



SANTA ROSA COUNTY DEVELOPMENT SERVICES - HOUSING

6051 Old Bagdad Highway, Suite 201 | Milton, Florida 32583

BECKIE CATO
Planning and Zoning Director
beckiec@santarosa.fl.gov

RHONDA C. ROYALS
Building Official
rhondar@santarosa.fl.gov

5555

TO: David King
Procurement Officer

FROM: Erin Malbeck
Housing Program Coordinator

DATE: April 25, 2016

RE: Recommendation to Award Housing Rehab Project SHIP
6642 Grace St, Milton, FL 32570
Bid Opening: 4/19/2016

RECOMMENDATION:

Authorization to use Wolfe Construction, Inc. for this substantial rehabilitation project and to allow the project to exceed the program maximum of \$35,000.

BACKGROUND:

On April 19, 2016, bids were opened for the above stated project. The lowest bid received was \$34,970.00. When housing project costs are added, it brings the total lien amount to \$36,821.54. Bid(s) received are listed below:

- Wolfe Construction, Inc. \$34,970.00

**BID OPENING
April 19, 2016
Milton, Florida**

Present: Henry Brewton, Sr. Budget Manager, Santa Rosa County; Brad Dale, Hewes & Company, LLC; Sean Person, CMC International Inc.

The meeting took place at 10:00 a.m.

The purpose of the meeting was to receive bids for the Navarre Dune Walkover, the sale of 20 acres in the Santa Rosa Industrial Park East, and housing rehabilitation at 6642 Grace Street, Milton, FL. Bids were received from the following:

Navarre Dune Walkover:

1. Floridian Construction	\$109,385.00
2. Hewes & Company, LLC	\$143,000.00
3. CMC Construction	\$127,790.00
4. RBM Contracting Services, LLC	\$175,733.70

Sale of 20 acres, Santa Rosa Industrial Park East:

1. Fabbro Marine Group, Inc.	\$70,000
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Housing rehabilitation at 6642 Grace Street, Milton, FL:

1. Wolfe Construction, Inc.	\$34,970
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copy to: Housing
Legal

BID SUBMISSION CHECKLIST

Project Address: 6642 Grace Street, Milton, FL 32570

Contractor: Wolfe construction Inc

- Bid Form (scope of work)
- Contractors Statement of Qualifications (Notarized)
- Certified Renovator ID in accordance with HUD 40 CFR PART 745.225
- Business License
- Insurance Document
 - General Liability 300,000
 - Auto Insurance 300,000 combined single limit
 - Workman's Comp
- Sworn Statement (Notarized)
- W-9

**ATTACH THIS PAGE TO THE TOP OF YOUR BID
SUBMISSION**

Bid Form

CONTRACTOR'S SUBSTANTIAL REHABILITATION SPECIFICATIONS BID SUBMISSION SHEET SHIP/HOME PROGRAM

APPLICANT/OWNER: Ranza S. Robinson	
ADDRESS: 6642 Grace Street, Milton, FL 32570 PHONE NO. 850-623-3554	
JOB NO: Housing Rehab: 6642 Grace St.	DATE PREPARED: 12/28/2015
BID OPENING DATE: April 19, 2016 TIME: 10 AM	MANDATORY PREBID MEETING DATE: March 30, 2016 TIME: 9:00 am

Contractor's Certification:
 I (we) certify that I (we) have carefully examined the *Housing Program Rehabilitation Project document including the Contractor Section*, for the above referenced job, and submit the following **TOTAL** bid to complete the project to construction industry standards for repairs, and that there will be **NO CHANGE ORDERS OR ADDITIONAL FUNDING** on this project. On the basis of these examinations, I(We) propose to furnish all materials, tools, machinery and labor necessary to complete the work in a professional manner and to complete the rehabilitation work at the prices listed opposite each item.

Pre-bid meeting mandatory:

Location: 6642 Grace St, Milton, FL 32570
 Date/Time: Wednesday, March 30, 2016 @ 9:00 am

Bids submitted by contractors who do not attend the mandatory meeting will be disqualified.

Itemized bid required. Complete the following form and enter total bid price below.
Submission sheet must be prepared in ink and signed by the Contractor or authorized employee.
Submission sheets are to be delivered to the Santa Rosa County Office of Procurement in a sealed envelope that designates the job name.

TOTAL BID PRICE (including all addendums): \$ 34,970⁰⁰

CONTRACTING FIRM: Wolfe Construction Inc PHONE: 850-554-0648

SIGNATURE: Rheing

TITLE: President # OF ADDENDUMS RECEIVED _____

BID SUBMITTAL REQUIREMENTS:

1. Must include all itemized costs. **ITEMIZED COSTS MUST EQUAL TOTAL BID.**
2. Must be typed or written in ink.
3. Must be signed by submitting contractor.
4. Must include Total Bid Price.

