of other recordable cases
									r'	

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

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Save Input
Company executive Title Phone 305-535-1453 Date 1/4/15
I certify that I have examined this document and that to the best of my knowledge the entries are true, acceptate, and complete;
Sign nere. Knowingly falsifying this document may result in a fine.
Total hours worked by all employees last year 2800
Annual average number of employees 65
Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)
237310
North American Industrial Classification (NAICS), if known (e.g., 336212)
OR
1611
Standard Industrial Classification (SIC), if known (e.g., 3715)
Street and Road Paving
City Miami State FL Zip 33172
Street 1955 N.W. 110 Ave
Establishment information Your establishment name H & R Paving, Inc.

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#### Injury and liness Incident Report

This Injury and Illness Incident Report is one of the

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/witlable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Information about the employee

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent

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	© No	Month Day Year
18) If the employee died, when did death occur? Date of death  Month Day Year	9) Was employee hospitalized overnight as an in-patient?  O Yes	Phone 305 - 261 - 3005 Date 1 4 2019
	<ul><li>Ø ¼</li></ul>	тик Human Resource
Dirt, Metal Scraps	Was employee freated in an emergency room?     Yes	Completed by Maidelin Benito
17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not upply to the incident, leave it blank.	City Sinie 'ZIP	
	Sireel	
Employee claims that the debris in his ear	Pacility	may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.
16) What was the injury or illness? Tell us the part of the body that was affected and bow it was affected, more specific than "horf," "pain," or "sore," "Examples: "strained back"; "chemical burn, hand"; "carpatunal syndrome."	7) If treatment was given away from the worksite, where was it given?	which it pertains.  If you need additional copies of this form, you
		this form on file for 5 years following the year to
Employee claims some debris from the area got in his ear	6) Name of physician or other bealth care professional	According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep
15) What Happoned? Tell us how the injury occurred. Examples: "When ladder slipped on wet fluor, worke 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker develops soreness in wrist over time."	Information about the physician or other health care professional	substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.
	Maile Month Day Year     Pennale	equivalent. Some state workers' compensation, insurance, or other reports may be acceptable
Employee was operating a bobcat	10	illness has occurred, you must fill out this form or an
(4) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific Exemples: "climbing a ladder while	4) Date of birth 12 23 1972  Month Day Year	Within 7 calendar days after you receive
12) Time employee began work 7:00	3) City Miami State FL ZZP 331775	and the accompanying Summary, these forms help the employer and OSHA develop a picture of the
11) Date of injury or illness 3 2U 2U 10  Month Day Yuar	2) Street 12501 S.W. 34 Street	work-related injury or timess has occurred, together with the Log of Work-Related Injuries and Illnesses
10400	1) Full name Sergio Gonzalez	first forms you must fill out when a recordable

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Information about the case	қалық алық ақылық ақылық ақылық орын қарынды жасқы қырында қарында қарында қарында қарында қарында қарында қар Form approved OMB no. 1218-0176	possible while the information is being used for occupational safety and health purposes.
	Form approved OMB no. 1218-0176	U.S. Department of Labor Occupational Safety and Health Administration

10) Case number from the Log 078408 AM OPM @ Check if time cunnot be determined 2018 Your (Transfer the case number from the Lag after you record the case.) @AM OPM

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Page 1 of 3

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#### Incident Report njuy and liness

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Occupational Safety and Health Administration U.S. Department

Form approved OMB pp, 1218-0176

extent and severity of work-related incidents. the employer and OSHA develop a picture of the and the accompanying Summary, these forms help with the Log of Work-Related Injuries and Illnesses work-related injury or illness has occurred. Together This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable Within 7 calendar days after you receive

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may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need If you need additional copies of this form, you

