

<p>DELIVER TO: City of Fort Pierce, Purchasing Division, Room 101 100 North U.S. #1 Fort Pierce, FL 34950</p> <p>MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480</p>	<p>REQUEST FOR PROPOSALS and PROPOSAL ACKNOWLEDGMENT</p>
<p>Contact: Latonya Hubbard, (772) 467-3102</p>	<p>RFP No: 2020-015</p>
<p>Mandatory Pre-Bid Conference Date: N/A</p>	<p>RFP Title: AQUATIC VEGETATIVE CONTROL AND LAKE MAINTENANCE</p>
<p>Mandatory Pre-Bid Conference Location: N/A</p>	<p>Bid Opening Location: Purchasing Division, Room 101 100 North U.S. #1 Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, THURSDAY, JANUARY 9, 2020</p>	<p>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.</p>
<p>Bidder Name: <u>Kerner LLC DBA Kerner Environmental</u></p> <p>Mailing Address: <u>783 NW Spruce Ridge Dr</u> <u>Stuart, FL 34994</u></p>	<p>I hereby certify that this proposal 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 proposal for the proposer.</p> <p>X  Authorized Signature (Manual)</p>
<p>City, State, Zip Code:</p>	<p>Typed or Printed Name: <u>Ian W. Kerner</u></p>
<p>Type of Entity (Place a check or X): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship</p>	<p>Title: <u>MGR</u></p>
<p>Incorporated in the State of: <u>FL</u> Year: <u>2016</u></p>	<p>Delivery in _____ days, ARO</p>
<p>Phone Number: <u>772-260-8415</u></p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number:</p>	<p>FEIN or SS Number: <u>81-1953827</u></p>
<p>E-Mail Address: <u>Ian@Kernerenvironmental.com</u></p>	<p>Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____</p> <p style="text-align: center;">F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	

CITY OF FORT PIERCE CHECKLIST

This checklist is provided to assist each Bidder in the preparation of their Bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline, it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

Check "Yes" or "No" to each of the following:

	<u>YES</u>	<u>NO</u>
Is Request for Proposals cover page (page 1) completed signed and attached?	✓	_____
Is W-9 Form completed, signed and attached?	✓	_____
Include proof of proper licensing as stated in Proposal documents.	✓	_____
Include proof of proper insurance as stated in Proposal documents.	✓	_____
Qualification envelope is marked accordingly.	✓	_____
Is Drug-Free Work Place form signed and enclosed?	✓	_____
Is Debarment form signed and enclosed?	✓	_____
Are the correct number of Proposal packages included? (One original, and four copies)	✓	_____
Is each Addendum (when issued) signed and included? None Issued	✓	_____

PLEASE SIGN AND RETURN WITH BID _____





KERNER ENVIRONMENTAL

PROPOSAL

Date: 01/09/2020

**Proposal Submitted To: City of Fort Pierce
Address: Purchasing Division, Room 101
100 North U.S. Hwy. 1
Fort Pierce, FL 34950
Phone:**

Job: RFP No.2020-015

We hereby submit this proposal for the following listed work:

Kerner Environmental (KE) purpose to do a monthly inspection and treatment of the City of Fort Pierce’s Ditches and ditch banks to control and manage the unwanted vegetation in aquatic and riparian environments as well as control of terrestrial weeds growing on banks adjacent to water in the drainage canals, bio-swales, outfalls, as shown on the maps attached to RFP No. 2020-015. KE will use all terrain vehicles such as argos, side by side carts, trucks and boats to inspect and treat monthly.

The 23-acre lake and retention ponds, located north of the Public Works compound at 52 Savannah Road will be treated monthly for aquatic vegetation including but not limited to Hydrilla, Southern Naiad, Water Hyacinth, Water Lettuce, Yellow Primrose, Florida Holly, Sea Myrtle, Pennywort, Torpedo Grass, Spike Grass, Paragrass, Duckweed, Typha and Algae. Also, this program will include Veterans Memorial Park pond, a lined pond and two (2) additional ponds on North 2 nd Street that would be treated for the same exotic and nuisance vegetation but on a quarterly basis.

