
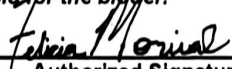


<b>DELIVER TO:</b> City of Fort Pierce, Purchasing Division Room 101 100 North U.S. #1 Fort Pierce, FL 34960  <b>MAIL TO:</b> City of Fort Pierce Purchasing Division, Room 101 P.O. Box 1480 Fort Pierce, FL 34964-1480	<b>CITY OF FORT PIERCE</b>    <b>INVITATION TO BID and BIDDER ACKNOWLEDGMENT</b>
<b>Bid Writer:</b> Madison White, 772-467- 3102	<b>BID NO:</b> 2026-004
<b>Pre-Qualification Conference Time &amp; Date:</b> N/A	<b>Bid Title:</b> CITY PARK RESTROOM CLEANING
<b>Pre-Qualification Conference Location:</b> N/A	<b>Bid Opening Location:</b> City of Ft. Pierce Purchasing Division Room 101 100 North U.S. #1, 1st Floor Ft. Pierce, Florida 34960
<b>Bid Due Date &amp; Time:</b> 3:00 PM, TUESDAY, OCTOBER 28, 2025	If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this division as soon as possible.
<b>Bidder Name:</b> Morivalous Cleaning Inc. ----- <b>Mailing Address:</b> 1922 N 45th St ----- ----- -----	<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)
<b>City, State, Zip Code:</b> Ft.Pierce, FL 34947	<b>Typed or Printed Name:</b> Felicia Morival
<b>Type of Entity (Select one):</b> Corporation <input checked="" type="checkbox"/> _____ Partnership <input type="checkbox"/> _____ Proprietorship <input type="checkbox"/> _____	<b>Title:</b> President
<b>Incorporated in the State of:</b> FL <b>Year:</b> 2014	<b>Delivery in</b> _____ <b>days, ARO</b>
<b>Phone Number:</b> (772)985-8475	<b>Payment Terms:</b> Net 30 Days
<b>Fax Number:</b>	<b>FEIN or SS Number:</b> 46-5424063
<b>E-Mail Address:</b> fmorival@morivalous.com	<b>Local Business:</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <b>MWBE:</b> <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
<b>Bid Security is attached, when required, in the amount of \$</b> _____ F.O.B. DESTINATION	<b>If returning as a "No Bid" state reason:</b>
<b>THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR BID</b>	



## DRUG~FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certified that  
Morivalous Cleaning 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 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 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.

Peter Mair  
Bidder's Signature

6/11/2025  
Date

10/28/25  
fu



# NON-COLLUSION AFFIDAVIT FOR PRIME BIDDER

STATE OF FLORIDA

COUNTY OF BREVARD

FENCIA MORUM, being first duly sworn, deposes  
and says:

That he is President  
(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.

Morivalous Cleaning Inc.  
(Firm Name)

By: Fek Mial

Title: President

Subscribed and sworn to before me this 11

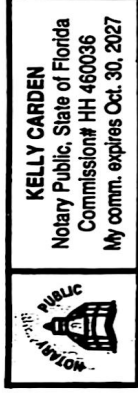
day of, JUNE 2023.

2025

Kugel  
Notary Public

My Commission expires: (Seal)

10-30-27





**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 Felicia Morival / Resident  
for Morivalous Cleaning Inc.  
(Print individual's name and title)  
whose business address is 1922 N 45th St. Ft. Pierce FL 34947  
(If applicable) its Federal Employer Identification Number (FEIN) is 46-5424063

(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. A predecessor or successor of a person convicted of a public entity crime:  
or  
b. 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. 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.

5. 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.)**



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, FWRIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

  
\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
6/11/25  
(Date)

STATE OF FLORIDA

COUNTY OF BREVARD

PERSONALLY APPEARED BEFORE ME, the undersigned authority FRANCIS MOSE (MR)  
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this

day 11 of JUNE, 2025.

