


<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 align="center">CITY OF FORT PIERCE</p>  <p align="center">INVITATION TO BID and BIDDER ACKNOWLEDGMENT</p>
<p>Bid Writer: Latonya Hubbard, 772-467-3102</p>	<p>Bid No: 2023-056</p>
<p>Mandatory Pre- Bid Conference Date: N/A</p>	<p>Bid Title: FPRA PROPERTIES LAWN MOWING AND TRASH REMOVAL SERVICES</p>
<p>Mandatory Pre-Bid Conference Location: N/A</p>	<p>Bid Opening Location: City of Ft. Pierce Purchasing Division Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34950</p>
<p>Bid Due Date & Time: 3:00 PM, TUESDAY, AUGUST 8, 2023</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>J-Mac Cleaning Services</u></p> <p>Mailing Address: <u>7673 LaSalle Blvd</u></p> <p>----- ----- -----</p>	<p><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></p> <p>X <u>Judy Shepard</u> Authorized Signature (Manual)</p>
<p>City, State, Zip Code: <u>MIRAMONTE, FL, 33023</u></p>	<p>Typed or Printed Name: <u>Judy Shepard</u></p>
<p>Type of Entity (Select one): Corporation <input checked="" type="checkbox"/> Partnership _____ Proprietorship _____</p>	<p>Title: <u>President</u></p>
<p>Incorporated in the State of: <u>FL</u> Year: <u>2011</u></p>	<p>Delivery in <u>10</u> days, ARO</p>
<p>Phone Number: <u>305 793-7341</u></p>	<p>Payment Terms: Net 30 Days</p>
<p>Fax Number:</p>	<p>FEIN or SS Number: <u>27-4695598</u></p>
<p>E-Mail Address: <u>Jmaccleaningse@cc@gmail</u></p>	<p>Local Business: <u>Y</u> <input checked="" type="checkbox"/> N MWBE: <u>Y</u> <input type="checkbox"/> N</p>
<p>Bid Security is attached, when required, in the amount of \$ _____ F.O.B. DESTINATION</p>	<p>If returning as a "No Bid" state reason:</p>
<p align="center">THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</p>	

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Judy Shepard	
	2 Business name/disregarded entity name, if different from above J-MAC Cleaning Services	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: 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. <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.) See instructions. 7673 LaSalle Blvd	Requester's name and address (optional)
	6 City, state, and ZIP code Miramar, FL 33023	
	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 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	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
2 7 - 4 6 9 5 5 9 8	

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>8/6/23</u>
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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.

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, later.

021728

Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY

5779202

BUSINESS NAME/LOCATION

J MAC CLEANING SERVICES INC
OPERATING IN DADE COUNTY

RECEIPT NO.

RENEWAL
7052764



EXPIRES

SEPTEMBER 30, 2023

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER

J MAC CLEANING SERVICES INC
C/O JUDY SHEPARD PRES

SEC. TYPE OF BUSINESS

213 SERVICE BUSINESS

**PAYMENT RECEIVED
BY TAX COLLECTOR**

\$75.00 07/05/2022
INT-22-350896

Employee(s) 1

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 6a-276.

For more information, visit www.miamidade.gov/taxcollector



THE SUNRISE CITY
FORT PIERCE
PURCHASING
DEPARTMENT

Florida

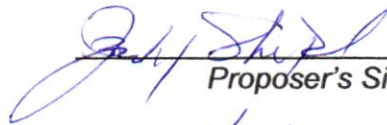
DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that _____ 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
8/6/23

Date



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: City of Fort Lauderdale	Name: Indian River County
Contact: Mark Almy	Contact: Jonathan Billings
Address: 100 N Andrews Ave Fort Lauderdale FL	Address: 5500 77th Street Vero Beach FL
Telephone: (954) 828-5869	Telephone: (772) 588-4492
Email: malmy@fortlauderdale.gov	Email: billingsjonathan@gmail.com
Name:	Name:
Contact:	Contact:
Address:	Address:
Telephone:	Telephone:
Email:	Email:



BID RESPONSE FORM



Bid Item	FPRA PROPERTIES LAWN MOWING AND TRASH REMOVAL SERVICES		
Bid Number	2023-056	Due Date & Time	3:00 PM, Tuesday, August 8, 2023

