

DELIVER TO: City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34950 MAIL TO: City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480	CITY OF FORT PIERCE  INVITATION TO BID and BIDDER ACKNOWLEDGMENT
Bid Writer: Latonya Hubbard, 772-467-3102	Bid No: 2023-056
Mandatory Pre- Bid Conference Date: N/A	Bid Title: FPRA PROPERTIES LAWN MOWING AND TRASH REMOVAL SERVICES
Mandatory Pre-Bid Conference Location: N/A	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: 3:00 PM, TUESDAY, AUGUST 8, 2023	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: STS MAINTAIN SERVICES, INC. ----- Mailing Address: 2061 SW Racquet Club Drive ----- ----- -----	<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> x  Authorized Signature (Manual)
City, State, Zip Code: Palm City, FL 34990	Typed or Printed Name: Elizabeth N. Farrara
Type of Entity (Select one): Corporation <input checked="" type="checkbox"/> _____ Partnership <input type="checkbox"/> _____ Proprietorship <input type="checkbox"/> _____	Title: President
Incorporated in the State of: Florida Year: 2008	Delivery in <u>7</u> days, ARO
Phone Number: 772-473-1900	Payment Terms: Net 30 Days
Fax Number: N/A	FEIN or SS Number: 26-3785446
E-Mail Address: stsmaintainservices@gmail.com	Local Business: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N MWBE: <input type="checkbox"/> Y <input type="checkbox"/> N
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	



DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that
STS MAINTAIN SERVICES, INC. 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.

Elizabeth Ferrara

Proposer's Signature

7/27/23

Date



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 Port St. Lucie	Name: Indian River County Road & Bridge Dept
Contact: Roger Jacob, Facilities Maintenance Director	Contact: Danny Ooley, Superintendent
Address: 121 SW Port St Lucie Blvd	Address: 1801 27th St., Bldg A
Port St Lucie, FL 34984	Vero Beach, FL 32960
Telephone: 772-281-9252, 772-344-4220	Telephone: 772-453-3617
Email: roger.jacob@cityofpsl.com	Email: dooley@ircgov.com
Name: The ARC of Martin & St Lucie Counties	Name: St Lucie County Road & Bridge Dept
Contact: Bert Suarez	Contact: Derek Moore, Road & Bridge Project Mgr
Address: 2001 South Kanner Hwy	Address: 2300 Virginia Ave
Stuart, FL 34994	Fort Pierce, FL 34982
Telephone: 772-618-0247, 772-283-2525	Telephone: 772-462-2842, 772-267-0907
Email: asuarez@arcmc.org	Email: moorede@stlucieco.org

**Request for Taxpayer
Identification Number and Certification**

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

Name (as shown on your income tax return)
STS MAINTAIN SERVICES, INC.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Exemptions (see instructions):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
2061 SW Racquet Club Dr

City, state, and ZIP code
Palm City, FL 34990

List account number(s) here (optional)

Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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.

Social security number

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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

2	6	-	3	7	8	5	4	4	6
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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 ▶ *Elizabeth Farrara* Date ▶ 7/27/23

General Instructions

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

Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.



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	\$ 50.	\$ 950.
125 & 201 Fisherman's Wharf	2403-4320002-000-4 2403-432-0003-000-1	\$ 75.	\$ 1,425.
Total Cost			\$ 2,375.
324 N. 12 th Street	2409-5160043-000-8	\$50.	\$ 950.
318 N.17 th Street	2409-511-0016-000-5	\$50.	\$ 950.
108 N. 9 th Street	2410-604-0049-000-4	\$75.	\$ 1,425.
Total Cost			\$ 3,325.
321 N. 13 th Street , Unit A/B	2409-131-0001-000-1	\$75.	\$ 1,425.
415 N. 9 th Street	2410-601-0034-000-7	\$ 75.	\$ 1,425.
424 Douglas Ct	2409-501-0199-000-0	\$ 75.	\$ 1,425.
426 Douglas Ct	2409-501-0200-000-1	\$ 75	\$ 1,425.
426 N. 11 th Street	2409-501-0173-000-2	\$ 50.	\$ 950.
427 N. 16 th Street	2409-506-0038-000-9	\$ 50.	\$ 950.
432 N. 19 th Street	2409-603-0072-000-7	\$ 75	\$ 1,425.
433 Means Ct.	2409-501-0293-000-9	\$ 75.	\$ 1,425.
434 N. 15 th Street	2409-503-0033-000-5	\$ 75.	\$ 1,425.
513 N. 20 th Street	2409-602-0222-000-1	\$ 75.	\$ 1,425.
612 N. 25 th Street	2404-710-0067-000-3	\$ 75.	\$ 1,425.
Total Cost			\$ 14,725.
806 Avenue E	2410-601-0119-000-7	\$ 100.	\$ 1,900.
1241 Avenue D	2409-501-0282-000-9	\$ 100.	\$ 1,900.
532 N. 13 th Street – Means Court Center	2009-501-0011-000-9	\$ 225.	\$ 4,275.
PAGE TOTAL			\$ 28,500.



BID RESPONSE FORM



Address	Parcel ID	Cost Per Cut	Total Cost (19 cuts x Cost Per Cut)
1212 Avenue D	2409-501-0257-000-5	\$ 40.	\$ 760.
1213 Avenue D	2409-501-0257-000-5	\$ 40.	\$ 760.
1217 Avenue D	2409-501-0256-000-8	\$ 50.	\$ 950.
Total Cost			\$ 2,470.
Dundas Ct	2403-711-0001-000-3	\$ 75.	\$ 1,425.
Dundas Ct	2410-604-0156-000-7	\$ 75.	\$ 1,425.
N. 22 nd Street	2404-710-0017-000-8	\$ 75.	\$ 1,425.
Avenue M	2404-801-0031-000-1	\$ 75.	\$ 1,425.
1306 N. 16 th Street	2404-808-0021-000-9	\$ 75.	\$ 1,425.
Avenue I	2404-812-0009-000-2	\$ 75.	\$ 1,425.
Avenue B	2410-604-0134-000-7	\$ 75.	\$ 1,425.
424 N. 9 th Street	2410-601-0046-000-4	\$ 100.	\$ 1,900.
N. 7 th Street (2 Parcels)	2410-601-0182-000-9	\$ 150.	\$ 2,850.
	2410-601-0183-000-6		
110 N. 10 th Street (2 Parcels) & Avenue B	2410-604-014-000-9	\$ 250.	\$ 4,750.
	2410-604-0169-000-1		
	2410-604-0173-000-2		
PAGE COST			\$ 21,945.
TOTAL BID COST (PAGE 1 + Page 2)			\$ 50,445.

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE



BID RESPONSE FORM

Page 3 of 3



Business Name: STS MAINTAIN SERVICES, INC.

Address: 2061 SW Racquet Club Drive

City, State, Zip Code: Palm City, FL 34990

Email Address: stsmaintainservices@gmail.com

Typed Name & Title: Elizabeth N. Farrara, President

Signature: *Elizabeth Farrara* **Date:** 7/27/23

Telephone No.: 772-473-1900 **Fax No.:** N/A

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

PLEASE SIGN AND RETURN WITH BID

Elizabeth Ferrara