



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
 2590 EXECUTIVE CENTER CIRCLE EAST, SUITE 100
 TALLAHASSEE, FLORIDA 32301
 (850)488-6551 TELEPHONE
 (850)922-8060 FAX

INVITATION TO BID: FWC 17/18-03
 TITLE: Triple N Ranch Shooting Range Sporting Clays Machines

INVITATION TO BID/BIDDER ACKNOWLEDGMENT FORM

Purpose: The intent of this bid is to obtain competitive pricing for equipment and installation to automate a 19 station sporting clays course at the Triple N Ranch Shooting Range, per the specifications contained herein. Only responsive and responsible Contractors will be considered for award of this Invitation to Bid (ITB).

Responsive: To be responsive a bid must constitute a definite, firm, unqualified and unconditional offer to meet all of the material terms of this ITB. Material terms are those that could affect the price, quantity, quality, or delivery. Also included as material terms are those which are clearly identified in this ITB and which, for reasons of policy, must be complied with at risk of bid rejection for non-responsiveness.

Non Responsive: Any submission that does not comply with this ITB in any way, does not contain all the properly signed forms, supplements or deviates from the Bid requirements or has an incomplete Price Sheet may be considered nonresponsive at the discretion of Procurement Manager.

Responsible Companies: The Commission shall only consider responsible companies. Responsible companies are those that have, in the sole judgment of the Commission, the financial ability, experience, resources, skills, capability, reliability and business integrity necessary to perform the requirements of the contract. The Commission may also consider references and quality to determine the responsibility of the bid. The Commission reserves the right to use any information, whether supplied through the Bidder's submission or otherwise obtained, in determining responsibility.

Rejection of Bids: The Commission reserves the right to reject any and all bids and to waive any minor irregularity in the submissions received in response to this ITB. The Commission reserves the right to consider all information, whether submitted or otherwise, to determine responsiveness and responsibility and to reject bids accordingly.

Name of Business: Howell Shooting Supplies, Inc.
 Contact Person Name: Corey Howell
 Business Address: 140 Lowe Dr. North
 City: Enterprise State: Alabama Zip code: 36330
 Phone: 334-393-2843 Fax: 334-393-0319 E-Mail: ~~howell@~~ howelltraps@roadrunner.com
 Federal Employer Identification Number (FEID): 72-1348873
 Authorized Signature (Manual): [Signature]
 Authorized Signature Name (Typed) and Title: Corey Howell President / CEO

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION



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INVITATION TO BID CALENDAR OF EVENTS

SCHEDULE	DUE DATE	METHOD
Bid Advertised	July 17 , 2017	Posted on the Vendor Bid System: http://vbs.dms.state.fl.us/vbs/main_menu
Deadline for Questions	Must be received PRIOR to: July 24, 2017 @ 5:00 p.m.	See Deadline for Questions Clause
Anticipated date for Responses to Written Questions	July 27, 2017	Posted on the Vendor Bid System: http://vbs.dms.state.fl.us/vbs/main_menu
SEALED BIDS DUE (REMEMBER: Bid Number should be clearly marked on envelope)	Must be received PRIOR to: August 3, 2017 @ 3:00 p.m.	Submit BEFORE the due date and time to the following address: Florida Fish & Wildlife Conservation Commission Attn: Purchasing 2590 Executive Center Circle East, Suite 100 Tallahassee, Florida 32301
Public Bid Opening	August 3, 2017 @ 3: 00 p.m.	
Anticipated Date of Intended Award	August 9, 2017	Posted on the Vendor Bid System: http://vbs.dms.state.fl.us/vbs/main_menu

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REFERENCES

A minimum of three (3) references from persons or firms for whom the bidder has performed similar jobs as per the specifications in this bid must be supplied with the bid. The firms and/or contact persons should be available between the hours of 8:00 AM and 5:00 PM, Eastern Time, Monday through Friday. If any reference is not available as stated above, this may be cause for rejection of the Bidder's bid. Provide a description (scope of work) of each job.

