

## *Letter of Transmittal*

*To whom it may concern,*

*This letter will summarize in a brief and concise manner our understanding of the Scope of Work.*

*We at Mow 4 Less LLC have been servicing municipalities for many years. Our staff and management have decades of experience in grounds maintenance and property preservation. We are currently doing this type of work, so we have a clear and concise understanding of the City's requirements. Our reputation speaks for itself. We are committed to quality service which in turn produces an exceptional product. We are goals oriented. Meeting set deadlines are, are first priority. We strive for the innovation our craft.*

*Andrew Kissoon is the owner and operator. We look forward for the opportunity to continue serve you.*

*Sincerely,*



*Mow 4 Less LLC.  
Andrew Kissoon, owner  
308 S. 30 St  
Fort Pierce FL. 34947  
772-201-7655*

## ***Organizational Profile***

Mow 4 Less LLC. is a solely owned corporation by Andrew Kissoon. We are a family run business. Our staff includes field managers, team leaders and hands on ownership. Management and team leaders work together daily with staff, to produce a flawless product.

We have been managing and maintaining large projects for many years. And we have not lost or forfeited any project due to management, quality or lack of funding.

Andrew Kissoon manages and supervises all projects. Our primary work force is locals. This not only benefits our local economy, it also strengthens it. We employ on average 8-12 individuals year round.

We are steps above our competition by implementing our key management strategies.

The key components of our project management plan are as follows:

- \* *Project Objectives*
- \* *Schedule Management*
- \* *Cost Management*
- \* *Resource Management*
- \* *Communication Plan*
- \* *Procurement Management*
- \* *Project Organization*

We have been awarded and fulfilled several multi-million dollar contracts in and around the county throughout the years. And we have never filed for bankruptcy or hardships. We have the resources and cash flow to handle this project.

We are financially stable, with various streams of income. Below are some key points.

***Current cash flow:*** .Our monthly income and monthly expenses leave us with a surplus. Surplus funds each month are then allocated to various projects the following months.

***Net worth:*** The business is valued over several million dollars.

***Goals:*** As any business profitability and sustainability is what to strive for.

***Asset allocation:*** Includes but not limited to, lines of credit, short term loans and cash surplus.

# ANDREW KISSOON

308 S. 30 St. | Fort Pierce Fl. 34947 | 772-201-7655 | Andrewkissoon@aol.com

## OBJECTIVE

*Promote and implement effective property management practices.*

## SKILLS PROFILE

- *20 years of residential construction and property management*
- *Commercial Landscape maintenance Holder license #LC216453 Florida Dept. Of Agriculture*
- *Licensed Commercial fertilizer Applicator*
- *FDOT certified traffic maintenance operator*
- *Arborist*
- *Certified in the removal of Brazilian pepper, Tropical Soda apple*
- *Over ten years of experience in the landscaping industry*
- *Heavy Equipment operator*
- *Certified Handyman License St. Lucie County*

## EDUCATION

<i>High School of Graphic Communication Arts</i>	<i>Graduated 1991</i>
<i>New York City Technical College</i>	
<i>Associates Degree in Graphic Communications</i>	<i>Graduated 1995</i>
<i>Bachelors Degree in Arts</i>	<i>Graduated 1998</i>

## EMPLOYMENT HISTORY

<b>Owner, Mow4 Less Lawn Care LLC.</b>	2008— present
<i>Fort Pierce, Fl</i>	

- *Manage daily operations*
- *Scheduling and estimating of projects*
- *Bid procurement*
- *Maintenance and repair of equipment*
- *Employee training and staffing*

<b>Manager, First Choice Enterprises</b>	1994 — 2006
<i>New York, NY</i>	

- *Manage daily operations*
- *Employee scheduling*
- *Sales and service*
- *Equipment repair*



# City of Fort Pierce

## LOCAL BUSINESS TAX RECEIPT

Please post in a conspicuous place or keep on person.

<b>Business Name / Mailing Address:</b>	<b>Owner:</b>
MOW 4 LESS LAWN CARE LLC 308 S 30TH ST  FT PIERCE FL 34950	MOW 4 LESS LAWN CARE LLC

**Parcel ID/Business Location\*:** 2408-806-0008-000/8, 308 S 30TH ST

\*This local business tax receipt is valid at this location only.

<b>Date Issued</b>	<b>Expiration Date</b>	<b>Control Number</b>
November 30, 2023	September 30, 2024	0043527

The business stated above may be engaged in the following business, profession or occupation at the location above-described.

