


<b>DELIVER TO:</b> City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950  <b>MAIL TO:</b> City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480	<b>CITY OF FORT PIERCE</b>    <b>INVITATION TO BID and BIDDER ACKNOWLEDGMENT</b>
Bid Writer: Montgomery, 772-467-3102	Bid No: 2023-056
Mandatory Pre- Site-Visit: <b>THURSDAY, AUGUST 3, 2023</b>	Bid Title: FPRA PROPERTIES LAWN MOWING AND TRASH REMOVAL SERVICES
Mandatory Site-Visit Location: <b>CITY HALL, 2<sup>ND</sup> FLOOR WILLIAM D.          DANNAHOWER CONFERENCE ROOM          100 NORTH US HIGHWAY 1,          FORT PIERCE, FL 34950</b>	Bid Opening Location: City of Ft. Pierce Purchasing Division Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950
Bid Due Date & Time: <b>3:00 PM, TUESDAY, AUGUST 8, 2021</b>	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: <u>TERENCE E JONES</u> <hr/> Mailing Address: <u>GALSCO</u> <hr/> <u>5211 FEATHER CREEK DR</u> <hr/> <u>FORT PIERCE, FL 34951</u> <hr/>	<i>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.</i>  <i>x. Terence E Jones</i> Authorized Signature (Manual)
City, State, Zip Code:	Typed or Printed Name: <b>TERENCE E JONES</b>
Type of Entity (Select one): Corporation _____ Partnership _____ Proprietorship <u>  X  </u>	Title: <b>OWNER</b>
Incorporated in the State of: <b>FL</b> Year: <b>2021</b>	Delivery in _____ days, ARO
Phone Number: <b>404-428-7193</b>	Payment Terms: Net 30 Days
Fax Number: <b>-</b>	FEIN or SS Number: <b>265-78-9540</b>
E-Mail Address: <b>+J9540@GMAIL.COM</b>	Local Business: <u>  X  </u> <u>  Y  </u> <u>  N  </u> MWBE: <u>  Y  </u> <u>  X  </u> <u>  N  </u>
Bid Security is attached, when required, in the amount of \$ <u>  N/A  </u> F.O.B. DESTINATION	If returning as a "No Bid" state reason:

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID**



Terry Jones <tj9540@gmail.com>

### St. Lucie County Tax Collector: Payment Confirmation

1 message

**BUSINESS TAX RECEIPT**

PaymentExpress <no-reply@payment-express.net>

Thu, Jun 22, 2023 at 6:36 PM

To: Terry Jones <tj9540@gmail.com>

Your payment was successful.

**Chris Craft**

St. Lucie County Tax Collector

P.O. Box 308, Ft. Pierce, FL 34954-0308

**Your payment has been received.**

Confirmation number

V2892923787

### Payment Summary

#### Payments

PAYMENT	ACCOUNT	PAID
Credit Card	Visa Account # ****7246	\$ 22.88
Convenience Fee		\$ 2.50
<b>Total Charged</b>		<b>\$ 25.38</b>

#### Items paid

ITEM	DESCRIPTION	AMOUNT
Business Tax	Acc# 10000025309 Rct# 1028341 Yr: 2023	\$ 22.88



**BID 2023-056 Section 7.3 GALSCO Equipment List**

**Echo Trimmer**

**Echo Edger**

**Echo 10' Extension Branch Chain Saw**

**Portable Gas Tank Station - 15 Gal**

**Toro Z Master 52" Commercial Zero Turn**

**Toro 42" Time Cutter 4225 Zero Turn**

**Husqvarna 28" Walk Behind Mower**

**Schroeder Backpack Blower**

**DeWalt Electric Blower**

**DeWalt Electric Hedge Trimmer**

**Pressure Washer- 3400 PSI Gas**

**Stihl Chain Saw**

**Brute Trash Cans 44 Gal (2)**

**Rakes, Shovels, Brooms, Pruners, Shears**



## DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that \_\_\_\_\_ 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*  
  
\_\_\_\_\_  
*Date*



# BID RESPONSE FORM

Page 3 of 3



Business Name: GALSCO

Address: 5211 FEATHER CREEK DR

City, State, Zip Code: PORT PIERCE, FL 34951

Email Address: tj9540@gmail.com

Typed Name & Title: TERENCE JONES - OWNER

Signature: Terence Jones Date: 08/04/2023

Telephone No.: 404-428-7193 Fax No.: \_\_\_\_\_

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

Remit To: \_\_\_\_\_  
\_\_\_\_\_

Check below for applicable minority indicator:

- |                          |                 |                                     |                             |
|--------------------------|-----------------|-------------------------------------|-----------------------------|
| <input type="checkbox"/> | Asian Indian    | <input checked="" type="checkbox"/> | Small Business              |
| <input type="checkbox"/> | Asian Pacific   | <input type="checkbox"/>            | Women Owned                 |
| <input type="checkbox"/> | Black           | <input type="checkbox"/>            | Small Disadvantage Business |
| <input type="checkbox"/> | Hispanic        |                                     |                             |
| <input type="checkbox"/> | Native American |                                     |                             |