Note: Bids that do not meet the above four requirements will not be considered.

**The lack of a specific notation for work that is necessary to accomplish those tasks that are specifically identified does not relieve the bidder of the responsibility to include as part of the overall bid. *

AREA	DESCRIPTION	COST
Roof	<ul style="list-style-type: none"> • Replace roof, replace all rotten soffits, fascia, decking, and install new flashing where needed • Install all new soffit vent screens 	<u>8725⁰⁰</u> <u>350⁰⁰</u>
Exterior	<ul style="list-style-type: none"> • Repair/replace all exterior rotten/damaged wood • Cover exterior wood with vinyl 	<u>1825⁰⁰</u> <u>4675⁰⁰</u>
Gas Heating System	<ul style="list-style-type: none"> • Gas Heating system is to be replaced with Natural Gas heating system (inside unit only) 	<u>Ø</u>
Electrical	<ul style="list-style-type: none"> • Replace the existing fuse panel with new circuit breaker panel. Upgrade to 200 amp service • Complete home re-wire required 	<u>2525⁰⁰</u> <u>6250⁰⁰</u>
Kitchen	<ul style="list-style-type: none"> • Replace sink, faucets, and sprayer nozzle • Replace gas stove • Plumbing leaks under kitchen sink, replace these pipes to eliminate leak 	<u>500⁰⁰</u> <u>650⁰⁰</u> <u>320⁰⁰</u>
Miscellaneous	<ul style="list-style-type: none"> • Replace all exterior doors and door casings. Provide new hardware and key alike (all solid doors) • Waste pipes are badly clogged, snake all drain lines to eliminate clog • Replace all windows and include wind-borne debris protection. Minimum code requirement is plywood • Insulate attic to code • Washing machine drain line is leaking into laundry room floor, properly install drain line to eliminate leak, provide new drain line if needed 	<u>1525⁰⁰</u> <u>475⁰⁰</u> <u>5200⁰⁰</u> <u>1100⁰⁰</u> <u>725⁰⁰</u>

Removed per addendum prw

	<ul style="list-style-type: none"> • Washing machine is discharging onto back porch, tie into existing sewage lines • Installation of gutter and downspout on rear of home, extending from left exterior door, down past exterior laundry room door, approximately 20' 	<u>600⁰⁰</u> <u>325⁰⁰</u>
Addendum #1 If applicable	If there is an addendum #1 for this project, be sure to include the price you list here on the addendum #1 page	<u>0⁰⁰</u>
Addendum #2 If applicable	If there is an addendum #2 for this project, be sure to include the price you list here on the addendum #2 page	<u> </u>
Addendum #3 If Applicable	If there is an addendum #3 for this project, be sure to include the price you list here on the addendum #3 page	<u> </u>
Addendum #4 If Applicable	If there is an addendum #4 for this project, be sure to include the price you list here on the addendum #4 page	<u> </u>
	TOTAL (this total price will include the cost of the scope of work plus all addendums received. This figure will be the same as the figure you list on the 1st page of Bid Form	<u>\$34,970⁰⁰</u>

Santa Rosa County

Housing Program Rehabilitation Project

Address: **6642 Grace Street, Milton, FL 32570**

PROJECT BID ADDENDUM #1

****Include this ADDENDUM in your bid.**

The following additions/clarifications are to be incorporated into the project scope of work

1. Homeowner has asked that we remove the repair to the Gas Heating System from the scope of work. Therefore, do not include this item in your bid total
2. The exterior doors do not have to be painted
3. Clarification: when covering all exterior wood with vinyl, this does not include front porch posts

Total Addendum #1: 0.⁰⁶

End of ADDENDUM #1.