This proposal includes a one-time treatment and removal of overgrown vegetation in the canals, canal banks and around outfalls that currently hinders the flow of stormwater discharge. This would include the removal of unwanted nuisance vegetation, weeds and an initial application of aquatic herbicides.

	<u>Yearly expense</u>	<u>Billed Monthly</u>
We propose to furnish service for:	\$57,600.00	\$4800.00

All material is guaranteed to be as specified. All work to be completed in a workman-like manner according to standard practices. Any alteration or deviation from the above specifications involving extra cost will be executed only upon written orders, and will become an extra charge over and above the estimates. Written proposals will be provided on any and all additional work.

Kerner Environmental Authorized Signature



Letter of Transmittal

January 7, 2020

Kerner Environmental understands the importance of environmental maintenance for ditches, canals, and lakes as a necessary part of an engineered stormwater system.

- KE understand that improper maintained of crack weeds in control structures can create larger cracks and compromise the structure so our technicians will inspect and treat them on every maintenance cycle.
- KE understand that chemical spray drift along the banks of ditches and lakes will erode the bank making it hard to mow along with compromising the water flow. Our technicians will get off their equipment to treat hard to reach areas with backpacks or hoses.
- KE understand that floating vegetation impedes the water flow during a rain event so we will add additional treatments on outbreaks that we have control of. We will also identify the areas we don't spray that are a source of floating vegetation and suggest booms or alternative treatments.
- KE would have no problem doing periodic drive through inspections with Engineering staff to ensure that we are meeting the Cities expectations.
- All proposals, contracts and communications will be handled by Ian Kerner MGR. Phone #772-260-8415 E-mail ian@kernerenvironmental.com
- KE currently owns 4 trucks with trailers, 3 carts, 2 argos (8-wheel amphibious cart), one 4-wheeler, and 2 boats. We believe in having the right tool for the job. We use electric motors on our small spray tanks to reduce emissions and lesson the noise to the neighborhoods we manage.


Ian W. Kerner
Kerner Environmental



KERNER ENVIRONMENTAL

Organization Profile and Qualifications

Kerner Environmental is owned and operated by Ian Kerner. Ian has been in the aquatic business since 2007 after a long career as a landscaper.

- KE is a small company with 4 employees located in Stuart that did approximately \$1,000,000.00 in revenue in 2019.
- All current technicians are licensed pest control applicators with multiple categories including aquatics and natural areas.
- KE currently maintain approximately 200 acres of upland, wetland, marsh, lakes ditches, and canals for Martin County as a subcontractor of Ecological Associates.
- KE also does mitigation maintenance for FPL and Broward County as a sub-contractor for Ecological Associates. We have worked for Martin County and FPL for 2 and a half years and Broward for one year with multiple years left in our service agreements.

See Attached Resume of owner.



KERNER ENVIRONMENTAL

Scope of work

- A. Kerner Environmental (KE) purpose to do a monthly inspection and treatment of the City of Fort Pierce's Ditches and ditch banks to control and manage the unwanted vegetation in aquatic and riparian environments as well as control of terrestrial weeds growing on banks adjacent to water in the drainage canals, bio-swales, outfalls, as shown on the maps attached to RFP No. 2020-015. KE will use all terrain vehicles such as argos, side by side carts, trucks and boats to inspect and treat monthly.
- B. The 23-acre lake and retention ponds, located north of the Public Works compound at 52 Savannah Road will be treated monthly for aquatic vegetation including but not limited to Hydrilla, Southern Naiad, Water Hyacinth, Water Lettuce, Yellow Primrose, Florida Holly, Sea Myrtle, Pennywort, Torpedo Grass, Spike Grass, Paragrass, Duckweed, Typha and Algae. Also, this program will include Veterans Memorial Park pond, a lined pond and two (2) additional ponds on North 2 nd Street that would be treated for the same exotic and nuisance vegetation but on a quarterly basis.
- C. This proposal includes a one-time treatment and removal of overgrown vegetation in the canals, canal banks and around outfalls that currently hinders the flow of stormwater discharge. This would include the removal of unwanted nuisance vegetation, weeds and an initial application of aquatic herbicides.
- D. KE will complete the monthly spray report provided by the City at the end of every spray cycle.
- E. KE typically uses Glyphosate, Imazapyr, Diquat, coppers and Fluridone for aquatic and ditch bank treatments.