# BID RESPONSE FORM



<b>Bid Item</b>	<b>FPRA PROPERTY LAWN MOWING AND TRASH REMOVAL SERVICES</b>		
<b>Bid Number</b>	<b>2023-056</b>	<b>Due Date &amp; Time</b>	<b>3:00 PM, Tuesday, August 8, 2023</b>

The offeror 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:

Address	Parcel ID	Cost Per Cut	Total Cost (19 cuts x Cost Per Cut)
301 South Ocean Dr. & 306 Hernando St	2401-501-0109-000-9	\$ 60.22	\$ 1144.26
	2401-501-0112-000-3	64.24	1220.54
125 & 201 Fisherman's Wharf	2403-4320002-000-4	\$ 44.16	\$ 839.12
	2403-432-0003-000-1	260.97	4958.45
		<b>Total Cost</b>	<b>\$ 8162.37</b>
324 N. 12 <sup>th</sup> Street	2409-5160043-000-8	\$ 60.22	\$ 1144.26
318 N. 17 <sup>th</sup> Street	2409-511-0016-000-5	\$ 68.25	\$ 1296.83
108 N. 9 <sup>th</sup> Street	2410-604-0049-000-4	68.25	\$ 1296.83
		<b>Total Cost</b>	<b>\$ 3737.92</b>
321 N. 13 <sup>th</sup> Street , Unit A/B	2409-131-0001-000-1	\$ 112.42	\$ 2135.95
415 N. 9 <sup>th</sup> Street	2410-601-0034-000-7	\$ 44.16	\$ 839.12
424 Douglas Ct	2409-501-0199-000-0	\$ 44.16	\$ 839.12
426 Douglas Ct	2409-501-0200-000-1	\$ 44.16	\$ 839.12
426 N. 11 <sup>th</sup> Street	2409-501-0173-000-2	\$ 44.16	\$ 839.12
427 N. 16 <sup>th</sup> Street	2409-506-0038-000-9	\$ 72.27	\$ 1373.11
432 N. 19 <sup>th</sup> Street	2409-603-0072-000-7	72.27	1373.11
433 Means Ct.	2409-501-0293-000-9	\$ 44.16	\$ 839.12
434 N. 15 <sup>th</sup> Street	2409-503-0033-000-5	\$ 64.24	\$ 1220.54
513 N. 20 <sup>th</sup> Street	2409-602-0222-000-1	\$ 60.22	\$ 1144.26
612 N. 25 <sup>th</sup> Street	2404-710-0067-000-3	56.21	1067.97
		<b>Total Cost</b>	<b>\$ 12510.54</b>
806 Avenue E	2410-601-0119-000-7	\$ 56.21	\$ 1067.97
1241 Avenue D	2409-501-0282-000-9	\$ 84.31	\$ 1601.96
532 N. 13 <sup>th</sup> Street – Means Court Center	2009-501-0011-000-9	\$ 626.33	\$ 11900.28
<b>PAGE COST</b>			<b>\$ 38981.04</b>



# BID RESPONSE FORM

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Address	Parcel ID	Cost Per Cut	Total Cost (19 cuts x Cost Per Cut)
1212 Avenue D	2409-501-0257-000-5	\$ 40.15	\$ 762.84
1213 Avenue D	2409-501-0257-000-5	\$ 40.15	\$ 762.84
1217 Avenue D	2409-501-0256-000-8	\$ 44.16	\$ 839.12
		<b>Total Cost</b>	\$ 2364.80
Dundas Ct	2403-711-0001-000-3	68.25	1296.83
Dundas Ct	2410-604-0156-000-7	56.21	1067.97
N. 22 <sup>nd</sup> Street	2404-710-0017-000-8	64.24	1220.54
Avenue M	2404-801-0031-000-1	64.24	1220.54
1306 N. 16 <sup>th</sup> Street	2404-808-0021-000-9	68.25	1296.83
Avenue I	2404-812-0009-000-2	\$ 48.18	\$ 915.41
Avenue B	2410-604-0134-000-7	\$ 68.25	\$ 1296.83
424 N. 9 <sup>th</sup> Street	2410-601-0046-000-4	\$ 68.25	\$ 1296.83
N. 7 <sup>th</sup> Street (2 Parcels)	2410-601-0182-000-9	100.37	1907.10
	2410-601-0183-000-6	184.69	3509.06
110 N. 10 <sup>th</sup> Street (2 Parcels) & Avenue B	2410-604-014-000-9	811.02	15409.34
	2410-604-0169-000-1	317.18	6026.42
	2410-604-0173-000-2	204.76	3890.48
		<b>Total Cost</b>	\$ 40354.18
		<b>PAGE COST</b>	42718.98
<b>TOTAL BID COST (PAGE 1 + Page 2)</b>			<b>81,700.02</b>