## Information about the employee

@ Male	5) Date hired		4) Date of birth 7	3) City Miami	2) Street 11018 N.W. 5 Street	1) Full name Miguel Yglesias
Month	12	Month	7	≥.	0187	igue
Day	21	Day	25		.×	Ygle
Year	2012	Year	1957	State FL	5 Street	esías
				ZIP 33172		
	12	1	7		treet	S

## professional Information about the physician or other health care

6) Name of physician or other health care professional Tony Diaz D.O

7) If treatment was given away from the worksite, where was it given? Facility Orthopedic Specialist of South Florida

ξ Hialeah 7100 West 20 Ave Suite 101 State FIL ŽIP 33016

8) Was employee treated in an emergency room?
 O Yes
 No

Ladder

Completed by Maidelin Benito Tille Human Resource

9) Was employee hospitalized overnight as an in-patient?

**@** O ş Yes

2019 Year

Month

Day

305 - 261 - 3005

Page 2 of 3

Save Input

## Information about the case

10) Case number from the Log 077556 (Transfer the case number from the Log ofter you record the case.)

11) Date of injury or illness Month Day \_ Year 2018

12) Time employee began work OAM OPM @ Check if time cannot be determined MAO WY

(4) What was the employee doing just before the incident occurred? Describe the scfivity, as well as the tools, equipment, or material the employee was using. Be specific, Examples: "climbing a ladder while earrying roofing materials"; "apraying chlorine from hand sprayer"; "duily computer key-entry."

Employee was climbing a ladder

15) What Happened? Tell us how the injury occurred. Examples: "YVhen Indder slipped on wet floor, worker fell 20 feet"; "YVorker was sprayed with chlorine when gasket broke during replacement"; "Yvorker developed soreness in wrist over time."

ladder Employee was stepping down from ladder and bumped his knee with

5 What was the injury or liness? Tail us the part of the body that was affected and how it was affected; be more specific than "hart," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Knee was swollen

17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

18) If the amployee died, when did death occur? Date of death

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#### Incident Report njury and liness

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U.S. Department of Labor

Form approved OMB no. 1218-0176

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pages in the PDF, and then use as many as you need may photocopy the printout or insert additional form If you need additional copies of this form, you

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3) City Miami State FL zar 33165	2) Street 1941 SW 90 Avenue	J) Full name Armando Solana	THE MICHAEL BEORE CIP CIP CIPE AND THE
3165			

5) Date hired Male
 Female ယ Day 2 2018 1990 Year

4) Date of hirth

professional Information about the physician or other health care

6) Name of physician or other health care professional Jose Perez- Attending

7) If freatment was given away from the worksite, where was it given?

Facility Baptist Hospital 8900 N. Kendall Drive

Street

S S Miami State FL ATZ, 33176

5

Tree

8) Was employee treated in un emergency room? 0 🖲 Yes

2019 ⊕ 🔾

Year

Tute Human Resource Completed by Maidelin Benito

305 . 261 . 3005

Date Month Day 4

9) Was employee hospitalized overnight as an in-puticot?

Page 3 of

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Information about the case

11) Date of injury or illness 10) Case number from the Lag Month 077557 G Day 22 2018 Year (Transfer the case number from the Log after you record the case)

12) Time employee began work 08:30 ⊚ AM O PM

[4] What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific, Examples: "climbing a ladder while carrying coofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-cotry." OAM OPM @ Check if time cannot be determined

Employee was operating the Milling Machine

15) What Happened? Tell us how the injury occurred. Examples: "When hadder slipped on wel floor, worker 20 feet"; "Worker was sprayed with chlorine when gusket broke during replacement"; "Worker developed soreness in wrist over time."

into tree with shoulder. Employee was too close to a tree while operating equipment and ran

(4) What was the injury or illness? Tell us the pair of the body that was affected and bow it was affected; be more specific than "bort," "pain," or "sore." Examples: "strained back"; "chemical bord, hand"; "carpul tunnel syndrome."

Shoulder was dislocated

What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine", "radial arm saw." If this question does not apply to the incident, leave it blank.