Kelly Carden  
(NOTARY PUBLIC)

My Commission Expires: 10/30/27





# E-VERIFY AFFIRMATION STATEMENT

**Description:** City Park Restroom Cleaning

Pursuant to Section 448.095, Florida Statutes, Contractor/Bidder/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/Bidder/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/Bidder/Responder 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/Bidder/Responder enters into a contract with a subcontractor, Contractor/Bidder/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/Bidder/Responder shall maintain a copy of such affidavit for the term of the Contract, and
- (d) the Contractor/Bidder/Bidder shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

Contractor/Bidder/Bidder Company Name: Maryalou's Cleaning Inc.

Authorized Company Person's Signature: [Signature]

Authorized Company Person's Title: President

Date: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF BREVARD

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this 11 day of JUNE, 2025 by FELICIA MARYALOU, who is

personally known or  produced identification (ID produced: FDL).

Signature: [Signature] (Seal)  
NOTARY PUBLIC

My Commission Expires: 10-30-27





## CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: <u>Morivalous Cleaning Inc.</u>	
Respondent's Authorized Representative Name and Title: <u>Felicia Morival / President</u>	
Address: <u>1982 N 45<sup>th</sup> St.</u>	
City: <u> Ft. Pierce </u>	State: <u> FL </u> Zip: <u> 34947 </u>
Phone Number: <u> (772) 985-8475 </u>	Respondent FEIN: <u> 46-5424063 </u>
Email Address: <u> Fmorival@morivalous.com </u>	

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.,

Certified By: <u> Felicia Morival </u>	
who is authorized to sign on behalf of the above referenced company.	
Authorized Signature Print Name and Title: <u> Felicia Morival / President </u>	
Date: <u> 6/11/25 </u>	



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

Vendor name: Morivalous Cleaning Inc  
Authorized Representative's Name and Title: Felicia Morival / President  
Address: 1922 N 45th St.  
City: Fort Pierce State: FL Zip Code: 34947  
Phone Number: (772) 985-8475 Email Address: Fmorival@morivalous.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: Felicia Morival Felicia Morival / President 6/11/25  
Authorized Signature Printed Name and Title Date

Page 2 of 2  
Affidavit – Use of Coercion for Labor or Services Form

STATE OF FLORIDA  
COUNTY OF SPENDAR

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization  
this 11 day of JUNE, 2025 by FAYOLA MORVAN, who is  
 personally known or  
 produced identification (ID produced: FLDL).

Notary Public Signature: Kelly Carden (Seal)

Print Name: KELLY CARDEN  
My Commission Expires 10-30-27





**REFERENCES**  
**Bid No. 2025-015**  
**CITY PARK RESTROOM CLEANING**

Contact Person & Title	<del>Off.</del> Captain Kane
Email Address	Douglas.Kane@djj.state.fl.us
Phone No.	(772) 468-3940
Company Name	St. Lucie County DJJ
Mailing Address	N/A
City, State, Zip	Ft. Pierce FL 34947
Type of commercial work contracted	Commercial cleaning non-secure area.
Contact Person & Title	Tanya White
Email Address	Twhite@cityoffortpierce.com
Phone No.	(772) 467-3796
Company Name	City of Fort Pierce Public Works
Mailing Address	N/A
City, State, Zip	Ft. Pierce FL 34950
Type of commercial work contracted	Commercial Cleanex Restrooms.

# W-9

Form  
(Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service

## 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) Merivulous Cleaning Inc.

Business name, if different from above

Check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....

Other (see instructions) ▶

Address (number, street, and apt. or suite no.) 1922 N 45th St.

City, state, and ZIP code Fort Pierce FL 34947

List account number(s) here (optional)

Requester's name and address (optional)

Exempt payee

### 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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN), if you do not have a number, see *How to get a TIN* on page 3.

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

Social security number  
.....

or

Employer identification number  
46-5424063

### 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).

**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 4.

Sign  
Here

Signature of  
U.S. person ▶ John Mail

Date ▶ 6/11/25

### General Instructions

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

#### 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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



# BID RESPONSE FORM



Commented [MW1]: Please confirm the spaces I've in each site location and provide the missing details for the facilities.

