



ADDENDUM #2
TO
#21-B-727

TO: Potential Proposers

FROM: Joan Wheaton, Procurement Analyst

DATE: June 23, 2021

PLEASE NOTE THE FOLLOWING INFORMATION REGARDING BID #21-B-727

Escalation/De-escalation

The initial term of this bid shall be for a period of three years, beginning October 1, 2021. Pricing for this bid will remain in effect for the three-year period. There is an option of renewal for an additional two-year period at which time pricing can be reviewed based upon the current Consumer Price Index (CPI). The increase/decrease in price would have to be agreed upon by all parties in order to renew the bid. Any proposed price increase must be requested by the vendor prior to June 1, 2024.

Please return the signed original of this Addendum #2 with your BID package for Bid #21-B-727

I have read and understand the Addendum to:

Signature _____

Firm _____

Typed Name and Title _____

[Handwritten Signature]
Angelos Recycled Materials
DOMINIC IAFRATE - PRESIDENT

IT IS BIDDERS RESPONSIBILITY TO CHECK www.demandstar.com for
ADDENDUMS BEFORE SUBMITTAL



ADDENDUM #1
TO
#21-B-727

TO: Potential Proposers

FROM: Joan Wheaton, Procurement Analyst

DATE: June 2, 2021

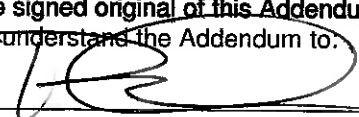
PLEASE NOTE THE FOLLOWING INFORMATION REGARDING BID #21-B-727

ATTACHED REVISED BID FORM

REMINDER: This bid is a cooperative bid for the listed municipalities included in the bid specifications

~~~~~

Please return the signed original of this Addendum #1 with your BID package for Bid #21-B-727  
I have read and understand the Addendum to.

Signature 

Firm Angelo's Recycled Materials

Typed Name and Title DOMINIC IAFRATE - PRESIDENT

IT IS BIDDERS RESPONSIBILITY TO CHECK [www.demandstar.com](http://www.demandstar.com) for  
ADDENDUMS BEFORE SUBMITTAL

CITY OF LARGO, FLORIDA  
 REVISED BID FORM  
 FOR  
 YARD TRASH, CLASS III & CONSTRUCTION DEMOLITION DEBRIS DISPOSAL  
 BID #21-B-727

|                                        | Price<br>Per Ton |
|----------------------------------------|------------------|
| Pure Construction-Demolition Debris    | \$ 42.00         |
| Yard Waste – Clean                     | \$ 42.00         |
| Yard Waste – Clean w/ material in bags | \$ 42.00         |
| Class III/Select Compactor Roll-offs   | \$ 42.00         |

Days and Hours of Operation: M-F 7:00AM - 4:30PM SAT- AS NEEDED

List holidays when business is closed: NEW YEARS DAY, MEMORIAL DAY,  
 JULY 4TH, LABOR DAY, THANKSGIVING, CHRISTMAS

Round Trip Driving Distance from each Cities facility to the disposal facility:

*City of Largo:*

Public Works Complex, 1000 2<sup>nd</sup> Street SE, Largo, FL 33771 – To Bidders Disposal Site

5 MILES

*City of Dunedin:*

Solid Waste Yard, 1070 Virginia St., Dunedin, FL 34698 – To Bidders Disposal Site

17 MILES

*City of Clearwater:*

Solid Waste Department, 1701 N. Hercules Avenue, Clearwater, FL 33765 -To Bidders Disposal Site

13 MILES

*City of Treasure Island:*

Public Works, 108<sup>th</sup> Ave., Treasure Island, FL 33706 – To Bidders Disposal Site

22 MILES

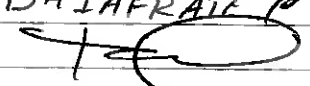
CITY OF LARGO, FLORIDA  
REVISED BID FORM  
FOR  
YARD TRASH, CLASS III & CONSTRUCTION DEMOLITION DEBRIS DISPOSAL  
BID #21-B-727  
PAGE 2

Location of Disposal Site (address): Angelo's Recycled Materials  
1755 20TH AVE. SE  
LARGO FL 33771

The undersigned bidder does hereby agree to furnish the City of Largo, Florida, the items listed in accordance with the Specifications shown by the Invitation to Bid to be delivered to the specified site for the price indicated.

IT IS BIDDERS RESPONSIBILITY TO CHECK [www/demandstar.com](http://www/demandstar.com)  
FOR FINAL DOCUMENTS AND ADDENDUMS BEFORE SUBMITTAL