Ian W. Kerner
Kerner Environmental

IAN W. KERNER

Years Experience: 10

Technical Specialties

- Commercial Applicators License #CM23582
- FNGLA Certified Landscape Technician
- Irrigation Site Manager
- Osha Operator Safety Training
- Certified Counter Balance forklift operator
- Certified Skid Steer operator
- Certified Telescopic handler operator
- Maxicom Certification: Level 1 and 2 (irrigation management system)

Professional History

- Kerner Environmental
- ValleyCrest
- Martin Landscape Management
- Austin Outdoor

Education

- A.S. (Computer Information and Technology) Indian River State College

Professional Registrations and Affiliations

- Florida Nursery Growers And Landscape Association

Synopsis of Qualifications

Extensive practical experience in techniques for spraying and managing aquatic, upland, and open water nascent vegetation. Extensive experience in lean management and scheduling. Skilled at plant surveys and wetland delineation. As the owner of Martin Landscape Management, had a continuing service agreement with Martin County School Board and conducted exotic removal at South Fork High, Port Salerno Elementary, and Pinewood Elementary.

Representative Project Experience

FPL, Ecological Associates – Conducting monthly maintenance for exotics in 20 wetlands over 6 miles in St. Lucie County.

Whispering Sound HOA – Monthly maintenance for invasive exotics in approximately 65 acres of upland and wetlands.

Martin County, Ecological Associates – Monthly maintenance for invasive exotics and algae in 200 acres of upland, wetland, marsh, ditches, and lakes.

Broward County Tradewinds Park, Ecological Associates – Exotic clean out and bi-annual maintenance of 70 acres of upland and wetlands.

Print

Close

Applicator's Name

City, State

SCHRAMM, DOUGLAS R

JENSEN BEACH, FL

License No.

License Status

License Type:

24407

Normal

Commercial RUP Applicator License

License Categories

Aquatic Pest Control, Natural Areas Weed Management

Original Issue Date

Last Issue Date

Expiration Date

8/23/2016

8/23/2016

8/31/2020

Company Name

Agent Count: 0

Print

Close

Applicator's Name

City, State

CLARKE, WILLIAM WAYNE

FORT PIERCE, FL

License No.

License Status

License Type:

WM25805

Normal

Commercial RUP Applicator License

License Categories

Right-Of-Way Pest Control, Aquatic Pest Control, Natural Areas Weed Management

Original Issue Date

Last Issue Date

Expiration Date

1/9/2018

11/9/2018

11/30/2022

Company Name

Agent Count: 0

Print

Close

Applicator's Name

City, State

ERNER, IAN W

STUART, FL

License No.

License Status

License Type:

M23582

Normal

Commercial RUP Applicator License

License Categories

Right-Of-Way Pest Control, Aquatic Pest Control, Forest Pest Control, Natural Areas Weed Management

Original Issue Date

Last Issue Date

Expiration Date

1/1/2015

5/31/2019

5/31/2023

Company Name

Agent Count: 0

Print

Close

Applicator's Name

City, State

LARKE, WILLIAM WAYNE

FORT PIERCE, FL

License No.

