



**CONTRACT NO. Y23-1013-PH
RCC (REGIONAL COMPUTER CENTER) CHILLER PREVENTATIVE MAINTENANCE &
REPAIR**

This contract is not valid unless bilaterally executed. Subject to mutual agreement Orange County, Florida, hereby enters into a contract subject to the following:

1. Ordering against Contract:
 - A. Unless otherwise specified in the Request for Quotes, the County will place orders by issuance of a numbered Delivery Order against this contract. Each Delivery Order will specify the quantity, description and location for deliver.
 - B. The obligations of Orange County under this contract are subject to need and availability of funds lawfully appropriated for its purpose by the Board of County Commissioners or other funding source as specified in the terms and conditions.

2. Taxes:

The County has the following tax exemption certificates assigned.

- A. Certificate of Registry No. 59-70-004K for tax free transactions under Chapter 32, Internal Revenue Code;
 - B. Florida Sales and Use Tax Exemption Certificate No. 85-8012622266C-0.
3. Invoicing:

- A. Invoices must be submitted, in duplicate, referencing this contract number and the Delivery Order to:

Orange County Facilities Management Division Fiscal Office
Internal Operations Centre II
400 East South Street
Orlando, FL 32801
Phone (407) 836-0052

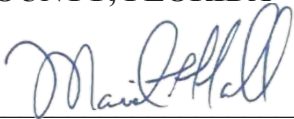
Or

Ordering Division or Department (As indicated on the Delivery Order)

- B. Invoices against this contract are authorized only at the prices stated in your quote response, unless otherwise provided in the Request for Quotes.

6. Counterpart (2):
Orange County's Acceptance of Quoter's Offer and Contract Award
- A. The County's acceptance of the Quoter's offer in response to our **Request for Quotes No. Y23-1013, RCC (REGIONAL COMPUTER CENTER) CHILLER PREVENTATIVE MAINTENANCE & REPAIR - Term Contract.**
 - B. This contract is effective **July 1, 2023**, and shall remain in effect through **June 30, 2024.**
 - C. The estimated contract award for the initial term of the contract is
\$ 104,894.00
 - D. This is a term contract for the time period specified in the referenced Request for Quotes, for the products/services covered by this contract. The County is not obligated to purchase any minimum amount of products or services, unless otherwise stipulated in the Request for Quotes. The quoter is granted authorization to proceed to perform services upon receipt of duly executed Delivery Order.
 - E. This contract may be renewed as provided in the Request for Quotes.
 - F. Any amendments modifying the terms, conditions or scope of this contract must be in writing and signed by both parties. Such amendment(s) must be signed by the representative of the Orange County Procurement Division to be valid, binding, and enforceable.
 - G. This contract may be cancelled or terminated as provided for in the Request for Quotes.

ORANGE COUNTY, FLORIDA

BY: 

Maria Guevara-Hall, Buyer Supervisor
Procurement Division

DATE: 6/23/2023

**NOTICES: PROCUREMENT DIVISION
INTERNAL OPERATIONS CENTRE II
400 EAST SOUTH STREET, 2ND FLOOR
ORLANDO, FLORIDA 32801
(407) 836- 5635**

QUALIFICATION OF QUOTERS

QUOTE PACKAGE REQUIREMENTS:

This quote will be awarded to a responsible, responsive quoter, qualified by experience to provide the work specified. Failure to submit the below requested information may be cause for rejection of your quote.

The determination on whether a quoter is responsible or not shall be at the sole discretion of the County. Although the County may request the submission of a minimum number of contracts similar to the requirements of this solicitation with certain minimum dimensions, quantities, dollar values, etc., the County's determination of a quoter's responsibility shall not be solely based on the number of similar procurements the quoter provides but the entirety of the quoter's qualifications.

The Quoter shall submit the following information with the quote. It is recommended to use the list below as a checklist for your quote submittal:

[] 1. Reference Documentation Form
(Required)

Quoter shall complete the attached Reference Documentation Form. References shall be for work **substantially similar in scope and magnitude** satisfactorily completed and shall validate the following capabilities and experience within the last five (5) years:

1. Services for preventative maintenance and repairs of Liebert equipment.
2. A minimum of three (3) references shall be for high-security facilities such as banks, courthouses, correctional institutions or government facilities

[] 2. Quoter shall provide a written statement on its letterhead affirming the firm understands the Scope of Services and has adequate experience, staff, resources, facilities and equipment, required to successfully perform the work in accordance scope of services herein.
(Required)