BTR #	Classification	Restrictions
24-00025572	LAWN SERVICE AND CARE	LAWN CARE - HOME OCCUPATION. MUST COMPLY SEC 22-63

<b>Tax Amount</b>	\$93.36
<b>New/Renewal Fee</b>	\$5.00
<b>Penalty</b>	\$14.00
<b>Total</b>	\$112.36

*Linda W Cox*

Linda W. Cox, City Clerk (SEAL)



THIS IS A RECEIPT FOR TAX PAID AND IS NOT REGULATORY IN NATURE. This receipt does not warrant that the receipt holder is competent to perform in the business, but that the holder has paid the required tax and provided the necessary documentation (if required) for this business. Valid only when all state and local regulated trade licenses/competency cards are valid for the current fiscal year as required by law. This receipt becomes null and void if business name, classification, ownership or address is changed.



THE SUNRISE CITY  
**FORT PIERCE**  
*Florida*

### ***Scope of Work***

We have read over the bid documents in its entirety and have the skills, resources, funding and man power to execute this contract. Our company has been doing this type of work for over a decade.

### ***Technical Approach***

*Duration- 1 day, (based on an average size lot)*

*Number of employees- minimum of 6*

*Skilled positions- Mowers- 2*

*Supervisor/Staff support/ Driver-1*

*Trimmers/weedeaters-2*

*Edgers /Blowers- 1*

*Trash/ Debris- 1 (more if needed)*

All trash on turf areas will be picked up before mowing. Mowing, weed eating and edging will be done simultaneously. After these tasks are completed the crew will clean up all serviced areas. Concluding with blowing and any residual trash removal. This is all based on ideal weather conditions.

### ***Technical Capabilities***

As a company we are technically capable managing this project. One of our main attributes is our low turnover rate. This ensuring tenured and competent staffing are employed permanently. Additionally this maintains our core workforce. In house and update training of company techniques, policy and procedures are continuously available for staff. The majority of our equipment is new, ensuring zero down time. Each staff member is proficient in specific and broad technical skills ensuring a high quality of service. A supervisor will be onsite delegating work and positions daily.

### ***Demonstrated Experience***

We have been servicing municipalities for many years. Our scheduling and management techniques allow us to stay on schedule and under budget. Quality control is our first priority. All of our staff monitor and maintain job awareness ensuring an excellent final product. Here's a brief list of satisfied customers.

*St. Lucie County Road and Bridge*

*St. Lucie County School District*

*St. Lucie County Bailing and Recycling*

*Fort Pierce Utilities Authorities*

*City Of Fort Pierce /Code Enforcement*

## ***Staffing Standards***

**Training-** All staff has a minimum of one year experience in grounds maintenance. We also educate when new techniques and procedures are available. We implement an employee training and development program that helps our employees become better at their jobs and overcome performance gaps that are based on lack of knowledge or skills. This can help us and our teams be more productive and obtain improved business outcomes, leading to a competitive advantage over other companies. In addition our employee training programs and development also helps with succession planning by helping to identify high-performing employees and then assisting those employees with the development of the knowledge and skills they need to advance into more senior roles.

**Monitoring-** All staff are monitored daily. On the job site a supervisor will observe and enforce safe working conditions, he will also ensuring a high quality of workmanship.

**Screening-** Staff is screened at the local level to meet company standards. We promote a drug free work place.

**Retained-** Our retention policy promotes career development, rewards and recognition (R&R), and flexible working arrangements have been put in place to offer a great employee experience. All of our staff is employed from the community. They are given equal opportunity to excel based on performance, attendance, punctuality and teamwork to name a few.

## ***Performance Monitoring***

What staff performance monitoring means to us. It is using specific methods to identify whether employees are completing their tasks effectively and to a high standard. It is essential to monitor employee performance to ensure that they are aligned with our goals and objectives.

An onsite supervisor will monitor daily activity. He will report to staff any discrepancies and oversights to get them rapidly resolved. Quality control is our number one goal.

Evaluation format as follows.

- 1- *Reviewing work, either total output or samples.*
- 2 -*Observing employee work activities.*
- 3 -*Reading reports, charts, time sheets, work records, or logs, etc.*
- 4 -*Self-reporting on progress by the employee.*
- 5 -*Surveying others, the public, or clients of the services.*
- 6 -*Noting and investigating complaints and commendations.*

**PROPOSAL PRICE SHEET**

Cost of Work shall cover all work to be performed by the Contractor under this section including all labor, supervision, equipment, machinery, tools, materials, transportation, insurance, and all other incidentals necessary to comply with the specifications required to perform nuisance abatement services requested by the City.