<b>Bid Item</b>	<b>CITY PARK RESTROOM CLEANING</b>		
<b>Bid Number</b>	<b>2026-004</b>	<b>Due Date &amp; Time</b>	<b>3:00 PM, TUESDAY, OCTOBER 28, 2025</b>

The bidder agrees to provide professional janitorial cleaning services for the City of Fort Pierce, specifically for the park and facility restrooms listed in this solicitation, in full accordance with the specifications set forth in **Section IV – Statement of Work** and at the prices entered below. The bidder shall furnish all necessary labor, supervision, equipment, tools, and cleaning supplies, and shall be fully responsible for the delivery and maintenance of the required cleaning services.

Commented [MW2]: Statement of Scope

Bidders must provide unit pricing for each service site under both the Three-Day Service Schedule and the Seven-Day Service Schedule, as reflected in the table below.

### Unit Pricing – By Cleaning Schedule

Site Name	Location	Three-Day Service Schedule		Seven-Day Service Schedule	
		(Unit Price Per Service)		(Unit Price Per Service)	
Maravilla Park	Oleander Avenue and Maple Avenue	\$ 12		\$ 8.50	
Rotary Park	South 23rd and Virginia Avenue	\$ 12		\$ 8.50	
South 29th Street Park	South 29th and Virginia Avenue	\$ 12		\$ 8.50	
Dreamland Park	South 25th Street and Citrus Avenue	\$ 12		\$ 8.50	
Pioneer Park	North 29th Street and Avenue M	\$ 12		\$ 8.50	
10th Street / Linear Park	10th Street and Avenue C	\$ 12		\$ 8.50	
Pinewood Park	South US-1 and Hayes Road	\$ 12		\$ 8.50	
Library Restroom	200 N. Indian River Drive	\$ 12		\$ 8.50	
Black Pearl Boat Ramp	South Indian River Drive and Seaway Drive	\$ 12		\$ 8.50	
South Causeway Park	South A1A and Northeast side of South Bridge	\$ 12		\$ 8.50	

<b>South Jetty Park</b>	Seaway Drive and South A1A.	\$ 24	10	\$ 240
<b>South Beach Park</b>	South A1A and Crestview Drive	\$ 24	10	\$ 240
<b>Kimberly Bergalls Park</b>	Between the 100 and 199 Block of South Ocean Drive	\$ 24	10	\$ 240
<b>Jaycee Park 1</b>	South A1A and Melaleuca Drive	\$ 24	10	\$ 240
<b>Jaycee Park 2</b>	South A1A and Melaleuca Drive	\$ 24	10	\$ 240
<b>Surfside Park</b>	200 Block of South Ocean Drive	\$ 24	10	\$ 240
<b>TOTAL - HOLIDAY COVERAGE</b>				<b>\$ 3,840</b>

**BID PRICE TOTALS**

Using your Unit Price Per Service Totals for each schedule from the Unit Pricing – By Cleaning Schedule table, and your Holiday Coverage Total from the Holiday Coverage Pricing table, calculate the total bid prices for each service schedule below. Please note for evaluation purposes, the City will apply a standard estimate of ten (10) recognized public holidays per year, each requiring two (2) cleanings per day.

<b>BID PRICE FOR THREE-DAY SERVICE SCHEDULE</b>		Amount (\$)
Calculation Step	Formula	
<b>Base Service Total</b>	(Unit Price Per Service Total for Three-Day Service Schedule) x 166 Regular Service Days x 2 Cleanings Per Day	\$ 59,904.00
<b>Holiday Coverage Total</b>	(Total of Holiday Coverage Pricing Table)	\$ 3,840.00
<b>Total Bid Price – Three-Day Service Schedule</b>		<b>\$ 63,744.00</b>

<b>BID PRICE FOR SEVEN-DAY SERVICE SCHEDULE</b>		Amount (\$)
Calculation Step	Formula	
<b>Base Service Total</b>	(Unit Price Per Service Total for Seven-Day Service Schedule) x 365 Regular Service Days x 2 Cleanings Per Day	\$ 96,560.00
<b>Holiday Coverage Total</b>	(Total of Holiday Coverage Pricing Table)	\$ 3,840.00
<b>Total Bid Price – Seven-Day Service Schedule</b>		<b>\$ 100,400.00</b>