18) If the employee died, when did death occur? Date of death

Add a Form Page

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Reset Day. Year

OSHA's Form 300 (Rev. 01/2004)

#### injuries and ilinesses Log of Work-Related

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and ಠ

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Year 20 18

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U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Public reparting burden fire in cellection of information is estimated to everage. It infinites per response, idealiding three to teview the instructions, succeeding of public rite cities and established and exceeding of collection of information, therein as ten required to respond to the collection of information unbest if displays a contrast) whild OMB anosol number, if you have any amounts; about these estimates or any other appears of this date collection, contact US Department of Labo, OMB contrast of Statistical Analysis, Room estimates or any other appears of this date collection, contact US Department of Labo, OMB contrast of Statistical Analysis, Room estimates or any other appears of this office. Reset 1 Reset Reset Reset Reset Reset 3 Reset 2 Reset Reset Reset You must record information about every work-related death and about every work-related injury or lilhess that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or illnesses health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording otterlar sitsed in 22 OFR, Part 1994.8 including 1994, 12, Feel free to use two lines for a single case if you need to, You must complete an injury and illness incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help. identify the person D Ches Miguel Yglesias Sergio Gonzalez Armando Solana Employee's name <u>B</u> Laborer (C)
Job title
(e.g., Welder) Laborer \_aborer Date of injury or enset of illness (e.g., 2/10) 6 , 22 6 / 11 3 , 20 month / day morth / day month / day Describe Э Yard Yard the case Where the event occurred (e.g., Looding dock north end) gob Site m While operating an equipment ran into a tree with shoulder Knee was damaged when stepping off a ladder Debris damaged his inner ear Describe injury or illness, parts of hudy affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acceptene torch) Î Page totals V Classily the case

SELECT ONLY ONE box for each as based on the most serious outcome that case; 0 ି ତ 0 **6**) 1 E Job transfer or restriction Remained at Work 9 **S** Establishment name <sub>c/ly</sub> Miami Enter the number of days the injured or ill worker was: B 0 days days days days days エ On job transfer or restriction O days O days & R Paving, Inc. 0 ĉ 0 days (X) 3 Select the "Injury" column choose one type of illness: 1 **(1) (4)** Injury Injucy 🕟 Skin disorder (C) Respiratory condition Respiratory condition  $\mathfrak{E}$ 0 G Bearing loss 0 (D) All other

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an area of Province Surveyore Barrie 18 and 
OSHA's Form 300A (Rev. 01/2004)

# Summary of Work-Related Injuries and Illnesses

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

All establishments covered by Part 1904 must complete this Summary pege, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Note: You can type input into this form and save it.

Because the forms in this recordkeeping package are "fillable/writable"
PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 19

U.S. Department of Labor Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordiceping rule, for further details on the access provisions for Standard Industrial Classification (SIC), if known (e.g., 3715) Street Establishment information H&R Paving, INC. S North American Industrial Classification (NAICS), if known (e.g., 336212) Industry description (e.g., Manufacture of motor truck trailers) Street Road Paving Miami 1955 N.W. 110 Ave EL Zip 33172

ਸ਼ਹਤt this Summary ਸੁਸ਼ਹੁਭ from February 1 to April 30 of the year following the year covered by the form.

(2) Skin disorders (1) Injuries

Total number of . . (M)

0

Injury and Illness Types

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2

away from work

transfer or restriction Total number of days of job

Total number of days

Number of Days

ତ୍ରି 0

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deaths

away from work cases with days Total number of

restriction with job transfer or Total number of cases

cases other recordable Total number of

S 0 Total number of

Number of Cases

(3) Respiratory conditions

0

<u>6</u>

All other illnesses

0 0 0

Phone 305 - 261

300 5

Date

g g

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Company executive

my knowledge the gatries are true, accurate, and complete.