License Status

License Type:

F257047

Normal

Certified Pest Control Operator

License Categories

Lawn and Ornamental

Original Issue Date

Last Issue Date

Expiration Date

1/23/2017

8/7/2019

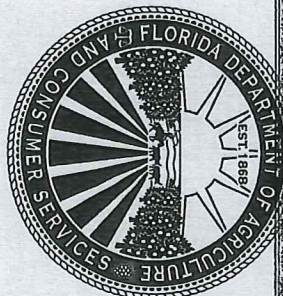
6/1/2020

Company Name

BERNER ENVIRONMENTAL

Agent Count: 0

State of



Florida

Department of Agriculture and Consumer Services
Bureau of Licensing and Enforcement

PEST CONTROL LICENSE

Number: JB279615

KERNER ENVIRONMENTAL

783 NW SPRUCE RIDGE DR, STUART, FL 34994

This is to Certify that the Pest Control Firm named above is licensed by the State of Florida, Department of Agriculture and Consumer Services for the Year Ending December 31, 2019 as prescribed by Law.

Adam H. Putnam
Commissioner of Agriculture

Issue Date: December 15, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER State Insurance Agency Inc. 1010 SW Martin Downs Blvd Palm City FL 34990	CONTACT NAME: Mitzy Taylor	PHONE (A/C, No, Ext): (772) 426-9933	FAX (A/C, No): (772) 426-9943
	E-MAIL ADDRESS: certificates@stateinsuranceagent.com		
INSURED Kerner LLC, DBA: Kerner Environmental 783 NW Spruce Ridge Dr Stuart FL 34994	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Scottsdale Insurance Co		
	INSURER B: Auto-Owners		18988
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CL1943009618 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPS3156032	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000			
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000			
	OTHER:						GENERAL AGGREGATE \$ 2,000,000			
B	AUTOMOBILE LIABILITY			5156398300	01/01/2019	01/01/2020	PRODUCTS - COMP/OP AGG \$ 2,000,000			
	<input type="checkbox"/> ANY AUTO									\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS								COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY								BODILY INJURY (Per person) \$ 1,000,000
	<input checked="" type="checkbox"/> 19						BODILY INJURY (Per accident) \$ 1,000,000			
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident) \$ 50,000			
	EXCESS LIAB						\$			
	DED		RETENTION \$				\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A			OTHER			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$			
							E.L. DISEASE - EA EMPLOYEE \$			
							E.L. DISEASE - POLICY LIMIT \$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Kerner LLC 783 NW Spruce Ridge Drive Stuart FL 34994	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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Lion Insurance Company

2739 US HWY 19 NORTH
HOLIDAY, FL 34691

Phone: 800-966-5562 / 727-938-5562 Fax: 727-937-2138

November 16, 2018

To Whom It May Concern:

RE: Kerner LLC

The NCCI Experience Modification Rating Factors for South East Personnel Leasing, Inc are as follows:

2013	.99
2014	1.00
2015	.99
2016	.98
2017	.92
2018	.89

Effective date: January 1

If you have any questions, please contact me at 727-938-5562 ext 6021.

Sincerely,

Grant Dagleish
Director of Finance

MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

Honorable Ruth Pietruszewski CFC, Tax Collector
3485 S.E. Willoughby Blvd., Stuart, FL 34994
(772) 288-5604

Account 2018-275-0552 Cert
Phone (772)260-8415 Sic No 541620
Location 783 NW SPRUCE RIDGE DR STU



Prev Yr	\$.00	Lic Fee	\$26.25
	\$.00	Penalty	\$.00
	\$.00	Coll-Fee	\$.00
	\$.00	Transfer	\$.00

TOTAL \$26.25

Has satisfied requirements to engage in the business, profession
or occupation of ENVIRONMENTAL MANAGEMENT
at location listed for the period beginning on the

16 Day of AUGUST

AND ENDING SEPTEMBER 30 2020

KERNER ENVIRONMENTAL
KERNER LLC
KERNER, IAN
783 NW SPRUCE RIDGE DRIVE
STUART, FL 34994

91 2018 17222.0001 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS
SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30th, A DELINQUENT PENALTY OF 10%
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER
UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE: A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT
EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

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. Kerner Ilc.		
	2 Business name/disregarded entity name, if different from above Kerner Environmental		
	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 checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <small>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.</small> <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 783 NW Spruce Ridge Dr.		Requester's name and address (optional)
	6 City, state, and ZIP code Stuart FL 34994		City of Fort Pierce Purchasing Division, Room 10 100 North U.S. Hwy. 1 Fort Pierce, FL 34950
	7 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 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								
8	1	-	1	9	5	3	8	2

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 ▶
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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.