THIS BID MUST BE SIGNED BY A PERSON AUTHORIZED TO ACT FOR THE COMPANY IN HIS/HER OWN NAME.

BIDDER NAME: Angelo's Aggregate Materials  
DBA Angelo's Recycled Materials  
ADDRESS: 855 28TH ST. S. ST. PETE 33712  
PURCHASE ORDER ADDRESS: 855 28TH ST. S. ST. PETE 33712  
PHONE NUMBER: (727) 581-1544  
COMPANY CONTACT (REP): DOMINIC IAFRATE (727) 919-4702  
EMAIL ADDRESS(REP): DAIAFRATE@ANGELOSRM.COM  
SIGNATURE:   
TAX ID# SSN or EIN: 59-3448428

CITY OF LARGO, FLORIDA  
REFERENCE INFORMATION FOR  
YARD TRASH, CLASS III & CONSTRUCTION DEMOLITION DEBRIS DISPOSAL  
BID #21-B-727

Organization CITY OF LARGO  
Contact Person MICHAEL GOEDON  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (727) 587-6760  
Project Cost \_\_\_\_\_ Date Performed \_\_\_\_\_

Organization CITY OF CLEARWATER  
Contact Person EARL GLOSTER  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (727) 562-4990  
Project Cost \_\_\_\_\_ Date Performed \_\_\_\_\_

Organization CITY OF DUNEDIN  
Contact Person BILL PICKERM  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (727) 298-3215  
Project Cost \_\_\_\_\_ Date Performed \_\_\_\_\_

Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Project Cost \_\_\_\_\_ Date Performed \_\_\_\_\_

Organization \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Project Cost \_\_\_\_\_ Date Performed \_\_\_\_\_

Representative Typed Name/Title DOMINIL IAFRATO - PRESIDENT  
Representative Signature  Firm ANGELO'S

**CITY OF LARGO, FLORIDA  
STATEMENT OF NO BID  
FOR  
YARD TRASH, CLASS III & CONSTRUCTION DEMOLITION DEBRIS DISPOSAL  
BID #21-B-727**

IF YOU DO NOT INTEND TO BID ON THIS REQUIREMENT, PLEASE COMPLETE AND RETURN THIS FORM PRIOR TO DATE SHOWN FOR RECEIPT OF BIDS TO:  
City of Largo, Office of Performance and Budget, Post Office Box 296, Largo, FL 33779-0296.  
OR EMAIL to [jwheaton@largo.com](mailto:jwheaton@largo.com)

WE, THE UNDERSIGNED, HAVE DECLINED TO BID FOR THE FOLLOWING REASON(S):

- \_\_\_\_\_ WE DO NOT OFFER THIS PRODUCT OR EQUIVALENT.
- \_\_\_\_\_ SPECIFICATIONS ARE TOO "TIGHT", I.E. GEARED TOWARD ONE BRAND OR MANUFACTURER ONLY (PLEASE EXPLAIN BELOW).
- \_\_\_\_\_ UNABLE TO MEET SPECIFICATIONS (PLEASE EXPLAIN BELOW).
- \_\_\_\_\_ SPECIFICATIONS UNCLEAR (PLEASE EXPLAIN BELOW).
- \_\_\_\_\_ INSUFFICIENT TIME TO RESPOND TO INVITATION TO BID.
- \_\_\_\_\_ OUR PRODUCT SCHEDULE WOULD NOT PERMIT US TO PERFORM.
- \_\_\_\_\_ UNABLE TO MEET BOND REQUIREMENTS.
- \_\_\_\_\_ OTHER (PLEASE SPECIFY BELOW).

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

**WE UNDERSTAND THAT IF THE "NO BID" LETTER IS NOT EXECUTED AND RETURNED, OUR NAME MAY BE DELETED FROM THE LIST OF QUALIFIED BIDDERS FOR THE CITY OF LARGO FOR FUTURE PROJECTS.**

Typed Name and Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Company name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**INSURANCE REQUIREMENTS CHECKLIST  
FOR BID #21-B-727**

Items marked "X" must be provided

|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>  X  </u> <b>General Liability</b><br/> <u>  x  </u> Commercial General Liability<br/> <u>  x  </u> Occurrence Form<br/>         _____<br/>         _____<br/>         _____</p> | <p><b>Minimum Limits Required</b><br/>         \$ <u>2,000,000</u> General Aggregate<br/>         \$ <u>1,000,000</u> Product/Complete Operations Agg.