CONTRACTOR'S STATEMENT OF QUALIFICATIONS

(Contents of this statement will be confidential)

NAME OF CONTRACTING FIRM: Wolfe Construction Inc	
ADDRESS OF FIRM: 6816 Old Backed Hwy Milton FL 32583	
SOCIAL SECURITY NUMBER: 265-39-3147	PHONE: CELL: 850-554-0648 FAX: 850-995-9678
DATE FIRM ORGANIZED/HOW LONG IN BUSINESS: August 1998	WHERE INCORPORATED AND WHEN: Florida
HOW LONG IN CONTRACTING BUSINESS UNDER PRESENT FIRM NAME: 17.5 yrs	HAVE YOU ENGAGED IN BUSINESS UNDER ANY OTHER NAME? NO
GENERAL NATURE OF WORK PERFORMED BY YOUR FIRM: New construction, renovations repairs & consulting	HAVE YOU EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU OR YOUR FIRM? (Yes or No) (If Yes, attach statement explaining where and why.) NO
HAVE YOU EVER DEFAULTED ON A CONTRACT? (Yes or No) (If Yes, attach statement explaining where and why.) NO	CAN YOUR FIRM FURNISH A LETTER OF CREDIT FROM YOUR SOURCE OF FINANCING?
LIST RECENT REMODELING JOBS:	
CLIENT NAME: Dave Larnley	CLIENT PHONE NUMBER: 850-281-6877
ADDRESS: 6638 Leopard Rd Milton FL	
CLIENT NAME: Lloyd Tetraolt	CLIENT PHONE NUMBER: 1-256-931-5505
ADDRESS: 1217 Raintree Ln Arab AL	
CLIENT NAME: Richard Gillis	CLIENT PHONE NUMBER: 850-686-5059
ADDRESS:	

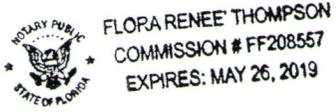
LIST OF SUBCONTRACTORS

PLUMBER: Crews Plumbing	PHONE NUMBER: 850-554-0863
ADDRESS: 6061 Oglesby Rd Milton, FLA	
ELECTRICIAN: CQ Electric	PHONE NUMBER: 850-686-1871
ADDRESS: 5881 Leadetree Dr Milton, FL	

ROOFER: Quality Roofing	PHONE NUMBER: 850-777-0961
ADDRESS: 3693 Aukland Blvd Milton, FL 32583	
CARPENTER: Dillard construction	PHONE NUMBER: 850-449-4110
ADDRESS: 4771 Hwy 178 Milton FL	
SEPTIC TANK: Crews Plumbing	PHONE NUMBER: 850-554-0563
ADDRESS: 6661 Oglesby Rd Milton FL 32570	
LIST YOUR USUAL MATERIAL SUPPLIERS AND ACCOUNTS:	
Pittman's Lumber	Andrews Cabinets
American Concrete	Home Depot
Coastal Insulation	

ATTACH CURRENT COPIES OF THE FOLLOWING:

- * State of Florida, Dept. of Professional Regulation Registration
- * County Contractors Certificate
- * Contractor's Liability Insurance Certificate
- * W-9 Form
- * Workman's Compensation Insurance Certificate or Waiver issued by the State of Florida
- * Certified Renovator/Painter Certification

TYPED OR PRINTED NAME AND TITLE OF CONTRACTOR:	Phil Wolfe
SIGNATURE:	<i>Phil Wolfe</i>
STATE OF FLORIDA	
COUNTY OF <u>Santa Rosa</u>	
Sworn to and subscribed before me this <u>4th</u> Day of <u>FEB</u> , 2016	
<i>Flora Renee Thompson</i> (Signature of Notary Public - State of Florida)	
Personally Known <input checked="" type="checkbox"/> or produced the following as Identification:	
	

SWORN STATEMENT UNDER SECTION 287.133 (3) (A),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to _____
by Phil Wolfe
(print individual's name and title)
for Wolfe Construction, Inc
(print name of entity submitting sworn statement)
whose business address is 6816 Ole Bayside Hwy Milton FL 32583
and (if applicable) its Federal Employer Identification Number (FEIN) is 59-2615633 If the entity has no FEIN, include the Social Security Number of the individual signing this Sworn Statement: _____

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime; or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of public entity crime.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with legal power to enter into a binding contract and which bids or appeals to bid on contracts for the provision of goods and services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)
 Neither the entity submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officers determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (ATTACH A COPY OF THE FINAL ORDER.)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Phil Wolfe
(Signature)

Sworn to and subscribed before me this 4th day of Feb 2016

Personally known Flora Renee Thompson

or Produced identification FL WH16-671-65-380-0 Notary Public - State of Florida

(Type of identification) My commission expires _____

 **FLORA RENEE THOMPSON** (Printed, typed, or stamped commissioned name of notary public.)
COMMISSION # FF208557
EXPIRES: MAY 26, 2019

United States Environmental Protection Agency

This is to certify that



Wolfe Construction Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires February 20, 2017

NAT-121259-1

Certification #

February 7, 2012

Issued On

A handwritten signature in black ink that reads "Michelle Price".

