

DELIVER TO:

City of Fort Pierce
100 North U.S. #1
Fort Pierce, FL 34950

MAIL TO:

City of Fort Pierce Procurement Dept.
P.O. Box 1480
Fort Pierce, FL 34954-1480

INVITATION TO BID

and

BIDDER ACKNOWLEDGMENT

Contact: Gelencia Carter, (772) 467-3748

Bid No: 2016-034

Pre-Bid Conference :

N/A

Bid Title: DIXIE CHOPPER
COMMERICAL MOWERS

Pre-Bid Conference Location:

N/A

Bid Opening Location:
City of Ft. Pierce Procurement Dept.
100 North U.S. #1, 1st Floor
Ft. Pierce, Florida 34950

Bid Due Date & Time:

3:00PM, Thursday, September 15, 2016

If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.

Bidder Name:

EVERGLADES FARM EQUIPMENT

Mailing Address:

6150 ORANGE AVE

I hereby certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.

X 
Authorized Signature (Manual)

City, State, Zip Code:

FORT PIERCE, FL 34947

Typed or Printed Name:

JACKSON AUTRY

Type of Entity (Circle One):

Corporation Partnership Proprietorship

Title:

SALES

Incorporated in the State of: FL Year: 1963

Delivery in 30 days, ARO

Phone Number: 772-461-5568

Payment Terms: Net 30 Days

Fax Number: 772-466-0735

FEIN or SS Number:

E-Mail Address: CAUTRY@EVERGLADESFARMEQUIPMENT.COM

Local Business: Y N MWBE: Y N

Bid Security is attached, when required, in the amount of \$

F.O.B. DESTINATION

If returning as a "No Bid" state reason:

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID



BID RESPONSE FORM



Bid Item	DIXIE CHOPPER MOWERS		
Bid Number	2016-034	Due Date & Time	3:00 PM, Thursday, September 15, 2016

The offerer agrees to furnish the following items or services to the City of Fort Pierce at the place specified, in accordance with specifications herein at the prices quoted below:

Quantity	Description	Unit Price	Total
2	2016 Dixie Chopper Xcaliber 3360 EFI 60" Commercial Mowers	\$ 9,577.96	\$ 19,155.92

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE

Manufacturer Proposed: JOHN DEERE
 Warranty: 2YR/UNLIMITED HOURS OR 3YR/1,200HR
 Vendor: EVERGLADES FARM EQUIPMENT
 Address: 6150 ORANGE AVE
 City, State, Zip Code: FORT PIERCE, FL, 34947
 Email Address: CAUTRY@EVERGLADESFARMEQUIPMENT.COM
 Typed Name, Title: JACKSON ASTRY, SALES
 Signature: Date: 9/14/16
 Telephone No.: 772-461-5568 Fax No.: 772-466-0735

(*Please include Remit to address if different than address stated above)

Remit To: _____

Check block below for applicable minority indicator:

- Asian Indian Black Asian Pacific Hispanic
 Native American Small Business Women Owned Small Disadvantage Business



ALL PURCHASE ORDERS MUST BE MADE OUT TO (VENDOR):

Deere & Company
2000 John Deere Run
Cary, NC 27513
FED ID: 36-2382580; DUNS#: 60-7690989

ALL PURCHASE ORDERS MUST BE SENT TO DELIVERING DEALER:

Everglades Farm Equip Co Inc
6150 Orange Avenue
Fort Pierce, FL 34947
772-461-5568
fortpierce@evergladesfarmequipment.com

Quote Summary

Prepared For:

City Of Fort Pierce Public Works
Po Box 1480
Fort Pierce, FL 34954

Delivering Dealer:

Everglades Farm Equip Co Inc
Charles Autry
6150 Orange Avenue
Fort Pierce, FL 34947
Phone: 772-461-5568
cautry@evergladesfarmequipment.com

Quote ID: 14031675
Created On: 14 September 2016
Last Modified On: 14 September 2016
Expiration Date: 14 October 2016

Equipment Summary

JOHN DEERE Z960M Commercial
ZTrak

Contract: FL Ag & Lawn Equip 21100000-15-1 (PG F2)

Price Effective Date: May 11, 2015

Selling Price	Qty	Extended
\$ 9,577.96 X	2 =	\$ 19,155.92

Equipment Total

\$ 19,155.92

* Includes Fees and Non-contract items

Quote Summary

Equipment Total	\$ 19,155.92
Trade In	
SubTotal	\$ 19,155.92
Est. Service Agreement Tax	\$ 0.00
Total	\$ 19,155.92
Down Payment	(0.00)
Rental Applied	(0.00)
Balance Due	\$ 19,155.92