<br/>         \$ <u>1,000,000</u> Personal &amp; Advertising Injury<br/>         \$ <u>1,000,000</u> Each Occurrence<br/>         \$ _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                                                                 |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <p><u>  X  </u> <b>Automobile Liability</b><br/>         Owned, Hired &amp; Non-Owned</p> | <p>\$ <u>1,000,000</u> Combined Single Limit per Occurrence</p> |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                               |                                                                                                                                                                                   |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>  X  </u> <b>Worker's Compensation<br/>and Employer's Liability</b></p> | <p><b>Statutory</b><br/>         \$ <u>100,000</u> Each Accident<br/>         \$ <u>500,000</u> Disease - Policy Limit<br/>         \$ <u>100,000</u> Disease - Each employee</p> |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\_\_\_\_\_ **Professional Liability - Errors & Omissions** (\*To be completed by Bidder)

\* Deductible: \$ \_\_\_\_\_ Aggregate  
 \$ \_\_\_\_\_ Each Claim

\* Claims Made (Y/N): \_\_\_\_\_

\* Occurrence (Y/N): \_\_\_\_\_

\* Defense included in Limits (Y/N): \_\_\_\_\_

\_\_\_\_\_ **Builder's Risk/Installation Floater** (\* To be completed by Bidder)

\* Flood Included \$ \_\_\_\_\_ Limit \$ \_\_\_\_\_ 100% of Completed or Installed Value  
 \* Transportation Included \$ \_\_\_\_\_ Limit All-Risk Form  
 \* Storage Included \$ \_\_\_\_\_ Limit

**City Must Be A Named Insured. Copy of Policy Will Be Required.**

\_\_\_\_\_ **Other**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

  X   The Certificate of insurance must show "The City of Largo, its elected officials and employees" as an additional insured. The Certificate shall bear the requisite endorsements providing that the City is an additional insured and providing for waiver of subrogation by the Vendor/Subcontractor when applicable.

  X   Vendor/Subcontractor shall provide immediate notice of any Vendor/Subcontractor initiated cancellation, non-renewal or adverse change to the policies required to be obtained or maintained pursuant to this RFP/Bid. Vendor/Subcontractor shall immediately forward to the City any notice it receives of cancellation, non-renewal or adverse change to any policy that is initiated by a policy provider(s).

  X   Certificates must identify bid number and bid title.

\_\_\_\_\_ Subcontractors must carry same Insurance limits.

\_\_\_\_\_ Insurance Carrier should be A rated.

\_\_\_\_\_ The City reserves the right to request any additional information it deems necessary, and at a frequency it deems necessary, to confirm the requisite insurance remains in effect, at the required levels, for the duration of any contractual agreement entered into pursuant to this RFP/Bid and/or any Purchase Order issued in accordance with this RFP/Bid

Statement of Bidder:   We understand the requirements requested and agree to comply fully.  

  
 Bidder - Authorized Signature

A complete copy of this form with original signature must accompany bid.



**DEBARMENT, SUSPENSION  
VENDOR RESPONSIBILITY CERTIFICATION FORM**

---

The Vendor certifies that neither the Vendor nor any person associated with the Vendor in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, or position involving the administration of public funds:

(a) is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from government transactions by any federal, state or local governmental entity;

(b) is presently on the Scrutinized Companies that Boycott Israel List or that is engaged in a boycott of Israel;

(c) has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(d) is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; or

(e) has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor about which any of the foregoing paragraphs (a) through (d) are true.

ANGELLO'S RECYCLED MATERIALS  
Vendor Name

By:   
Signature

DOMINIC IAFRATE  
Printed Name

As its: PRESIDENT