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 2401-501-0112-000-3	\$ 35-	\$ 665.00
125 & 201 Fisherman's Wharf	2403-4320002-000-4 2403-432-0003-000-1	\$ 80-	\$ 1,520-
Total Cost			\$
324 N. 12 th Street	2409-5160043-000-8	\$ 35	\$ 665-
318 N. 17 th Street	2409-511-0016-000-5	\$ 35	\$ 665-
108 N. 9 th Street	2410-604-0049-000-4	\$ 35	\$ 665-
Total Cost			\$
321 N. 13 th Street, Unit A/B	2409-131-0001-000-1	\$ 35-	\$ 665-
415 N. 9 th Street	2410-601-0034-000-7	\$ 35-	\$ 665-
424 Douglas Ct	2409-501-0199-000-0	\$ 35-	\$ 665-
426 Douglas Ct	2409-501-0200-000-1	\$ 35-	\$ 665-
426 N. 11 th Street	2409-501-0173-000-2	\$ 35-	\$ 665-
427 N. 16 th Street	2409-506-0038-000-9	\$ 35-	\$ 665-
432 N. 19 th Street	2409-603-0072-000-7	\$ 35-	\$ 665-
433 Means Ct.	2409-501-0293-000-9	\$ 35-	\$ 665-
434 N. 15 th Street	2409-503-0033-000-5	\$ 35-	\$ 665-
513 N. 20 th Street	2409-602-0222-000-1	\$ 35-	\$ 665-
612 N. 25 th Street	2404-710-0067-000-3	\$ 35	\$ 665-
Total Cost			\$
806 Avenue E	2410-601-0119-000-7	\$ 35-	\$ 665-
1241 Avenue D	2409-501-0282-000-9	\$ 40-	\$ 760
532 N. 13 th Street – Means Court Center	2009-501-0011-000-9	\$ 120-	\$ 2280-
PAGE TOTAL			\$ 15,105-



BID RESPONSE FORM

Page 2 of 3



Address	Parcel ID	Cost Per Cut	Total Cost (19 cuts x Cost Per Cut)
1212 Avenue D	2409-501-0257-000-5	\$ 35-	\$ 665-
1213 Avenue D	2409-501-0257-000-5	\$ 35-	\$ 665-
1217 Avenue D	2409-501-0256-000-8	\$ 35-	\$ 665-
Total Cost			\$
Dundas Ct	2403-711-0001-000-3	\$ 35-	\$ 665-
Dundas Ct	2410-604-0156-000-7	\$ 35-	\$ 665-
N. 22 nd Street	2404-710-0017-000-8	\$ 35-	\$ 665-
Avenue M	2404-801-0031-000-1	\$ 35-	\$ 665-
1306 N. 16 th Street	2404-808-0021-000-9	\$ 35-	\$ 665-
Avenue I	2404-812-0009-000-2	\$ 35-	\$ 665-
Avenue B	2410-604-0134-000-7	\$ 35-	\$ 665-
424 N. 9 th Street	2410-601-0046-000-4	\$ 35-	\$ 665-
N. 7 th Street (2 Parcels)	2410-601-0182-000-9	\$ 80-	\$ 1520-
	2410-601-0183-000-6		
110 N. 10 th Street (2 Parcels) & Avenue B	2410-604-014-000-9	\$ 200	\$ 3,800-
	2410-604-0169-000-1		
	2410-604-0173-000-2		
PAGE COST			\$ 12,730-
TOTAL BID COST (PAGE 1 + Page 2)			\$ 27,835

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
0	0



BID RESPONSE FORM
Page 3 of 3



Business Name: J-MAC Cleaning Services
Address: 3201 NW 97th Street
City, State, Zip Code: Miami, FL, 33147
Email Address: JMACcleaningServices@gmail.com
Typed Name & Title: Judy Shepard / President
Signature: Judy Shepard **Date:** 8/6/23
Telephone No.: (305) 293-7340 **Fax No.:** _____

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

Remit To: 7673 LaSalle Blvd
Miami, FL, 33023

Check below for applicable minority indicator:

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

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper licensing as stated in bid documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Include proof of proper insurance as stated in bid documents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is Drug-Free Workplace form signed and enclosed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is Bid Response Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W-9 Form completed, signed and attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are references included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the correct number of copies included (one original and one USB Drive)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is each Bid Addendum (when issued) signed and included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bid envelope is marked accordingly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

PLEASE SIGN AND RETURN WITH BID