JOB TITLE	DESCRIPTION	PROPOSED PRICE (HOURLY)
Lot Clearing	Lift trees / remove underbrush / cut grass / trim bushes – per man hour.	\$ 35.00 per hr.
Junk / Debris Removal	Price per pound or per man hour.	\$ 35.00 per hr.
Tree Timming / Removal Services	Cost per tree or per man hour.	\$ 35.00 per hr.
Tire Disposal	Price per tire or per pound.	\$ 60.00 per 100lbs
Securing Vacant Structures	Windows and doors secured either with painted wood supplied by the vendor or with clear board provided by the City – per man hour.	\$ 65.00 per hr.
Mowing	Grass only / minor trash and debris – per man hour.	\$ 35.00 per hr.

The hourly rate is fully burdened to include all costs. No additional reimbursement expenses shall be billed.

Company: Mow 4 Less LLC.

Address: 308 S. 30 St.

City, State, Zip code: Fort Pierce FL 34947

Phone Number: 772-201-7655 Email: Mow4Less.AK@gmail.com

Authorized Signature: 

Printed Name: Andrew Kissoon

Title: owner Date: 9.23.24

EQUIPMENT 2024	COST	DEPRECIATED VALUE	PURCHASED CONDITION	Hours Of Use	Comments
John Deere WG36A (2019)	3600		NEW	75	
John Deere BC1324 (2020)	2160		NEW	10	
John Deere Z925A 54 (2022)	6500		USED	1400	
John Deere Z930M (2023)	13099.10		2023		
Dixie Chopper 44 (2015)	5600		NEW	204	
John Deere Z930M 60 (2023)	9800		New	68	
Toro Z master 61	7500		used	1200	
John Deere Z920(2023)	9200		new	605	
John Deere Z920(2020)	9200		new	766	
John Deere Z920(2023)	9200		new	550	
John Deere Z920(2018)	9200		new	805	
John Deere WH48A(2018)	4800		new	100	
John Deere 636 (2017)	8600		new	2	
Enclosed Trailer 7x20	6200		new		
John Deere 5075	28920		New		
7x16 Utility Trailer	2000		new		
Enclosed Trailer 7x18	4500		new		
18 x 6.10 Utility Trailer	2200		new		
7.5 x 12 Utility Trailer	1800		new		
Stihl Hedge Trimmer HL 90	439.95		NEW		
Stihl Hedge Trimmer HL 90	439.95		NEW		
Stihl Pole Saw HT 130	529.95		NEW		
Stihl Edger FC 90	349.95		NEW		
Stihl Edger FC 90	349.95		NEW		
Stihl Edger FC 90	349.95		NEW		
Stihl Edger FC 90	349.95		NEW		
Stihl Chain saw 192 TC	319.95		NEW		
Stihl Blower BG 55	149.95		NEW		
Stihl Trimmer FS 130	399.95		NEW		
Stihl Blower BG 86	249.95		NEW		
Stihl Blower BG 56	209.95		NEW		
Echo Trimmer GT 225	159.99		NEW		
Echo Trimmer GT 230	249.99		NEW		
Echo Edger 225	230.99		new		
Echo Hedge Trimmer HC-235	489.99		NEW		
Echo Hedge Trimmer HC-235	489.99		NEW		
Echo Hedge Trimmer SHC-225	359.99		new		
Echo Hedge Trimmer HC-152	289.99		NEW		
Echo Hedge Trimmer HC-165	469.99		new		
Echo CS310	212.98		new		
Echo CS330T	269.99		new		
Echo CS450	389.99		new		

Echo CS370	279.99		NEW		
Echo CS341	225		USED		
Echo SRM 225 Trimmer	219.99		NEW		
Echo SRM 225 Trimmer	160		USED		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
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Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 266 Trimmer	309.99		NEW		
Echo SRM 266 Trimmer	250		USED		
Echo SRM 230 (2013)	289.99		NEW		
Echo Pas 266	299.99		NEW		
Echo Pas Pole saw	199.99		NEW		
Echo Blower PB 250	199.99		NEW		
Echo Pole Saw PPF210	250		USED		
Echo Edger PE- 266	349.99		NEW		
Echo Blower PB265	269.99		NEW		
Echo Blower PB 500	329.99		NEW		
Echo Blower PB 500	329.99		NEW		
Echo Blower PB755	369.99		new		
Echo Blower PB755	369.99		new		
Ford F250			2003		
Ford F150			2008		
GMC 3500			2004		
Ram 3500			2023		
Ford E350			2010		













05/10/2024  
09:56



05/10/2024  
09:58



## ***Additional Services***

We are a full service landscape management/ property preservation company. We specialize in neglected properties. Below is a list of some additional services we provide, but not limited too.