[] 3. Quoter shall provide documentation demonstrating certification as an authorized repair facility for Liebert HVAC equipment. Proof may be in the form of an authorization letter from the manufacturer dated within the last twelve (12) months.
(Required)

[] 4. Quoter shall provide copies of certifications. Quoter shall show proof of ongoing education of employees by Liebert certified courses. The courses shall have been completed within the past two (2) years from the date of this solicitation.
(Required)

[] 5. Copies of licenses
o Current Occupational License from a county or municipality in the State of Florida, or any other incorporation document that demonstrates that the

company has been in business installing, inspecting and maintaining commercial chillers, air handlers, and condensers or a minimum of (5) years.
(Required if Applicable)

- [] 6. Quote Response Form
(Required)
- [] 7. Acknowledgement of Addenda
(Required if Applicable)
- [] 8. Authorized Signatories/Negotiators
(Required)
- [] 9. Drug-Free Workplace
(Required)
- [] 10. Schedule of Sub-contracting
(Required if Applicable)
- [] 11. Conflict/Non-Conflict of Interest Form
(Required)
- [] 12. E-Verification Certification
(Required)
- [] 13. Current W9
(Required)
- [] 14. Relationship Disclosure Form
(Required to be Submitted and Notarized)
- [] 15. Agent Authorization Form
(Submit if Applicable)
- [] 16. Leased Employee Affidavit
(Submit if Applicable)
- [] 17. Information for determining Joint Venture Eligibility (if Applicable)
(Submit if Applicable)
- [] 18. Contract Y23-1013-PH, Counterpart (1), signed without exception to terms and conditions. Counteroffers shall not be allowed.
(Required)

Failure to submit the above requested information may be cause for rejection of your quote.

**QUOTE RESPONSE FORM
RFQ Y23-1013-PH**

The Contractor shall provide all labor and other resources necessary to provide the goods and/or equipment in strict accordance with the specifications defined in this solicitation for the amounts specified in this Quote Response Form, inclusive of overhead, profit and any other costs.

PREVENTATIVE MAINTENANCE

ITEM NO.	DESCRIPTION	ESTIMATED QUANTITY	X	UNIT PRICE	=	TOTAL ANNUAL PRICE
1	Liebert Chiller	1	x	\$ 1,008.00 /AN	=	\$ 1,008.00
2	Liebert Chiller	4	x	\$ 205.00 /QTR	=	\$ 820.00
3	Liebert - AHUDX	10	x	\$ 205.00 /AN	=	\$ 2,050.00
4	Liebert - AHUDX	40	x	\$ 77.00 /QTR	=	\$ 3,080.00
5	Liebert - Condenser	12	x	\$ 175.00 /AN	=	\$ 2,100.00
6	Liebert - Condenser	48	x	\$ 57.00 /QTR	=	\$ 2,736.00
TOTAL (Lines 1-6)						\$ 11,794.00

REPAIRS AND ADDITIONAL SERVICES

ITEM NO.	DESCRIPTION	ESTIMATED HOURS	X	UNIT PRICE	=	TOTAL ANNUAL PRICE
7	Repairs – Standard Hours (6:00 AM - 6:00 PM)	250	x	\$ 136.00 /HR	=	\$ 34,000.00
8	Repairs – Non-Standard Hours (6:00 PM – 6:00 AM)	25	x	\$ 204.00 /HR	=	\$ 5,100.00
9	Repairs - Emergencies (24/7 7days per week w/in 2 hour response time)	25	x	\$ 204.00 /HR	=	\$ 5,100.00
10	Diagnostic Labor	25	x	\$ 136.0 /HR	=	\$ 3,400.00
TOTAL (Lines 7-10)						\$ 47,600.00

Hill York Service Company, LLC
Company Name

PARTS AND UNFORSEEN ADDITIONAL COSTS

ITEM NO	DESCRIPTION	QTY	X	UNIT PRICE (PERCENT)	ESTIMATED ANNUAL PRICE
11	Parts/Materials Actual Cost with percent mark-up or mark-down on the actual cost (3rd party documentation required). Maximum of 10% allowed. <i>Calculate as follows: Example: If the mark-up is 10% your calculation should be \$1,000 + 10% = \$1,100</i> OR <i>If the mark-down is 10% your calculation should be \$1,000 -10% = \$900</i>	\$40000.	X	<u>10</u> % SELECT ONE: <input checked="" type="checkbox"/> Markup <input type="checkbox"/> Mark Down	\$ <u>44,000.00</u>
12	Unforeseen Cost Reimbursement (tax and approved shipping) – Reimbursed at cost				\$1500.
TOTAL (Lines 11-12)					\$ 45,500.00
TOTAL ESTIMATED QUOTE – ALL LINES (1-12)					\$ 105,074.00

Hill York Service Company. LLC

Company Name

\$104,894.00 - PH
unit prices OK 5.15.2023

IMPORTANT NOTE: When completing your quote, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's quote documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your quote being declared non-responsive as these changes will be considered a counteroffer to the County's quote.