THE

I certify that I have examined this document and that to the best of

Knowingly falsifying this document may result in a fine.

Sign here

Total hours worked by all employees last year Annual average number of employees Worksheet on the next page to estimate.)

135.000

60

Employment information (If you don't have these figures, see the

(5) Hearing loss (4) Poisonings

Purity reporting burden for this erdpetions of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSEA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 207 10. Do not send the completed forms to this office.

86

OSHA's Form 300 (Rev. 01/2004)

### Injuries and Illnesses Log of Work-Related

Note: You can type input into this form and save it.

Because the forms in this recordkeeping package are "fillable/writable"
PDF documents, you can type into the input form fields and
then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20

U.S. Department of Labor

Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job iterariser, days away from work, or medical treatment beyond first aid. You must last a record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that are diagnosed by a physician or through 1904.12. Feel free to use two lines for a single case if you need to, You must complete an injury and illness incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help. Establishment name Ş Form approved OMB no. 1218-0176 State

(Gentify the person (A) (B) Case Employee's name	(C) Job fills. D	Describe the case (D)  Date of injury Where the	Herese (E) Where the event occurred to a localing doctored to a localing doctored to a localing doctored.	(E)  (F)  Where the event occurred Describe injury or illness, parts of body  are a point occurred before and object the better that	Classi select based of that cas	y the case ONLY ONE to o the most se	sily the case CT ONLY ONE box for each case don the most serious outcome for pase:	case ime for	Enter the days the ill worke	Enter the number of days the hjured or ill worker was:	Select the "Injury" column or choose one type of timess:
		illness (e.g., 2/10)	(L.P.) spectral Q moon you is known	directly injured or made person ill (e.g., Second degree burns on right forearm From aceplene torch)	Death (G)	Days away Irom work (H)	Remained Job transfer or restriction (l)	Other recordable cases	Away from work (K)		(1) Injury (M) (2) Skin disorder (3) Respiratory condition (4) Poisoning (5) Hearing loss (6) All other illnesses
Reset		month / day			<u></u>	)	<u>ဂ</u>	0	days	days	000000
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ballic reporting burden for this collection of infurmation is estimated to average 14 minutes per response, including time to review the	ed to average 14 minutes I	per response, includio	g time to review the								dison sirate enditi isonis

istrictions, search and galand the data acceted, and complete and review the collection of interminant, respons are and required to espond to the collection of information nodes it displays a currently valid OAMS control number. If you have approximents about these estimates or any other expects of this data collection, combact US Department of Labor, OSHA Office of Sudistical Analysis, Room 4-7544, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



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# Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Occupational Safety and Health Administration U.S. Department of Labor

This Injury and Illness Incident Report is one of the	Information about the employee	Information about the case
first forms you must fill out when a recordable work-related injury or illness has occurred. Together	f) Full name	10) Case number from the Log (Transfer the case number from the Log after you record the case.)
with the Log of Work-Related Injuries and Illessess and the accompanying Summary these forms belo	2) Street	11) Date of injury or illness  Month Day Year
the employer and OSHA develop a picture of the extent and severity of work-related incidents.	3) City State 2.19	12) Time employee began work OAM OPM O Cheek if time cannot be determined
Within 7 calendar days after you receive information that a recordable work-related injury or	4) Date of birth Month Day Year	14) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific, Examples: "climbing a ladder while
illness has occurred, you must fill out this form or an	Day	carrying rooting materials"; "spraying chlorine from hand sprayer"; "thinly computer key-entry."
equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any	O Male Month Day Year O Female	
substitute must contain all the information asked for on this form.	Information about the physician or other health care professional	15) What Happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feets, "Worker was sprayed with chlorine when gasket broke during replacements," "Worker developed soreness in wrist over time."
According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.	6) Name of physician or other health care professional	
If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.	7) It treatment was given away from the worksite, where was it given? Facility	16) What was the injury or filness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chewical burn, hand"; "earpal tunnel syndrome."
	Street	
	City State ZIP	17) What object or substance directly harmed the employee? Examples: "concrete floor"; "chloring", "radial arm saw," If this question does not apply to the incident, leave it blank.
Completed by	8) Was employee treated in an emergency room?  O Yes  O No	
Phone Date Month Day Year	9) Was employee hospitalized overnight as an in-patient? O Yes O No	18) If the employee died, when did death occur? Date of death Mouth Day Year

