

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:

Juan Patino
2719 Hollywood BLVD L-05
Hollywood, FL 33020

Contact Person's Name and Title: Juan Patino/owner

PROPOSER'S Telephone and Fax Number: (754) 204-2744

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

PROPOSER'S Federal Identification Number: 88-3011921

Number of years your organization has been in business, in this type of work: 11 months

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

Juan Patino - owner - AMBR

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

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


(Signature)

ATTACHMENT "E"

ACKNOWLEDGEMENT OF ADDENDUM

RLI 2023-047
TITLE Water Safety - swim lesson

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

Addendum NO
N/A

Dated
N/A

Name of Vendor: Xpress Swimming LLC

Address: 2719 Hollywood BLVD, L-05, Hollywood FL 33020

Signature  Date 5/16/23

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

Certificate of Completion
Juan F Patino Rivera
has completed the requirements for
Water Safety Instructor
conducted by
American Red Cross
Date Completed: 01/23/2022
Valid Period: 2 Years
Certificate ID: 00QRMLK



Scan code or visit:

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

ATTACHMENT "B"
NON-COLLUSIVE AFFIDAVIT

STATE OF Florida

COUNTY OF Broward

Juan Patino being first duly sworn deposes and says that:

Proposer Juan Patino is owner 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 proposer, 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 Juan Patino

Subscribed and sworn to before me this 16th day of May,
2023.



Shantia Hall
Comm. #GG927618
Expires: October 29, 2023
Bonded Thru Aaron Notary

[Signature]
Notary Public (Signature)

10.29.2023
My Commission Expires

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, Juan Patino, the duly elected Secretary
(Person's name)
of Xpress Swimming 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 Juan Patino "
(Person's name)


The duly elected Juan Patino of Xpress Swimming 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
<u>Juan Patino</u>	<u>owner</u>	<u></u>
_____	_____	_____
_____	_____	_____

Given under my hand and the Seal of the said corporation

This 16 day of May, 2023
19

By: Juan Patino
Secretary

(SEAL)

Owner
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.



American Red Cross
Training Services

Certificate of Completion

Juan Patino

has successfully completed requirements for

Lifeguarding with CPR/AED for Professional Rescuers and First Aid

Date Completed: 5/14/2023

Validity Period: 2 Years



To verify certificate, scan code or visit redcross.org/digitalcertificate and enter ID.

Learn and be inspired at LifesavingAwards.org



017E2NU



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/06/2022

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).

PRODUCER Venbrook Insurance Services, CA Lic 0D80832 6320 Canoga Ave., 12th Floor Woodland Hills CA 91367	CONTACT NAME: Sports PHONE (A/C, No, Ext): (818) 598-8900 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #
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COVERAGES **CERTIFICATE NUMBER:** CL226667991 **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"/> General Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			VB2M5M808281	06/05/2022	06/05/2023	EACH OCCURRENCE \$ 2,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 2,500				
			PERSONAL & ADV INJURY \$ 2,000,000				
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						GENERAL AGGREGATE \$ 5,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						PRODUCTS - COMP/OP AGG \$ 5,000,000
	<input type="checkbox"/> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

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

CERTIFICATE HOLDER**CANCELLATION**

Juan Felipe Patino Rivera

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

10/1 1:45 LM

10/13 12:01 will email

10/15 no answer

Kathy Collazo

From: Xpress Swimming <xpressswimming1@gmail.com>
Sent: Thursday, June 15, 2023 4:24 PM
To: Kathy Collazo
Subject: Resume and references Juan Patino

CAUTION: This email originated from outside of the City of Lauderhill. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Juan Patino 7542042744 | xpressswimming1@gmail.com

Objective: Highly experienced and certified swimming instructor with a proven track record of teaching swimming techniques and water safety. Seeking a vendor position with the City of Lauderhill to continue providing excellent swimming instruction to individuals of all ages and skill levels.

Experience: Swimming Instructor, Xpress Swimming LLC, Hollywood, FL

- Conducted swimming lessons for individuals and groups, focusing on water safety, stroke development, and overall swimming proficiency.
- Developed customized lesson plans based on the needs and skill levels of each student.
- Ensured a safe and supportive learning environment, establishing rapport with students and promoting a positive atmosphere.
- Assisted in organizing and supervising swimming events and competitions.

Private Swimming Instructor, Hollywood, FL

- Independently provided private swimming lessons to individuals of various ages and skill levels.
- Developed personalized training programs to meet each student's specific goals and needs.
- Implemented effective teaching techniques to improve swimming techniques, endurance, and confidence in the water.
- Conducted water safety assessments and educated students on the importance of safety measures in and around the pool.

Education:

Broward College - On going

Certifications:

- Water Safety Instructor (WSI) Certified (American Red Cross)
- Lifeguard Certified (American Red Cross)
- Certified Swimming Instructor (American Red Cross)
- CPR and First Aid Certified

Skills:

- Extensive knowledge of swimming techniques, stroke development, and water safety practices.
- Excellent communication and interpersonal skills, enabling effective interaction with students, parents, and colleagues.
- Strong ability to adapt teaching methods to accommodate different learning styles and individual needs.
- Exceptional organizational skills, managing lesson schedules and maintaining accurate records.
- Proficient in creating and implementing lesson plans that maximize student engagement and progress.

References:

Iysha Phillips - 617-291-9956

Derrion Smith - 954-662-9794

Lee Schor - 312 - 804-8884