Performance shall be performed as specified per Scope of Services.

Inquiries regarding this Request for Quotes may be directed to Patrice Hauser, Buyer, at Patrice.Hauser@octf.net

QUOTE RESPONSE FORM - CONTINUED
THE FOLLOWING SECTION MUST BE COMPLETED BY ALL QUOTERS:

Company Name: Hill York Service Company, LLC

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN NUMBER. CURRENT W9 MUST BE SUBMITTED WITH QUOTE.

TIN#: 30-1163894 D-U-N-S® # 805983194

4011 Digital Light Dr, Suite 103 Melnbourne, FL

(Street No. or P.O. Box Number)	(Street Name)	(City)
Brevard	FL	32934
(County)	(State)	(Zip Code)

Contact Person: Joel Champany

Phone Number: 321-831-2811 Fax Number: _____

Email Address: jchampany@hillyork.com

EMERGENCY CONTACT

Emergency Contact Person: Hill York Service Dispatch

Telephone Number: 866-525-4200 Cell Phone Number: _____

Residence Telephone Number: _____ Email: service@hillyork.com

ACKNOWLEDGEMENT OF ADDENDA

The Quoter shall acknowledge receipt of any addenda issued to this solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the quote. Failure to acknowledge an addendum that has a material impact on this solicitation may negatively impact the responsiveness of your quote. Material impacts include but are not limited to changes to specifications, scope of work/services, delivery time, performance period, quantities, bonds, letters of credit, insurance, or qualifications.

Addendum No. 1, Date 4/21/23 Addendum No. _____, Date _____

Addendum No. _____, Date _____ Addendum No. _____, Date _____

AUTHORIZED SIGNATORIES/NEGOTIATORS

The Quoter represents that the following **principals** are authorized to sign quotes, negotiate and/or sign contracts and related documents to which the quoter will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name	Title	Telephone Number/Email
Gesus Sainz de la Maza	Vice President Sales	954.261.9848 / gesus@hillyork.com

<i>Gesus Sainz de la Maza</i> (Signature) Vice President Sales	5/2/23 (Date)
(Title) Hill York Service Company, LLC	
(Name of Business)	

The Quoter shall complete and submit the following information with the quote:

Type of Organization

Sole Proprietorship Partnership Non-Profit
 Joint Venture* Corporation

State of Incorporation: FL

Principal Place of Business (Florida Statute Chapter 607): Melbourne/Brevard/FL
 City/County/State

THE PRINCIPAL PLACE OF BUSINESS SHALL BE THE ADDRESS OF THE QUOTER'S PRINCIPAL OFFICE AS IDENTIFIED BY THE FLORIDA DIVISION OF CORPORATIONS.

Federal I.D. number is: 30-1163894

* *Joint venture firms must complete and submit with their Quote Response the form titled "Information for Determining Joint Venture Eligibility", and a copy of the formal agreement between all joint venture parties. This joint venture agreement must indicate the parties' respective roles, responsibilities and levels of participation for the project. **If proposing as a Joint Venture, the Joint Venture shall obtain and maintain all contractually required insurance in the name of the Joint Venture as required by the Contract. Individual insurance in the name of the parties to the Joint venture will not be accepted.** Failure to timely submit the required form along with an attached written copy of the joint venture agreement may result in disqualification of your Quote Response*

REFERENCE DOCUMENTATION FORM

List a minimum of three (3) clients during the past ten (10) years for which you provided a comparable amount of goods or services substantially similar to those specified in the solicitation in the spaces provided below. Provide the Company name, contact person, address, email address, telephone number, and date services were performed, as described.