Page 1 of

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(Revised)

^	Ionorable Chairwoman Audrey M. Edmonson and Members, Board of County Commissioners	<b>DATE:</b> August 31, 2020
FROM:	digail Price-Williams dunty Attorney	SUBJECT: Agenda Item No. 8(A)(1)
Pleas	e note any items checked.	
	"3-Day Rule" for committees applicable if	raised
	6 weeks required between first reading an	d public hearing
	4 weeks notification to municipal officials hearing	required prior to public
Name of the Associate States	Decreases revenues or increases expenditu	res without balancing budget
	Budget required	
7-14-14 Tongs (19)	Statement of fiscal impact required	
	Statement of social equity required	
	Ordinance creating a new board requires or report for public hearing	detailed County Mayor's
	No committee review	
	Applicable legislation requires more than a present, 2/3 membership, 3/5's _ 7 vote requirement per 2-116.1(3)(h) or (4) requirement per 2-116.1(3)(h) or (4)(c) to a	, unanimous, CDMP (c), CDMP 2/3 vote , or CDMP 9 vote
	Current information regarding funding so balance, and available capacity (if debt is c	urce, index code and available contemplated) required

Approved	Mayor	Agenda Item No. $8(A)(1)$
Veto		8-31-20
Override		
	RESOLUTION NO.	

RESOLUTION RATIFYING THE EXECUTION OF MIAMIDADE AVIATION DEPARTMENT CAPITAL IMPROVEMENT PROGRAM CONTRACT WITH H&R PAVING, INC. IN THE AMOUNT OF \$13,301,531.44 FOR THE MIAMI EXECUTIVE AIRPORT RUNWAY INCURSION MITIGATION PROJECT; AND AUTHORIZING THE COUNTY MAYOR OR MAYOR'S DESIGNEE TO EXERCISE ALL PROVISIONS CONTAINED IN SAID AGREEMENT, INCLUDING THE TERMINATION PROVISIONS

**WHEREAS**, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

#### NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board:

Section 1. Ratifies, pursuant to Section 2-285.2 of Code of Miami-Dade County, the execution of Miami-Dade Aviation Department ("MDAD") Capital Improvement Program Contract No. MDAD-CIP-V009A with H&R Paving, Inc. in the amount of \$13,301,531.44 for the Miami Executive Airport Runway Incursion Mitigation Project, a copy of which is attached as Exhibit B to the accompanying memorandum.

<u>Section 2.</u> Authorizes the County Mayor or Mayor's designee to exercise all provisions contained in the above-referenced agreement, including the termination provisions.

The foregoing resolution was offered by Commissioner who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the vote was as follows:

Agenda Item No. 8(A)(1) Page No. 2

Audrey M. Edmonson, Chairwoman Rebeca Sosa, Vice Chairwoman

Esteban L. Bovo, Jr.

Jose "Pepe" Diaz

Eileen Higgins

Joe A. Martinez

Dennis C. Moss

Daniella Levine Cava
Sally A. Heyman
Barbara J. Jordan
Jean Monestime
Sen. Javier D. Souto

Xavier L. Suarez

The Chairperson thereupon declared this resolution duly passed and adopted this 31<sup>st</sup> day of August, 2020. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this resolution and the filing of this approval with the Clerk of the Board.

MIAMI-DADE COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: Deputy Clerk

Approved by County Attorney as to form and legal sufficiency.

DMM

Davis M. Murray