

**ATTACHMENT "A"**  
**PROPOSER'S QUALIFICATIONS STATEMENT**

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:

Leesa Lampart  
41651 SW 126 Ave  
Southwest Ranches, FL 33330

Contact Person's Name and Title: Leesa Lampart

PROPOSER'S Telephone and Fax Number: 305-970-4468

PROPOSER'S License Number: N/A  
(Please attach certificate of competency and/or state registration.)

PROPOSER'S Federal Identification Number: N/A

Number of years your organization has been in business, in this type of work: N/A

Names and titles of all officers, partners, or individuals doing business under trade name:

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The business is a:    Sole Proprietorship ☐                      Partnership ☐  
                                 Corporation ☐

Name, address, and telephone number of Surety Company and agent who will provide the required bonds on this contract:

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever failed to complete work awarded to you. If so, when, where and why?

NP

Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

Will you subcontract any part of this WORK? If so, give details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

I will not have subcontractors.

The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

N/A

List and describe all successful Bond claims made to your surety (ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Has the Proposer, its principals, officers, or predecessor organization(s) been CONVICTED OF a Public Entity Crime, debarred, or suspended from bidding by any government during the last five (5) years? If so, provide details.

NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER'S qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

Leesa G. Hlopant

By

Leesa G. Hlopant

(Signature)

**ATTACHMENT "B"**  
**NON-COLLUSIVE AFFIDAVIT**

STATE OF Florida

COUNTY OF Broward

Leesa Llompart being first duly sworn deposes and  
says that:

Proposer \_\_\_\_\_ is \_\_\_\_\_ the  
(Owner, Partner, Officer, Representative, or Agent)

Proposer is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.

Such submittal is genuine and is not a collusive or sham submittal.

Neither the said proposal nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other proposal, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any proposer, firm, or person to fix the price or prices in the attached proposal or any other proposal, or to fix any overhead, profit, or cost element of the Proposal Price or the Proposal Price of any other proposal, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached proposal are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

By Jennifer De la Torre

Subscribed and sworn to before me this 23rd day of May,  
2023.



Jennifer De La Torre  
Comm.: HH 363399  
Expires: February 16, 2027  
Notary Public - State of Florida

JDT  
Notary Public (Signature)

2-16-27  
My Commission Expires

Notary Public - State of Florida  
Expires February 18, 2021  
Comm. No. 363389  
Jennifer De La Torre



**ATTACHMENT "C"**  
**CONFIRMATION OF DRUG-FREE WORKPLACE**

In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibitions.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under Bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or Contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any State, for a violation occurring in the workplace no later than five (5) days after the conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

A signed copy of your Drug-Free Workplace Policy must be attached to this signed copy and submitted with the Bid Documents.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

  
Vendor's Signature

**ATTACHMENT "D"**  
**CERTIFIED RESOLUTION**

I, Leesa G. Llompart, the duly elected Secretary  
(Person's name)  
of Leesa G. Llompart, a corporation organized and  
(Business Name)  
existing under the laws of the State of Florida,

do hereby certify that the following Resolution was unanimously adopted and passed by a quorum of the Board of Directors of the said corporation at a meeting held in accordance with law and the by-laws of the said corporation.

"IT IS HEREBY RESOLVED THAT Leesa Llompart "  
(Person's name)

The duly elected \_\_\_\_\_ of \_\_\_\_\_  
(Title of Officer) (Business  
Name)

is hereby authorized to execute and submit a Bid and Bid Bond, if such bond is required, to the City of Lauderhill and such other instruments in writing as may be necessary of behalf of the said corporation; and that the Bid, Bid Bond, and other such instruments signed by him/her shall be binding upon the said corporation as its own acts and deeds. The secretary shall certify the names and signatures of those authorized to act by the foregoing resolution.

The City of Lauderhill shall be duly protected in relying upon such certification of the secretary and shall be indemnified and saved harmless from any and all claims, demands, expenses, loss or damage resulting from or growing out of honoring, the signature of any person so certified or for refusing to honor any signature not so certified.

I further certify that the above resolution is in force and effect and has not been revised revoked or rescinded.