1.	Company Name:	RCC Building
	Owner's Name:	Administrative Services Fiscal & Operation Support
	Description of goods provided:	HVAC Preventative Maintenance
	Contract Amount:	\$10,787.45
	Start and End Date of Contract:	2/1/99-5/31/22
	Contact Person:	Emilio Camejo
	Address:	4300 S. John Young Pkwy, Orlando FL 32839
	Telephone Number:	407-836-7474
	Email Address:	emilio.camejo@ocfl.net
2.	Company Name:	Orange County Public Schools
	Owner's Name:	Orange County Public Schools
	Description of goods provided:	HVAC Preventative Maintenance
	Contract Amount:	\$418,173.00
	Start and End Date of Contract:	7/1/2022 – 11/1/2023
	Contact Person:	John Gimenez
	Address:	PO Box 4984, Orlando FL 32802
	Telephone Number:	407-317-3700
	Email Address:	John.gimenez@ocps.com
3.	Company Name:	Alpha Comcast
	Owner's Name:	Alpha Comcast
	Description of goods provided:	HVAC Preventative Maintenance
	Contract Amount:	\$301,607.00
	Start and End Date of Contract:	1/1/2023 – 12/31/2023
	Contact Person:	Jay Cherland
	Address:	3767 Alpha Way, Bellingham WA 98226
	Telephone Number:	1-360-746-4837

Email Address:

Jay.cherland@enersys.com

4.	Company Name:	Nova SE University
	Owner's Name:	Nova SE University
	Description of goods provided:	HVAC Preventative Maintenance
	Contract Amount:	\$219,284.93
	Start and End Date of Contract:	7/1/2022 – 6/30/2023
	Contact Person:	Jim Marinelli
	Address:	3301 College Ave, Ft Lauderdale FL 33314
	Telephone Number:	954-445-5895
	Email Address:	jamesam@nova.edu

5.	Company Name:	Icorr Properties
	Owner's Name:	Icorr Properties
	Description of goods provided:	HVAC Preventative Maintenance
	Contact Amount:	\$54,021.26
	Start and End Date of Contract:	1/1/2023 – 12/31/2023
	Contract Person:	Gina Chevannes
	Address:	2 N Tamiami Trail, Sarasota FL 34236
	Telephone Number:	941-260-6441
	Email Address:	gchevannes@icorr.com



5/3/23

To Whom it May Concern:

Please be advised that Hill York has been installing and maintaining Liebert/Emerson Network Power/Vertiv Computer Room Precision Air Conditioning Systems for many years. A number of their technicians have attended Factory training classes and have Certificates of Training for the aforementioned systems.

Based on the Certificates provided for me to review, we have confidence that the Technicians Hill York will provide for your maintenance needs will be able to address any situations that may arise with the Liebert/Emerson Network Power/Vertiv Computer Room Precision Air Conditioning Systems located at your facility. Additionally, Hill York has advised me that they will be contacting Vertiv to ensure any current and future technicians will receive any new or refresher training that the Factory directs, thus maintaining the proficiency of the technicians sent to your facility.

Sincerely,

Peter Gibiser

Peter Gibiser
Parts Manager/Service/Inside Sales
Innovative Support Systems, Inc.
Exclusive Representative for Vertiv / Liebert Products



5/2/23

Patrice Hauser - Buyer, Procurement Division
Orange County Board of County Commissioners
400 E South Street Orlando, FL 32801

RE: RFQ # Y23-1013 RCC Chiller Preventative Maintenance & Repair Term Contract

We are affirming in writing that we fully understand the Scope of Services listed in RFQ # Y23-1013.

We are also confirming that we have the adequate experience, staffing, training, resources, facilities, tools and equipment required to successfully perform the work in accordance with the scope of services listed in RFQ # Y23-1013.

Respectfully,

Jesus Sainz de la Maza

Gesus Sainz de la Maza

Vice President Sales

Hill York

DRUG-FREE WORKPLACE FORM

The undersigned Quoter, in accordance with Florida Statute 287.087 hereby certifies that
Hill York Service Company, LLC does:

Name of Business

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, 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 quote a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, 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 Florida Statute 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 Paragraphs 1 thru 5.

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

Jesus Sainz de la Maza
Quoter's Signature

5/2/23

Date

SCHEDULE OF SUBCONTRACTING, RFQ NO. Y23-1013-PH

As specified in the General Terms and Conditions and in the Special Terms and Conditions, quoters are to present the details of subcontractor participation.

Name Of Subcontractor	Address	Type of Work to be Performed	Percent and dollar amount of Contract Amount to be Subcontracted
N/A			

Company Name: Hill York Service Company, LLC

CONFLICT/NON-CONFLICT OF INTEREST STATEMENT

CHECK ONE

To the best of our knowledge, the undersigned quoter has no potential conflict of interest due to any other clients, contracts, or property interest for this project.

OR

The undersigned quoter, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

LITIGATION STATEMENT

CHECK ONE

The undersigned quoter has had no litigation and/or judgments entered against it by any local, state or federal entity and has had no litigation and/or judgments entered against such entities during the past ten (10) years.

The undersigned quoter, **BY ATTACHMENT TO THIS FORM**, submits a summary and disposition of individual cases of litigation and/or judgments entered by or against any local, state or federal entity, by any state or federal court, during the past ten (10) years.