*Bush Hogging/ extreme mowing*

*Landscaping*

*Tree trimming, pruning, removal*

*Planting*

*Hurricane Cleanup*

*Pest control*

*Fertilization*

*Weed control*

*Beautification*

*Sod Installation*

*Garbage trash removal*

*Property securement*

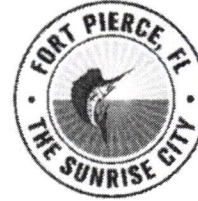
*Painting*

**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



**REQUEST FOR PROPOSALS  
and  
PROPOSER ACKNOWLEDGMENT**

Bid Writer: Madison White, 772-467- 3102

RFP No: 2024-048

Pre-Proposal Conference Date:  
N/A

RFP Title: NUISANCE ABATEMENT  
SERVICES (REBID)

Mandatory Pre-Proposal Location:  
N/A

RFP Opening Location:  
City of Ft. Pierce Purchasing Division  
Room 101  
100 North U.S. #1, 1st Floor  
Ft. Pierce, Florida 34950

RFP Due Date & Time:  
3:00 PM, MONDAY, SEPTEMBER 30, 2024

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.

Proposer Name: Mow 4 Less LLC.

Mailing Address: 308 S. 30 St.

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 Andrew Kissoon  
Authorized Signature (Manual)

City, State, Zip Code:  
Fort Pierce FL 34947

Typed or Printed Name:  
Andrew Kissoon

Type of Entity (Select one):  
Corporation X  
Partnership \_\_\_\_\_  
Proprietorship \_\_\_\_\_

Title: owner

Incorporated in the State of: FL Year: 2013

Delivery in \_\_\_\_\_ days, ARO

Phone Number: 772-201-7655

Payment Terms: Net 30 Days

Fax Number: 772-595-6505

FEIN or SS Number: 46-2009882

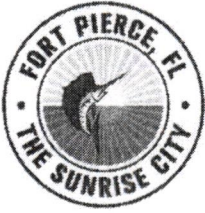
E-Mail Address: Mow 4 Less.AK@gmail.com

Local Business: X 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**




## DRUG FREE WORKPLACE FORM

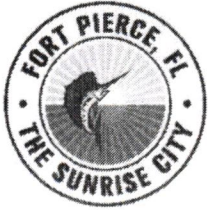
The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that  
Mow 4 Less LLC. does:  
(Name of Business)

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 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 employees 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

9.23.24  
Date



NON-COLLUSION AFFIDAVIT  
FOR PRIME BIDDER

STATE OF Florida

COUNTY OF St. Lucie

Andrew Kissoon, being first duly sworn, deposes  
and says:

That he is owner  
(a partner or officer of the firm, etc.)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed directly or indirectly with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any person, to fix the bid price of affiant or of any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the City of Fort Pierce, of the County of St. Lucie, or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

Mow A Less LLC.  
(Firm Name)

By: [Signature]

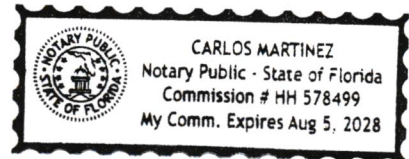
Title: owner

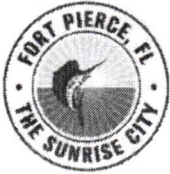
Subscribed and sworn to before me this 23  
day of September, 2024.

[Signature]  
Notary Public

My Commission expires: (Seal)

08/05/2028





**PUBLIC ENTITY CRIMES AFFIDAVIT**  
SWORN STATEMENT UNDER SECTION 287.133(3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted by City of Fort Pierce  
(Print name of the public entity).  
by Andrew Kissoon, owner  
(Print individual's name and title)  
for Mow 4 Less LLC.  
whose business address is 308 S. 30 St. Fort Pierce Fl. 34947

(If applicable) its Federal Employer Identification Number (FEIN) is 46-2009882

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement. On the attached sheet). Required as per the IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
- A predecessor or successor of a person convicted of a public entity crime: or
  - An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

X Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order)**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

  
(Signature)

9-23-24  
(Date)

STATE OF Florida

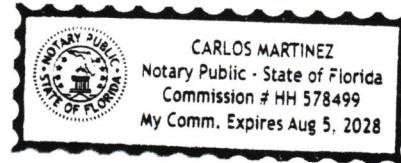
COUNTY OF St. Lucie

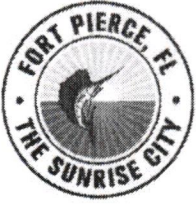
PERSONALLY APPEARED BEFORE ME, the undersigned authority Andrew Kissoon  
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this  
day 23 of September, 2024.