THE SUNRISE CITY
FORT PIERCE
PURCHASING
DEPARTMENT

Florida

**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: Kerner LLC DBA Kerner Environmental

Address: 783 NW Spice Ridge Dr Stuart FL 34994

Business or Contractor License Number: _____

Phone Number: 772-260-8415 Fax Number: _____

Owner's Name: Jan Kerner

Signature: [Handwritten Signature]



Sworn to before me this 7th day of January 2020

Notary Public for the State of Florida My Commission Expires 2/16/2020

Notary Public Signature [Handwritten Signature] Printed Name Mary Beth Brown

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.



THE SUNRISE CITY
FORT PIERCE
PURCHASING
DEPARTMENT

Florida

DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that
Kerner LLC DBA Kerner Environmental 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, and 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 proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, 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 Chapter 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 this section.

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



Proposer's Signature

1/6/2020

Date



REFERENCE CHECK FORM

RFP No: 2020-015

Title: Aquatic Vegetative Control and Lake Maintenance

Bidder/Respondent Name: Kerner LLC DBA Kerner Environmental

Reference Company Name: Martin County

Telephone Number: 772-708-0158 Fax Number: _____

Contact Name: Jose Vera Email: jvera@Martin.fl.us

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3102.

- When did this company work for you? From: _____ To: _____
- How would you describe the Contractor:

Quality of Work:

Dependability:

Integrity of owner and employees:

What areas could he/she improve upon?

Would you contract with this Contractor again? Yes No Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

Add any information/comments that might help us evaluate their ability to perform for us? _____



REFERENCE CHECK FORM

RFP No: 2020-015 **Title:** Aquatic Vegetative Control and Lake Maintenance
Bidder/Respondent Name: Kerner LLC DBA Kerner Environmental
Reference Company Name: Ecological Associates Inc.
Telephone Number: 772-334-3729 **Fax Number:** 772-334-4925
Contact Name: Carrie Scarola **Email:** carrie@ecological-associates.com

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3102.

- When did this company work for you? From: _____ To: _____
- How would you describe the Contractor:

Quality of Work:

Dependability:

Integrity of owner and employees:

What areas could he/she improve upon?

Would you contract with this Contractor again? Yes No Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

Add any information/comments that might help us evaluate their ability to perform for us?



REFERENCE CHECK FORM

RFP No: 2020-015 Title: Aquatic Vegetative Control and Lake Maintenance
 Bidder/Respondent Name: Kerner LLC DBA Kerner Environmental
 Reference Company Name: South Florida Scenery LLC
 Telephone Number: 772-260-5779 Fax Number: _____
 Contact Name: Chris Brewer MGR Email: SouthFloridaScenery@gmail.com

Reference Instructions: Submit a minimum of three (3) References. Fill out top portion only one per Reference. The City of Fort Pierce will send forms to the referenced company after the City's receipt of form in the Bid.

The above company submitted a proposal to general contracting services to the City of Fort Pierce. He/she listed you as a reference. Please complete the questions below and fax back to (772) 467-3102.

- When did this company work for you? From: _____ To: _____
- How would you describe the Contractor:

Quality of Work:

Dependability:

Integrity of owner and employees:

What areas could he/she improve upon?

Would you contract with this Contractor again? Yes No Maybe

On a scale of 1 to 5, how would you rate his/her work in general? 1 2 3 4 5

Add any information/comments that might help us evaluate their ability to perform for us?