Hill York Service Company, LLC

COMPANY NAME

Jesus Sainz de la Maza

AUTHORIZED SIGNATURE

Gesus Sainz de la Maza

NAME (PRINT OR TYPE)

Vice President Sales

TITLE

Failure to check the appropriate blocks above may result in disqualification of your quote. Likewise, failure to provide documentation of a possible conflict of interest, or a summary of past litigation and/or judgments, may result in disqualification of your quote.

E VERIFICATION CERTIFICATION

RFQ NO. Y23-1013-PH

NAME OF CONTRACTOR: Hill York Service Company, LLC (referred to herein as “Contractor”)

ADDRESS OF CONTRACTOR:
4011 Digital Light Dr, Ste 103 Melbourne FL 32934

The undersigned does hereby certify that the above named contractor:

1. Is, or will be, registered with and using the E-Verify system prior to execution of the contract with Orange County; or
2. Is, or will be, registered with the E-Verify system prior to execution of the contract with Orange County, but does not have any employees and does not intend to hire any new employees during the period of time that the contractor will be providing services under the contract; or
3. Is, or will be, registered with the E-Verify system prior to execution of the contract with Orange County, but employs individuals who were hired prior to the commencement of providing labor on the contract and does not intend to hire any new employees during the period of time that the contractor will be providing labor under the contract.

The undersigned acknowledges the use of the E-Verify system for newly hired employees is an ongoing obligation for so long as the contractor provides labor under the contract and that the workforce eligibility of all newly hired employees will be properly verified using the E-Verify system.

In accordance with Section 837.06, Florida Statutes, Contractor acknowledges that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor in the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.

AUTHORIZED SIGNATURE: *Jesus Sainz de la Maza*

NAME: Gesus Sainz de la Maza

TITLE: Vice President Sales

DATE: 5/2/23

**RELATIONSHIP DISCLOSURE FORM
FOR USE WITH PROCUREMENT ITEMS, EXCEPT THOSE WHERE THE COUNTY
IS THE PRINCIPAL OR PRIMARY QUOTER**

For procurement items that will come before the Board of County Commissioners for final approval, this form shall be completed by the Quoter and shall be submitted to the Procurement Division by the Quoter.

In the event any information provided on this form should change, the Quoter must file an amended form on or before the date the item is considered by the appropriate board or body.

Part I

INFORMATION ON QUOTER:

Legal Name of Quoter: Hill York Service Company, LLC

Business Address (Street/P.O. Box, City and Zip Code):

4011 Digital Light Dr, Ste 103 Melbourne FL 32934

Business Phone: (866) 525-4200

Facsimile: () _____

**INFORMATION ON QUOTER'S AUTHORIZED AGENT, IF APPLICABLE:
(Agent Authorization Form also required to be attached)**

Name of Quoter's Authorized Agent:

Gesus Sainz de la Maza

Business Address (Street/P.O. Box, City and Zip Code):

2125 S Andrews Ave

Fort Lauderdale, FL 33316

Business Phone: (866) 525-4200

Facsimile: () _____

Part II

IS THE QUOTER A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

YES NO

IS THE MAYOR OR ANY MEMBER OF THE BCC THE QUOTER'S EMPLOYEE?

YES NO

IS THE QUOTER OR ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC?

YES NO

If you responded "YES" to any of the above questions, please state with whom and explain the relationship.

(Use additional sheets of paper if necessary)

Part III

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Jesus Sainz de la Maza
Signature of Quoter

5/2/2023
Date

Printed Name and Title of Person completing this form:

Jesus Sainz de la Maza - Vice President of Sales

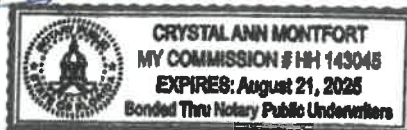
STATE OF FLORIDA)
COUNTY OF Broward) ss:

The foregoing instrument was acknowledged before me by means of physical presence, or online notarization, this 3rd day of May, 2023 by Jesus Sainz de la Maza [NAME OF PERSON], as [TYPE OF AUTHORITY,... e.g. officer, trustee, etc.]] for [NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED].

Personally Known; OR
 Produced Identification. Type of identification produced:

[CHECK APPLICABLE BOX TO SATISFY IDENTIFICATION REQUIREMENT OF FLA. STAT. §117.05]

Notary Public
My Commission Expires:



(Printed, typed or stamped commissioned name of Notary Public)

FREQUENTLY ASKED QUESTIONS (FAQ)
ABOUT THE
RELATIONSHIP DISCLOSURE FORM
Updated 6-28-11

WHAT IS THE RELATIONSHIP DISCLOSURE FORM?