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
NONE	8/04/2023

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>TERENCE E JONES</b></p>	
	<p>2 Business name/disregarded entity name, if different from above <b>GALSCO</b></p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <b>5211 FEATHER CREEK DR</b></p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code <b>FORT PIERCE, FL 34951</b></p>	
	<p>7 List account number(s) here (optional)</p>	

**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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
<b>265 - 78 - 9540</b>
or
Employer identification number
<del>87 - 2759608</del>

**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 for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ <i>Terence E Jones</i></p>	<p>Date ▶ <b>06/20/2022</b></p>
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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-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, later.*



THE SUNRISE CITY

**FORT PIERCE**

PURCHASING  
DEPARTMENT

*Florida*

### REFERENCES

**BID NO. 2023-056**

### FPRA PROPERTIES LAWN MOWING AND TRASH REMOVAL SERVICES

Proposers shall submit as a part of the bid package, a minimum of two (2) Customer references with name of the customer, address, contact person, and telephone number.

Name: PALM BAY FIRE DEPT FACILITIES CAPTAIN-RETIRED	Name:
Contact: LARRY SPURLOCK	Contact:
Address: 5210 FEATHER CREEK DR	Address:
FORT PIERCE, FL 34951	
Telephone: 772-618-5126	Telephone:
Email: LESLAR88@COMCAST.NET	Email:
Name: INDIAN RIVER SHERIFFS DEPT SHERIFF - RETIRED	Name:
Contact: RICHARD BATISTE	Contact:
Address: 6316 4 <sup>th</sup> LANE	Address:
VERO BEACH, FL 34968	
Telephone: 772-559-0409	Telephone:
Email:	Email:

**Contractor's Information Sheet**  
**Supplemental Information to BID 2023-056**

1987 to 1993 my position with BellSouth was Associate Manager-Network Planning and Implantation of a budget totaling 12 million dollars. This should qualify me as being able to handle this project. I retired in 2004 from Bellsouth and formed a Georgia Corporation (2004-2010) named Butch & Cassidy Enterprises. The corporation had four main businesses:

- a. Network Design for AT&T 2005 – 2009 buried, aerial, and underground cable design totaling \$95,000
- b. Property Preservation for Mortgage Companies 2007 – 2010 \$23,000
  - i. Mowing and landscaping properties using 60" zero turn Husky mower
  - ii. Interior renovation on foreclosed properties to make the properties ready for listing
  - iii. Winterizing
  - iv. Note- Property Preservation most closely resembles the work being offered
- c. Handyman Services for the City of Duluth, GA Parks and Recreation 2007 – 2010
  - i. Building decks, repairing soccer stands, vacant building steel door installation, and exterior painting.
- d. Automobile Dismantling 2004 - 2009
- e. While items with my prior Georgia business cannot be confirmed, I have provided names of individual references in Fort Pierce that can confirm:
  - i. Character
  - ii. Willingness to work
  - iii. Reliability
  - iv. Communication
  - v. Satisfactory completion of tasks
  - vi. Dependability
  - vii. Billing accuracy
- f. I retired a second time in 2021 and started GALSCO (Grass and Landscape Services Company) a sole proprietorship. Workers Compensation is NOT required (no employees).

I currently do not have any contractual obligations and can clear my schedule to commit totally to the BID project. If accepted, a yearly schedule of work dates can be provided. My current Auto Business Insurance does not meet the requirements for BID 2023-056. I have arranged and budgeted for Auto Business Insurance and will switch to the new company if my BID is accepted.

## CITY OF FORT PIERCE BIDDER'S 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:**

	YES	NO
Is Invitation to Bid cover page (page 1) completed, signed and attached?	<u>X</u>	<u>      </u>
Include proof of proper licensing as stated in bid documents.	<u>x</u>	<u>      </u>
Include proof of proper insurance as stated in bid documents.	<u>x</u>	<u>      </u>
Did you include a list of all materials and equipment to be used in providing the service?	<u>X</u>	<u>      </u>
Is Drug-Free Workplace form signed and enclosed?	<u>x</u>	<u>      </u>
Is Bid Response Form completed, signed and attached?	<u>X</u>	<u>      </u>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<u>X</u>	<u>      </u>
W-9 Form completed, signed and attached?	<u>X</u>	<u>      </u>
Are complete (2) reference form included?	<u>X</u>	<u>      </u>
Are one (1) complete bid packages included (one original and one USB Drive) <b>ELECTRONIC DEMANDSTAR</b>	<u>      </u>	<u>      </u>
Is each Bid Addendum (when issued) signed and included? <b>NONE ISSUED 8/04/2023</b>	<u>      </u>	<u>      </u>
Bid envelope is marked accordingly. <b>N/A</b>	<u>      </u>	<u>      </u>

**PLEASE SIGN AND RETURN WITH BID** *Serena Jones*