NAME OF COMPANY: The Civilian Marksmanship Program
CONTACT PERSON: Greg Drummond
ADDRESS: CMP Marksmanship Park, 4387 Turner Mill Rd
CITY/STATE/ZIP: Talladega AL 35160
TELEPHONE NUMBER: 256-310-2937 E-MAIL ADDRESS: gdrummond@thecmp.org
JOB DATE: June 2013 - Present day customer
DESCRIPTION (SCOPE OF WORK): laid out + installed sporting clays, 5 stand, trap field + target counter wireless system

NAME OF COMPANY: Forest City Gun Club
CONTACT PERSON: Zac Gherretaz
ADDRESS: 9203 Ferguson Avenue
CITY/STATE/ZIP: Savannah GA 31406
TELEPHONE NUMBER: 912-663-6102 E-MAIL ADDRESS: Zac.forestcitygunclub@gmail.com
JOB DATE: March 2011 - Present day customer
DESCRIPTION (SCOPE OF WORK): Removed + installed 14 sets of street machines, also worked large events for club (state + national events)

NAME OF COMPANY: Mississippi Dept of Wildlife, Fisheries & Parks
CONTACT PERSON: Jad Touchton
ADDRESS: 506 Hwy 43 South
CITY/STATE/ZIP: Canton MS 39046
TELEPHONE NUMBER: 601-826-8877 E-MAIL ADDRESS: jadt@mdwfp.state.ms.us
JOB DATE: Oct 2016 - Present day customer
DESCRIPTION (SCOPE OF WORK): installed wireless camera system, setup traps on sporting course. Provided preventive maintenance, rental traps + shoot labor.

Corey Honell
CONTRACTOR NAME

[Signature]
AUTHORIZED SIGNATURE

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ATTACHMENT B
IDENTICAL TIE BIDS / DRUG-FREE WORKPLACE

In accordance with Section 287.087, Florida Statutes, preference shall be given to businesses with drug-free workplace programs. Whenever two (2) or more bids, which are equal with respect to price, quality, and service, are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. 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 prohibition.
- 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 one (1).
- 4) In the statement specified in subsection one (1), notify the employees 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 of 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 such 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.

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

Howell Shooting Supplies / Corey Howell
VENDOR NAME


AUTHORIZED SIGNATURE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/26/2017

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

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

PRODUCER: Sportsman's Insurance Agency, Inc. 1364 North US 1, Suite 503 Ormond Beach, FL 32174	CONTACT NAME: Leslie Casanova
	PHONE: 800 925-7767 Ext 111 FAX: 386 677-3292
	E-MAIL ADDRESS: lcasanova@siai.net
INSURED: HOWELL SHOOTING SUPPLIES, INC. 140 LOWE DRIVE NORTH ENTERPRISE AL 36330	INSURER(S) AFFORDING COVERAGE
	INSURER A: T.H.E. INSURANCE COMPANY
	INSURER B:
	INSURER C:

COVERAGES

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> HIRED AUTO & NON-OWNED AUTO	MASTER POLICY # GGL01001 CERTIFICATE # VLP 0673 -14	3/26/2017	3/26/2018	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS-COMP/OP AGG \$ 1,000,000
					PERSONAL & ADV. INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO PREMISES RENTED TO YOU (Any One Premises) \$ 100,000
					MED. EXP (Any One Person) \$ 10,000
	LIQUOR LIABILITY <input type="checkbox"/> OCCURRENCE				Each Common Cause Aggregate
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, described under DESCRIPTION OF OPERATIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS

HOWELL SHOOTING SUPPLIES, INC.
 EMAIL TO: bill.cline@myfwc.com

CERTIFICATE HOLDER

FISH & WILDLIFE CONS. COMM.
 HUNTING & GAME MGMT/HUNTER SAFETY RANGE
 620 S. MERIDIAN STREET
 THIRD FLOOR
 TALLAHASSEE, FL 32399-1600

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Leslie Casanova