Salesperson : X _____

Accepted By : X _____

Confidential



Selling Equipment

Quote Id: 14031675 Customer Name: CITY OF FORT PIERCE PUBLIC WORKS

ALL PURCHASE ORDERS MUST BE MADE OUT TO (VENDOR):

Deere & Company
 2000 John Deere Run
 Cary, NC 27513
 FED ID: 36-2382580; DUNS#: 60-7690989

ALL PURCHASE ORDERS MUST BE SENT TO DELIVERING DEALER:

Everglades Farm Equip Co Inc
 6150 Orange Avenue
 Fort Pierce, FL 34947
 772-461-5568
 fortpiece@evergladesfarmequipment.com

JOHN DEERE Z960M Commercial ZTrak

Hours:

Stock Number:

Contract: FL Ag & Lawn Equip 21100000-15-1 (PG F2)

Selling Price *

Price Effective Date: May 11, 2015

\$ 9,577.96

* Price per item - includes Fees and Non-contract items

Code	Description	Qty	List Price	Discount%	Discount Amount	Contract Price	Extended Contract Price
2230TC	Z960M Commercial ZTrak	2	\$ 11,649.00	21.00	\$ 2,446.29	\$ 9,202.71	\$ 18,405.42
Standard Options - Per Unit							
001A	United States/Canada	2	\$ 0.00	21.00	\$ 0.00	\$ 0.00	\$ 0.00
1036	24x12x12 Pneumatic Turf Tire for 54 In. and 60 In. Decks	2	\$ 0.00	21.00	\$ 0.00	\$ 0.00	\$ 0.00
1504	Side Discharge Mower Deck	2	\$ 0.00	21.00	\$ 0.00	\$ 0.00	\$ 0.00
2002	Fully Adjustable Suspension Seat with Armrests	2	\$ 475.00	21.00	\$ 99.75	\$ 375.25	\$ 750.50
Standard Options Total			\$ 475.00		\$ 99.75	\$ 375.25	\$ 750.50
Value Added Services Total			\$ 0.00			\$ 0.00	\$ 0.00
Suggested Price							\$ 19,155.92
Total Selling Price			\$ 12,124.00		\$ 2,546.04	\$ 9,577.96	\$ 19,155.92

**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.

Name (as shown on your income tax return)
EVERGLADES FARM EQUIPMENT CO., INC.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (U=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
P.O. BOX 910

City, state, and ZIP code
BELLE GLADE, FL 33430

Requester's name and address (optional)
CITY OF FORT PIERCE

List account number(s) here (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 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 chart on page 4 for guidelines on whose number to enter.

Social security number

OR

Employer identification number
59-1000566

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).

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 4.

Sign Here Signature of U.S. person  Date **9/14/16**

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



Certification Statement Local Vendor Preference

I certify that my company meets all of the following qualifications to be eligible for the local vendor preference:

- 1) That my company has a fixed, staffed office or distribution point located in and having a street address within St. Lucie, Indian River, Martin or Okeechobee County for at least one year prior to the issuance of the request for competitive bids or request for proposals by St. Lucie County; and
- 2) That my company holds any business or contractor license required by St. Lucie County and/or can document payment of business license taxes in St. Lucie County;
- 3) That my company is principal offeror who is single offeror; a business which is the prime contractor and not a subcontractor; or a partner or joint venturer submitting an offer in conjunction with other businesses.
- 4) Attached is a copy of a business or contractor license and/or business tax receipt for St. Lucie County, Indian River, Martin or Okeechobee Counties to verify that I have been in business at least one year prior to the issuance of the Request for Bid or Proposal.

Company Name: EVERGLADES FARM EQUIPMENT

Address: 6150 ORANGE AVE, FORT PIERCE, FL 34947

Business or Contractor License Number: _____

Phone Number: 772-461-5568 Fax Number: _____

Owner's Name: Mitchel Booney Site Manager

Signature: [Handwritten Signature]

Sworn to before me this 14 day of September 2016



Florida My Commission Expires Nov. 12, 2016

Rosemarie Noelke Printed Name Rosemarie Noelke

FOR PROCUREMENT OFFICE ONLY ~ DO NOT COMPLETE BELOW

To be verified and completed by an authorized representative from the City of Fort Pierce Purchasing Department:

Vendor Certified by: _____ Date: _____
(Authorized Signature)

To be approved as a local bidder and receive bid preference on an eligible local project, this certification and a copy of your local business or contractor license must be submitted with your bonafide Bid/RFP package.