The Relationship Disclosure Form (form OC CE 2D and form OC CE 2P) is a form created pursuant to the County's Local Code of Ethics, codified at Article XIII of Chapter 2 of the Orange County Code, to ensure that all development-related items and procurement items presented to or filed with the County include information as to the relationship, if any, between the applicant and the County Mayor or any member of the Board of County Commissioners (BCC). The form will be a part of the backup information for the applicant's item.

WHY ARE THERE TWO RELATIONSHIP DISCLOSURE FORMS?

Form OC CE 2D is used only for development-related items, and form OC CE 2P is used only for procurement-related items. The applicant needs to complete and file the form that is applicable to his/her case.

WHO NEEDS TO FILE THE RELATIONSHIP DISCLOSURE FORM?

Form OC CE 2D should be completed and filed by the owner of record, contract purchaser, or authorized agent. Form OC CE 2P should be completed and filed by the bidder, offeror, quoter, or respondent, and, if applicable, their authorized agent. In all cases, the person completing the form must sign the form and warrant that the information provided on the form is true and correct.

WHAT INFORMATION NEEDS TO BE DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM?

The relationship disclosure form needs to disclose pertinent background information about the applicant and the relationship, if any, between, on the one hand, the applicant and, if applicable, any person involved with the item, and on the other hand, the Mayor or any member of the BCC.

In particular, the applicant needs to disclose whether any of the following relationships exist: (1) the applicant is a business associate of the Mayor or any member of the BCC; (2) any person involved with the approval of the item has a beneficial interest in the outcome of the matter *and* is a business associate of the Mayor or any member of the BCC; (3) the applicant is a relative of the Mayor or any member of the BCC; or (4) the Mayor or any member of the BCC is an employee of the applicant. (See Section 2-454, Orange County Code.)

HOW ARE THE KEY RELEVANT TERMS DEFINED?

Applicant means, for purposes of a development-related project, the owner, and, if applicable, the contract purchaser or owner's authorized agent. Applicant means, for purposes of a procurement item, the bidder, offeror, quoter, respondent, and, if applicable, the authorized agent of the bidder, offeror, quoter, or respondent.

Business associate means any person or entity engaged in or carrying on a business enterprise with a public officer, public employee, or candidate as a partner, joint venture, corporate shareholder where the shares of such corporation are not listed on any national or regional stock exchange, or co-owner of property. In addition, the term includes any person or entity engaged in or carrying on a business enterprise, or otherwise engaging in common investment, with a public officer, public employee, or candidate as a partner, member, shareholder, owner, co-owner, joint venture partner, or other investor, whether directly or indirectly, whether

through a Business Entity or through interlocking Parent Entities, Subsidiary Entities, or other business or investment scheme, structure, or venture of any nature. (See Section 112.312(4), Florida Statutes, and Section 2-452(b), Orange County Code.)

Employee means any person who receives remuneration from an employer for the performance of any work or service while engaged in any employment under any appointment or contract for hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed, and includes, but is not limited to, aliens and minors. (See Section 440.02(15), Florida Statutes.)

Relative means an individual who is related to a public officer or employee as father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, half-sister, grandparent, great grandparent, grandchild, great grandchild, step grandparent, step great grandparent, step grandchild, step great grandchild, person who is engaged to be married to the public officer or employee or who otherwise holds himself or herself out as or is generally known as the person whom the public officer or employee intends to marry or with whom the public officer or employee intends to form a household, or any other natural person having the same legal residence as the public officer or employee. (See Section 112.312(21), Florida Statutes.)

DOES THE RELATIONSHIP DISCLOSURE FORM NEED TO BE UPDATED IF INFORMATION CHANGES?

Yes. It remains a continuing obligation of the applicant to update this form whenever any of the information provided on the initial form changes.

WHERE DO THE RELATIONSHIP DISCLOSURE FORM AND ANY SUBSEQUENT UPDATES NEED TO BE FILED?

For a development-related item, the Relationship Disclosure Form and any update need to be filed with the County Department or County Division where the applicant filed the application. For a procurement item, the Relationship Disclosure Form and any update need to be filed with the Procurement Division.

WHEN DO THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES NEED TO BE FILED?

In most cases, the initial form needs to be filed when the applicant files the initial development-related project application or initial procurement-related forms. However, with respect to a procurement item, a response to a quote will not be deemed unresponsive if this form is not included in the initial packet submitted to the Procurement Division.