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch





JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 7/9/2014 EXPIRATION DATE: 7/8/2016

PERSON: WOLFE PHILIP K

FEIN: 593615633

BUSINESS NAME AND ADDRESS:

WOLFE CONSTRUCTION INC

6091 HIALEAH ST

PACE FL 32571

SCOPES OF BUSINESS OR TRADE:

LICENSED RESIDENTIAL DOOR AND WINDOW CONTRACTOR-PROJECT CLEANER-DEBRIS
CONTRACTR INSTALLATION MANAGER, CO REMOVAL - CONST

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of Election to be exempt apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

2015 2016

RECEIPT NUMBER INT-15-00094447

ACCOUNT NO.

7324

MACHINES	ROOMS	SEATS	EMPLOYEES	EXPIRES
BUSINESS TYPE	9007 CONTRACTOR			SEPTEMBER 30, 2016
BUSINESS ADDRESS	6816 OLD BAGDAD HWY MILTON, FL 32583			
	WOLFE CONSTRUCTION INC WOLFE PHIL			
	WOLFE CONSTRUCTION INC 6816 OLD BAGDAD HWY MILTON, FL 32583			
		RENEWAL		
		AMOUNT		11.25
		PENALTY		0.00
		TOTAL		11.25

STAN COLIE NICHOLS, TAX COLLECTOR
SANTA ROSA COUNTY, FLORIDA

THIS DOCUMENT HAS A TWO COLOR BACKGROUND AND A WATERMARK BACKSIDE.

FOLD INFORMATION BELOW BEHIND RECEIPT OR DETACH AND KEEP FOR YOUR RECORDS.



Stan Colie Nichols, Tax Collector

6495 Caroline Street, Suite E
Milton, Florida 32570
(850) 983-1800

**BEFORE POSTING YOUR BUSINESS TAX RECEIPT READ ALL INFORMATION CAREFULLY.
IT IS THE OWNERS RESPONSIBILITY TO ENSURE COMPLIANCE.**

THIS B.T.R. IS FURNISHED PURSUANT TO FLORIDA STATUTES, SANTA ROSA COUNTY ORDINANCE AND AMENDMENTS

The law requires this business tax receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county.

Pursuant to state law, all business tax receipts shall expire on September 30th of the succeeding year. Those business tax receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the business tax for the delinquent establishment.

This business tax receipt is an occupational tax only. It does not permit the B.T.R. holder to violate any existing regulatory or zoning laws of the state, county, or cities, nor does it exempt the B.T.R. holder from any other business tax receipts or permits that may be required by law or municipal ordinance. **IT IS YOUR RESPONSIBILITY TO NOTIFY THE TAX COLLECTOR'S OFFICE IF YOUR BUSINESS HAS CLOSED.**

THIS BUSINESS TAX RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ALL OTHER LAWFUL AUTHORITY.

If you intend to do any business in Santa Rosa County that is regulated by the state of Florida such as construction, roofing, plumbing, electrical, demolition, etc. it is your responsibility to contact the Building Inspection Department as to the necessary licensing requirements of both Santa Rosa County and the state of Florida. You can receive a citation and/or be arrested for performing a job for which additional qualifications are required. All B.T.R. holders are held to be responsible for complying with all applicable Worker's Compensation laws. All licensees are also held responsible for understanding and complying with all "price gouging" laws and understanding the severe penalties. Other areas which you need to investigate include zoning laws, city licenses when applicable, Department of Revenue and sales tax requirements, IRS and federal I.D. numbers, the Property Appraiser and personal property tax, County Building Inspector for information on construction permits, competency testing, contractors, etc., and filing for a Fictitious Name if applicable.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Phil Wolfe	
	2 Business name/disregarded entity name, if different from above Wolfe Construction Inc.	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) 6816 Old Bagdad Hwy	
	6 City, state, and ZIP code Milton, FL 32583	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number										
or										
Employer identification number										
5	9		-	3	6	1	5	6	3	3

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>2/8/16</u>
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

63-8169-2632

4843



Wolfe Construction, Inc.

6091 Hialeah St.
Pace, FL 32571
PH. 850-554-0648

DATE 4/18/16

PAY TO THE ORDER OF

Santa Rosa County

\$ 1748⁵⁰

Seventeen Hundred forty Eight + 50/100

DOLLARS Security Features included. Details on Back.

PEN AIR FEDERAL CREDIT UNION

1495 EAST NINE MILE ROAD
PENSACOLA, FL 32514
(850) 505-3200

MEMO

Grace St Bid Bond Rhewitz

MP

⑆ 263 28 1695⑆ 1040002518615⑆ 4843