

# The City of Boynton Beach



Finance/Procurement Services  
100 E. Boynton Beach Boulevard  
P.O. Box 310  
Boynton Beach, Florida 33425-0310  
Telephone No: (561) 742-6310  
FAX: (561) 742-6316

November 29, 2016

RFP: "SUPPLEMENTAL BUILDING INSPECTIONS AND PLAN REVIEW SERVICES"

RFP No.: 012-2411-16/JMA

Agreement between the City of Boynton Beach and C.A.P. GOVERNMENT, INC.

Professional Services Renewal Period: FEBRUARY 3, 2017 TO FEBRUARY 2, 2018

Yes, I agree to renew the existing agreement with the same Terms and Conditions, and Rates, for an additional one-year period.

No, I do not wish to renew the contract for the following reason(s) \_\_\_\_\_

C.A.P. GOVERNMENT, INC.

NAME OF COMPANY

Carlos A. Penin

NAME OF REPRESENTATIVE  
(please print)

12/5/16  
DATE

cap@capfla.com  
EMAIL

SIGNATURE

President

TITLE

305.666.7178  
(AREA CODE) TELEPHONE NUMBER

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**RFP: "SUPPLEMENTAL BUILDING INSPECTIONS AND PLAN REVIEW SERVICES"**

**RFP No.: 012-2411-16/JMA**

Agreement between the City of Boynton Beach and HY-BYRD, INC.

**Professional Services Renewal Period: FEBRUARY 3, 2017 TO FEBRUARY 2, 2018**

Yes, I agree to renew the existing agreement with the same Terms and Conditions, and Rates, for an additional one-year period.

No, I do not wish to renew the contract for the following reason(s) \_\_\_\_\_

**HY-BYRD, INC.**

NAME OF COMPANY

SIGNATURE

Michael Casaselle  
NAME OF REPRESENTATIVE  
(please print)

V.P.  
TITLE

12-2-16  
DATE

561 542-5701  
(AREA CODE) TELEPHONE NUMBER

HYBYRD@BellSouth.net  
EMAIL

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November 29, 2016

RFP: "SUPPLEMENTAL BUILDING INSPECTIONS AND PLAN REVIEW SERVICES"

RFP No.: 012-2411-16/JMA

Agreement between the City of Boynton Beach and G.F.A. INTERNATIONAL, INC.

Professional Services Renewal Period: FEBRUARY 3, 2017 TO FEBRUARY 2, 2018

Yes, I agree to renew the existing agreement with the same Terms and Conditions, and Rates, for an additional one-year period.

No, I do not wish to renew the contract for the following reason(s) \_\_\_\_\_

G.F.A. INTERNATIONAL, INC.

NAME OF COMPANY

Carlos Mercado  
NAME OF REPRESENTATIVE  
(please print)

12-9-14  
DATE

cmercado@teamgfa.com  
EMAIL

SIGNATURE

Branch Manager  
TITLE

561 347 0070  
(AREA CODE) TELEPHONE NUMBER