I further certify that the following are the name, titles, and official signatures of those persons authorized to act by the foregoing resolution:

NAME	TITLE	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Given under my hand and the Seal of the said corporation

This 23<sup>rd</sup> day of May, 2023  
19

By: \_\_\_\_\_  
Secretary

(SEAL)

\_\_\_\_\_  
Corporate Title

**NOTE:**

The above is a suggested form of the type of Corporate Resolution desired. Such form need not be followed explicitly, but the Certified Resolution submitted must clearly show to the satisfaction of the City of Lauderdale that the person signing the Bid and Bid Bond for the corporation has been properly empowered by the corporation to do so, on its behalf.



6/1 @ 1:17pm will email

6/13 @ 11:58 left voice

Dafin18182E@gmail.com.

305-970-4468

**LEESA GANES LLOMPART**  
**4651 SW 126 Ave Southwest Ranches, FL.33330**  
**(305) 970-4468 | [dolfin18182e@gmail.com](mailto:dolfin18182e@gmail.com)**

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**Objective**

Seeking a career with a company, which will utilize my skills and abilities, obtained from experience in the field of medical malpractice investigations, educational instruction and office administration.

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**Skills**

- |   |  |   |
|---|--|---|
| • Proficient in Microsoft Office applications: Word, Excel, PowerPoint, Outlook | • Skilled in clerical duties: typing, scanning, filing, copying and multi-line phone systems | • Ability to motivate and inspire others                |
| • Ability to problem solve under pressure                                       | • Poised and competent in-front of large crowds  | • Ability to work in a team and collaborate effectively |
| • Excellent interpersonal and communication skills                              | • Adept at strategic thinking  | • Ability to lead with diplomacy, tact and merit        |
| • Excellent customer service skills   | • Keen attention to detail   | • Proficient use of modern technology                   |

**Professional Experience**

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- |   |                     |
|---|---------------------|
| <b>Aquatics Coordinator</b><br>Peter Blum Family YMCA of South Palm Beach   | <b>2019-present</b> |
| <b>Publix Supermarket</b><br>Grocery Department, Bakery, Cashier  | <b>2014-present</b> |
| <b>Investigator Specialist II (MODE Inspector)</b><br>Florida Department of Health- Ft. Lauderdale, FL<br>Division of Medical Quality Assurance Investigations Service Unit | <b>2010- 2019</b>   |
| <b>Television Production Teacher</b><br>Miami-Dade Public Schools- Miami, FL  | <b>1995- 2008</b>   |
| <b>Assistant Aquatics Director</b><br>Michael-Ann Russell JCC- Miami, FL  | <b>1992-2001</b>    |

**Education****Florida International University****2000****Miami, FL****Miami-Dade College****1989****Broadcasting, Associate Degree**

# National Recreation and Park Association

Let it be known that

**LEESA LLOMPART**

has demonstrated a high level of competence in the area of  
Aquatic Facility Management and Operations by meeting the  
standards set forth by the AFO Certification Committee and is  
hereby granted certification as an

**Aquatic Facility Operator**

  
David R. Brown  
President



September 27, 2019

CERTIFICATE

  
Leesa Llompart  
Candidate

123078

CERTIFICATION

December 31, 2024

CERTIFICATION



**NRPA** National Recreation  
and Park Association  
Because everyone deserves a great park

Certificate of Completion  
**Leesa Liompart**  
has completed the requirements for  
**Water Safety Instructor**  
conducted by  
**American Red Cross**  
Date Completed: 04/20/2023  
Valid Period: 2 Years  
Certificate ID: 016HNVH



Scan code or visit:

<https://www.redcross.org/take-a-class/qrcode?certnumber=016HNVH>

Certificate of Completion  
**Leesa Lompart**  
has completed the requirements for  
**Lifeguarding with CPR/AED for  
Professional Rescuers  
First Aid  
and Administering Emergency Oxygen**  
conducted by  
**American Red Cross**  
Date Completed: 06/16/2022  
Valid Period: 2 Years  
Certificate ID: 00UT34G



**American  
Red Cross**



Scan code or visit:

<https://www.redcross.org/take-a-class/qrcode?certnumber=00UT34G>