

cm  
will see

**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:

Sydney Ethridge  
3788 Lancelwood Drive Coral Springs FL 33065

Contact Person's Name and Title: Sydney, Owner

PROPOSER'S Telephone and Fax Number: (954) 254 4093

PROPOSER'S License Number: L22000517175  
(Please attach certificate of competency and/or state registration.)

PROPOSER'S Federal Identification Number: 92-1328296

Number of years your organization has been in business, in this type of work: 1

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

Sydney Ethridge - owner, instructor, lifeguard

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?

No.

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

yes.

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).

no.

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.

By Sydney Etnridge  
Sydney Etnridge  
(Signature)

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

STATE OF Florida  
COUNTY OF Broward.

Sydney Ethridge 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 Sydney Ethridge

Subscribed and sworn to before me this 22nd day of May,  
2023.

JAT  
Notary Public (Signature)

2-16-27  
My Commission Expires



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



MINISTRE DE LA DEFENSE - 21916 04 HONAI  
EXPOSE: REPUBLICA 10' 5051  
COMUN: HH 383380  
JOURNAL DE LA 1016

11/11/11 11:11:11

11/11/11 11:11:11

**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, Sydney Ethridge the duly elected Secretary  
(Person's name)  
of Swim Safely With Sydney LLC 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 Sydney Ethridge"  
(Person's name)

The duly elected Owner of Swim Safely With Sydney LLC  
(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 22nd 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 Lauderhill 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.



**ATTACHMENT "E"**

**ACKNOWLEDGEMENT OF ADDENDUM**

**RLI** \_\_\_\_\_  
**TITLE** \_\_\_\_\_

Acknowledgement is hereby made of the following Addenda received since issuance of Specifications:

<u>Addendum NO</u>	<u>Dated</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

Name of Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This page must be submitted with RLI. Failure to provide the requested documents may result in your proposal being deemed Non-Responsive.**

# *State of Florida*

## *Department of State*

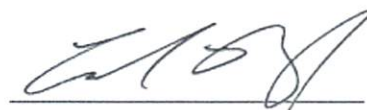
I certify from the records of this office that SWIM SAFELY WITH SYDNEY, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 9, 2022.

The document number of this limited liability company is L22000517175.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on May 1, 2023, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-second day of May,  
2023*



  
*Secretary of State*

Tracking Number: 6929008907CU

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Venbrook Insurance Services, CA Lic 0D80832 6320 Canoga Ave., 12th Floor  Woodland Hills CA 91367		<b>CONTACT NAME:</b> Sports <b>PHONE (A/C, No, Ext):</b> (818) 598-8900 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b>  Sydney Ethridge 3788 Lancewood Drive  Coral Springs FL 33065		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	


**COVERAGES** **CERTIFICATE NUMBER:** CL2282268462 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VB1M3M809391	08/22/2022	08/22/2023	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 2,500				
			PERSONAL & ADV INJURY \$ 1,000,000				
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PRODUCTS - COMP/OP AGG \$ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Employee Benefits \$
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE OTH-ER
							E.I. EACH ACCIDENT \$
							E.I. DISEASE - EA EMPLOYEE \$
							E.I. DISEASE - POLICY LIMIT \$

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

\*10 Day Notice of Cancellation for Non-Payment of Premium

<b>CERTIFICATE HOLDER</b>  Sydney Ethridge	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	---

Certificate of Completion

**Sydney Ethridge**

has completed the requirements for

**Water Safety Instructor**

conducted by

**American Red Cross**

Date Completed: 01/29/2023

Valid Period: 2 Years

Certificate ID: 014QOPF



American  
Red Cross



Scan code or visit:

<https://www.redcross.org/take-a-class/qrcode?certnumber=014QOPF>

Certificate of Completion

**Sydney Ethridge**

has completed the requirements for

**Water Safety Instructor**

conducted by

**American Red Cross**

Date Completed: 01/29/2023

Valid Period: 2 Years

Certificate ID: 014QOPF



American  
Red Cross



Scan code or visit:

<https://www.redcross.org/take-a-class/qrcode?certnumber=014QOPF>

Certificate of Completion

**Sydney Ethridge**

has completed the requirements for

**Lifeguarding with CPR/AED for  
Professional Rescuers and First Aid**

conducted by

**American Red Cross**

Date Completed: 01/31/2022

Valid Period: 2 Years

Certificate ID: 00RAK8P



American  
Red Cross



Scan code or visit:

<https://www.redcross.org/take-a-class/qrcode?certnumber=00RAK8P>

LM - 6.1 @ 1:15 pm

6/13 @ 1:36 pm spoke to Sigourney  
will email today

# Sydney Ethridge

Determined, energetic, and certified swim instructor and lifeguard seeking to continue to exercise skills throughout communities.

3788 Lancewood Drive  
Coral Springs, FL, 33065  
(954) 254 4093  
swimsafelywithsydney@gmail.com

## EXPERIENCE

### **All Star Sports, Plantation, FL — Lifeguard, Swim Instructor**

June 2014-August 2016

Supervised pool and provided instructional lessons to various ages of children and adults during camp hours

### **Phyl's Academy, Margate, FL — Swim Instructor**

June 2015-October 2016

Supervised pool during camp hours and operated instructional swim program for grades preschool to middle school

### **New Adventures Early Learning Center, Coconut Creek, FL — Swim Instructor**

June 2015-August 2017

Sole operator of instructional swim program for ages 6 months to five years of age

### **City of Margate, Margate, FL — Lifeguard, Swim Instructor**

June 2016-August 2018

Supervised and attended multiple pools including, recreational lap pools, water playground, and water slides

Instructed private swim lessons to all ages

Instructor in Broward County's Swim Central Program

### **Swim Safely With Sydney, LLC, FL — Lifeguard, Swim Instructor**

December 2022- Current

Founder and owner of a mobile swim program that operates in Palm Beach, Broward, and Miami-Dade county

Provides lifeguard services to private events

## EDUCATION

### **Broward College, Davie, FL — Associate of Arts**

December 2022

### **Coral Springs Charter School, Coral Springs, FL — High School Diploma**

June 2017

## Certifications

Lifeguarding with CPR/AED  
for Professional Rescuers and  
First Aid  
American Red Cross – Current

Water Safety Instructor  
American Red Cross – Current

## Website

[www.swimsafelywithsydney.com](http://www.swimsafelywithsydney.com)

## Social Media

Instagram:  
swimsafelywithsyd

## Yelp Reviews

Swim Safely With Sydney

## References

Derek Tuttle - Former swim coach  
(954) 242 4529

Chain Anabel - Former coworker  
(954) 254 7917

Maria - Daycare operator of previous employment  
(954) 818 3539