If changes are made after the initial filing, the final, cumulative Relationship Disclosure Form needs to be filed with the appropriate County Department or County Division processing the application not less than seven (7) days prior to the scheduled BCC agenda date so that it may be incorporated into the BCC agenda packet. When the matter is a discussion agenda item or is the subject of a public hearing, and an update has not been made at least 7 days prior to BCC meeting date or is not included in the BCC agenda packet, the applicant is obligated to verbally present such update to the BCC when the agenda item is heard or the public hearing is held. When the matter is a consent agenda item and an update has not been made at least 7 days prior to the BCC meeting or the update is not included in the BCC agenda packet, the item will be pulled from the consent agenda to be considered at a future meeting.

WHO WILL REVIEW THE INFORMATION DISCLOSED ON THE RELATIONSHIP DISCLOSURE FORM AND ANY UPDATES?

The information disclosed on this form and any updates will be a public record as defined by Chapter 119, Florida Statutes, and may therefore be inspected by any interested person. Also, the information will be made available to the Mayor and the BCC members. This form and any updates will accompany the information for the applicant's project or item.

However, for development-related items, if an applicant discloses the existence of one or more of the relationships described above and the matter would normally receive final consideration by the Concurrency Review Committee or the Development Review Committee, the matter will be directed to the BCC for final consideration and action following committee review.

CONCLUSION:

We hope you find this FAQ useful to your understanding of the Relationship Disclosure Form. Please be informed that if the event of a conflict or inconsistency between this FAQ and the requirements of the applicable ordinance or law governing relationship disclosures, the ordinance or law controls.

Also, please be informed that the County Attorney's Office is not permitted to render legal advice to an applicant or any other outside party. Accordingly, if the applicant or an outside party has any questions after reading this FAQ, he/she is encouraged to contact his/her own legal counsel.

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY

If the quoter is submitting as a joint venture, please be advised that this form **MUST** be completed and the **REQUESTED** written joint-venture agreement **MUST** be attached and submitted with this form.

HOWEVER, IF THE QUOTER IS NOT A JOINT VENTURE, CHECK THE FOLLOWING BLOCK: NOT APPLICABLE

1. Name of joint venture: _____

2. Address of joint venture: _____

3. Phone number of joint venture: _____

4. Identify the firms which comprise the joint venture: _____

5. Describe the role of the MWBE / Labor Surplus Area(LSA) Firm (if applicable) in the joint venture: _____

6. Provide a copy of the joint venture's written contractual agreement.

7. What is the claimed percentage of ownership and identify any MWBE/LSA partners (if applicable)?

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY – PAGE 2

8. **Ownership of joint venture: (This need not be filled in if described in the joint venture agreement provided by question 6.)**

(a) **Profit and loss sharing:**

(b) **Capital contributions, including equipment:**

(c) **Other applicable ownership interests:**

1. **Control of and participation in this contract. Identify by name, race, sex, and "firm" those individuals (and their titles) who are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for:**

(a) **Financial decisions:** _____

(b) **Management decisions, such as:**

(1) **Estimating:**

(2) **Marketing and sales:**

(3) **Hiring and firing of management personnel:**

INFORMATION FOR DETERMINING JOINT VENTURE ELIGIBILITY – PAGE 3

(4) Purchasing of major items or supplies:

(c) Supervision of field operations:

NOTE: If, after filing this form and before the completion of the joint venture's work on the subject contract, there is any significant change in the information submitted, the joint venture must inform the County in writing.

*** Joint venture must be properly registered with the Florida Division of Corporations before the contract award and the name of the Joint Venture must be the same name used in the Quote Response.**

AFFIDAVIT

"The undersigned swear or affirm that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operation of our joint venture and the intended participation by each joint venturer in the undertaking. Further, the undersigned covenant and agree to provide to the County current, complete and accurate information regarding actual joint venture work and the payment therefore and any proposed changes in any of the joint venture. Also, permit authorized representatives of the County to audit and examine records of the joint venture. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements."

Name of Firm: _____ Name of Firm: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Title: _____ Title: _____

Date: _____ Date: _____

Date _____
State of _____
County of _____

AFFIDAVIT

STATE OF FLORIDA)

) ss:

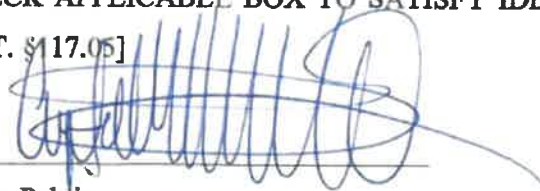
COUNTY OF Broward)

The foregoing instrument was acknowledged before me by means of physical presence, or online notarization, this 3rd day of May, 2023 by Jesus Sainz de la Maza [NAME OF PERSON], as Vice President of Sales [TYPE OF AUTHORITY,... e.g. officer, trustee, etc.]) for Hill York Service Company LLC [NAME OF PARTY ON BEHALF OF WHOM INSTRUMENT WAS EXECUTED].