Carlos Martinez  
(NOTARY PUBLIC)

My Commission Expires: 08/05/2028





## CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: Mow 4 Less LLC.

Respondent's Authorized Representative Name and Title: Andrew KISSOON, owner

Address: 308 S. 30 St.

City: Fort Pierce State: Fl. Zip: 34986

Phone Number: 772-201-7655 Respondent FEIN: 46-2009882

Email Address: Mow4Less.AK@gmail.com

Section 287.135, Florida Statutes prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of any amount if, at the time of contracting or renewal, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. Section 287.135, Florida Statutes, also prohibits a company from bidding on, submitting a proposal for, or entering into or renewing a contract for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector Lists which were created pursuant to s. 215.473, Florida Statutes.

### Certification:

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or the Scrutinized Companies that Boycott Israel List. I further certify that the company is not engaged in a boycott of Israel. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.



**CITY OF FORT PIERCE**  
**AFFIDAVIT REGARDING THE USE COERCION FOR**  
**LABOR OR SERVICES**

Vendor name: Mow 4 Less LLC.

Authorized Representative's Name and Title: Andrew KISSOON, owner

Address: 308 S. 30 St.

City: Fort Pierce State: Fl. Zip Code: 34947

Phone Number: 772-201-7655 Email Address: Mow4Less.AK@gmail.com

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

By:  Andrew Kisson, owner 9.23.24  
 Authorized Signature Printed Name and Title Date

STATE OF FLORIDA  
COUNTY OF St. Lucie

Sworn (or affirmed) and subscribed before me by means of

physical presence or  online notarization

this 23 day of September, 2024 by Andrew Kissoon, who is

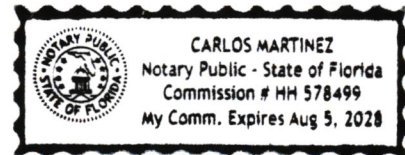
personally known or

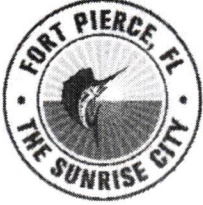
produced identification (ID produced: FL Driver License).

Notary Public Signature: [Signature] (Seal)

Print Name: Carlos Martinez

My Commission Expires: 08/05/2028





# E-VERIFY AFFIRMATION STATEMENT

## Description: Nuisance Abatement Services (Rebid)

Pursuant to Section 448.095, Florida Statutes, Contractor/Proposer/Responder acknowledges and agrees:

- (a) to register with and use the E-Verify System to verify the work authorization status of all persons employed by the Contractor/Proposer/Responder to perform employment duties during the term of the Contract, and
- (b) to require any subcontractor (as defined in Section 448.095, Florida Statutes) assigned by Contractor/Proposer/Respondent to perform work pursuant to the Contract to register with and use the E-Verify System to verify the work authorization status of all persons employed by the subcontractor during the term of the Contract, and
- (c) if Contractor/Proposer/Responder enters into a contract with a subcontractor, Contractor/Proposer/Responder shall obtain an affidavit from every subcontractor stating the subcontractor does not employ, contract with, or subcontract with an unauthorized alien and the Contractor/Proposer/Responder shall maintain a copy of such affidavit for the term of the Contract, and
- (d) the Contractor/Proposer/Bidder shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

Contractor/Proposer/Bidder Company Name: Mow 4 LESS LLC.

Authorized Company Person's Signature: Andrew Kissoon

Authorized Company Person's Title: owner

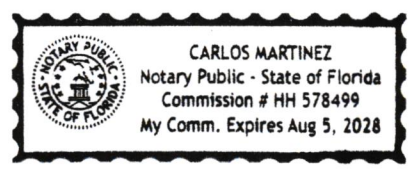
Date: 9.23-24

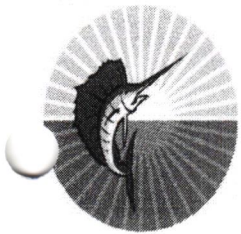
STATE OF FLORIDA  
COUNTY OF St. Lucie

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this 23 day of September, 2024 by Andrew Kissoon, who is  personally known or  produced identification (ID produced: FL Driver License).