Personally Known; OR

Produced Identification. Type of identification produced: _____

[CHECK APPLICABLE BOX TO SATISFY IDENTIFICATION REQUIREMENT OF FLA. STAT. § 17.05]



Notary Public

My Commission Expires:



(Printed, typed or stamped commissioned name of Notary Public)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
HYS Holding Corp.

2 Business name/disregarded entity name, if different from above
Hill York Service Company, LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
C/O EMCOR Group LLC. 301 Merritt Seven, 6th Floor

6 City, state, and ZIP code
Norwalk, CT 06851

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

OR

Employer identification number

3	0	-	1	1	6	3	8	9	4
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ►  Date ► 11/1/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

LEASED EMPLOYEE AFFIDAVIT

I affirm that an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured sub-contractors or casual labor exposure.

I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the County in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide the County with a certificate of insurance providing proof of workers' compensation coverage prior to these workers entering any County jobsite.

I further agree to notify the County if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the employee leasing arrangement.

I certify that I have workers' compensation coverage for all of my workers through the employee leasing arrangement specified below:

Name of Employee Leasing Company: We do not lease employees.

Workers' Compensation Carrier: _____

A.M. Best Rating of Carrier: _____

Inception Date of Leasing Arrangement: _____

I further agree to notify the County in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to the County that documents the change of carrier.

Name of Contractor: Hill York Service Company, LLC

Signature of Owner/Officer: Jesus Sainz de la Maza

Title: Vice President of Sales Date: 5/3/2023



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE MECHANICAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

BURDON, BRUCE E

HILL YORK SERVICE COMPANY, LLC
2125 S ANDREWS AVE
FORT LAUDERDALE FL 33316

LICENSE NUMBER: CMC1250709

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at [MyFloridaLicense.com](https://www.MyFloridaLicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



This acknowledges that

Josh Sosa

has successfully completed the

**TM3021: Vertiv Thermal Management Perimeter Systems with
iCOM Controls and Networking Training Course**
and is hereby awarded this certificate of qualification.

15-January 2021

Qualified to perform warranty and maintenance work on all products covered in this class

Charles Wolfe

Charles Wolfe

Thermal Training Instructor

Expiration Date: 14-January 2024

IACET PDUs 36 (Note: 1 PDU = 0.1 CEUs)

This acknowledges that

Josh Peterson

has successfully completed the

Thermal Management course

***PCT206: DS / VS / CW / Challenger / PDX / PCW with
iCOM Controls and Networking***

and is hereby awarded this certificate of achievement.

December 16 - 19, 2019 | 32 Class Hours

*Authorized to perform warranty and maintenance
work on all products covered in this class.*

Brian Hornung

Thermal Instructor



This acknowledges that

Tony Jury

has successfully completed the
Thermal Management course

**PCT206: Liebert's DS / VS / CW / Challenger3000 / PDX / PCW
with iCOM Controls and Networking**

and is hereby awarded this certificate of achievement.

August 24 – 29, 2018 | 28 Class Hours

*Authorized to perform warranty and maintenance
work on all products covered in this class.*

Brian Hornung

Brian Hornung

Senior Training Instructor



This acknowledges that

Edwin Simon

has successfully completed the

Thermal Management course

**PCT250: DS / VS / CW / Challenger / PDX / PCW with
iCOM Controls and Networking**

and is hereby awarded this certificate of achievement.

May 2018 | 32 Class Hours

*Authorized to perform warranty and maintenance
work on all products covered in this class.*

Dustin Blackstone

Thermal Instructor





Liebert Educational Services

This acknowledges that

Marc Rahming

has successfully completed Liebert's

*PCT206C
DS/iCOM with Networking*

course and is hereby awarded this certificate of achievement

Ronald D. Deppe

Ron Deppe
Training Instructor

April 14, 2011
Date

2.8
CEUs



Certificate of Achievement

This Certificate is presented to

..... JIMMY DICKIE

by..... LIBERT ASSOCIATES, INC.

for Distinguished Achievement
SERVICE TRAINING

IN WITNESS WHEREOF, we have caused this Certificate to be signed

this Sixteenth day of March
John Fullenwider
Signature

in the year 1988
Dust
Signature