Signature: [Handwritten Signature] (Seal)  
NOTARY PUBLIC

My Commission Expires: 08/05/2028





THE SUNRISE CITY  
**FORT PIERCE**  
PURCHASING  
DEPARTMENT

**FORT PIERCE**  
*Florida*

## REFERENCES

### RFP NO. 2024-048 NUISANCE ABATEMENT SERVICES

Contact Person & Title	Dereck Moore
Email Address	MooreDe@StLucieco.org
Phone No.	772-267-0907
Company Name	St. Lucie County
Mailing Address	3071 Oleander Ave.
City, State, Zip	Fort Pierce Fl. 34982
Type of commercial work contracted	Mowing
Contact Person & Title	Joel Spades
Email Address	Jspades@FPUA.com
Phone No.	772-579-0916
Company Name	FPUA
Mailing Address	500 Boston Ave
City, State, Zip	Fort Pierce Fl. 34950
Type of commercial work contracted	Grounds Maintenance

## CITY OF FORT PIERCE CHECKLIST

This checklist is provided to assist each Proposer in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Proposer 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 Proposer to read and comply with the Request for Qualifications in its entirety.

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

	YES	NO
Is Request for Qualifications cover page (page 1) completed, signed and attached?	✓	
Include proof of proper insurance as stated in bid documents.	✓	
Are all of the Required forms complete and included?	✓	
Is each Addendum (when issued) signed and included?	✓	
Have you checked your proposal for proper organization, tabs are correct?	✓	
Are you in compliance with the page limitations?	✓	
<b>Hard Copy Submissions.</b> Confirmation of one (1) original and one (1) copy on USB Drive.	✓	
Did you submit your proposal electronically?		✓
Have you made sure your corporate address matches your Sunbiz information ?	✓	
Are you registered on Demandstar to received addendums	✓	
Have all areas of the RFP forms and related documents been signed off by and authorized agent of the company and / or witnessed / notarized where applicable?	✓	

PLEASE SIGN AND RETURN WITH BID \_\_\_\_\_

*[Handwritten Signature]*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2023

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 Agrillo Insurance Agency  49 SW Monterey Rd. Stuart, Fl. 34994	CONTACT NAME: Anthony Agrillo	
	PHONE (A/C, No, Ext): 772-287-1560	FAX (A/C, No):
	E-MAIL ADDRESS: tony@agrilloins.com	
INSURED  MOW 4 LESS LAWN CARE LLC  308 S. 30TH STREET Fort Pierce, Fl. 34957	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Burlington Insurance Company	NAIC #: 23620
	INSURER B: Progressive Express Ins.	10193
	INSURER C: Florida Citrus, Business & Industries Fund (FCBI)	31259
	INSURER D:	
	INSURER E:	
	INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** 26-19-8-1      **REVISION NUMBER:** updated Auto, WC, GL

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.

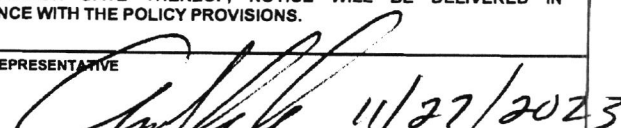
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		164B567585	09/26/2023	09/26/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		02484203-10	11/15/2023	11/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y    N/A	10664799-2023	10/04/2023	10/04/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Lawn maintenance, Tree trimming from the ground-up and spraying.

1. As respect to Insured's General Liability (GL) Insurance # 164B567585 policy terms and conditions; it includes the Blanket Additional Insured; to the benefit of said Certificate Holder per written agreement. See attached Burlington Insurance endorsement terms & conditions (form # CG 20 33 12 19) .

**CERTIFICATE HOLDER****CANCELLATION**

City of Fort Pierce  P.O. Box 1480 Fort Pierce, 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  11/27/2023
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## 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.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Mow 4 Less LLC.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> 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.  <input 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  <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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 <b>not</b> 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) ▶	<b>4</b> 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>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>308 S. 30 St.</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Fort Pierce Fl. 34947</b>	
<b>7</b> 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.

<b>Social security number</b>															
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<b>or</b>															
<b>Employer identification number</b>															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> </tr> </table>	4	6	-	2	0	0	9	8	8	2					
4	6	-	2	0	0	9	8	8	2						

### 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>5-1-24</b>
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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-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.*