REVISED  
**BID RESPONSE FORM**

**VENDOR INFORMATION**

Vendor Name: Marivalous Cleaning Inc.  
 Address: 1922 N 45th St.  
 City, State, Zip Code:  Ft. Pierce FL 34947  
 Email Address: Fmerivad@marivalous.com  
 Typed Name & Title: Felicia Merivad, President  
 Signature: [Handwritten Signature] Date: 6/11/25  
 Telephone No.: (772) 985-8475 Fax No.: ✓

(\*Remit To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check block below for applicable minority indicator:

MINORITY	CHECK BOX
Asian Indian	
Black	✓
Asian Pacific	
Hispanic	
Native American	
Small Business	✓
Women Owned	✓
Small Disadvantage Business	✓

CITY OF FORT PIERCE

CITY PARK RESTROOM CLEANING

BID NO. 2026-004

ADDENDUM NO. 1



The purpose of this Addendum is to address inquiries submitted by potential bidders and provide clarification regarding the previous solicitation. (Bid No. 2025-015 – City Park Restroom Cleaning) The City is providing the below information for reference only. The scope, service frequency, and list of facilities have been modified since the previous solicitation, and vendors are encouraged to carefully review the current bid documents (**Bid No. 2026-004**) and provide pricing based on the updated specifications.

QUESTIONS / ANSWERS

- 1. **QUESTION:** What is the name of the previous contractor who held this contract?  
**ANSWER:** The previous contract for City Park Restroom Cleaning services was awarded to The Tailor Group, LLC.

- 2. **QUESTION:** What was the award amount or pricing that was approved for that contract?

**ANSWER:** This contract was awarded based on a total annual amount of \$48,360.00. Please note that the current solicitation, Bid No. 2026-004 – City Park Restroom Cleaning, includes an expanded scope of work, adding additional restroom facilities and requesting pricing for two service schedules (3-day Service Schedule and 7-day Service Schedule). Therefore, prior pricing is not directly comparable to this bid.

Signature: *Felicia Morval* Manual  
 Signature: Felicia Morval Typed or Printed  
 Company Name: Morvalous Cleaning Inc.  
 Address: 1922 N 45th St.  
Ft. Pierce, FL 34947  
 Date: 10/28/25

/mw

17. **QUESTION:** Please provide the current contract pricing for this scope of work, including both: Three-Day Service Schedule and Seven-Day Service Schedule.  
**ANSWER:** Please refer to the response to question No. 2 of this Addendum for a list of the facilities currently serviced by the contractor and the corresponding price per cleaning. The contractor is presently providing services on a three-day-per-week schedule only for the facilities listed under question No. 2.
18. **QUESTION:** Where will daily inspection reports (referenced in Section IV, Item 2e) be stored or submitted for City review?  
**ANSWER:** There will be a cork board mounted on the wall or on the back of the chase/closet door.
19. **QUESTION:** Section IV, Item 6 lists preferred Simoniz cleaning products recommended by Risk Management. Are alternative equivalent cleaning products permitted with prior City approval and submission of SDS sheets?  
**ANSWER:** Yes, with prior approval of the project manager.
20. **QUESTION:** How many City staff members currently service these locations under the existing contract or arrangement?  
**ANSWER:** 2 to 4 City employees clean and/or maintain the restrooms Monday through Thursday.

All other conditions of this bid remain the same.

Signature:  Manual

Signature: Felicia Morival Typed or Printed

Company Name: Morivalous Cleaning Inc.

Address: 1922 N 45th St.

Ft. Pierce FL 34947

Date: 10/28/25

/mw



**2025 - 2026**

**St. Lucie County Local Business Tax Receipt**

P.O. Box 308, Fort Pierce, FL 34954  
tcsic.com

Facilities or machines #      Rooms #      Seats #      Employees #5      Receipt #1015917  
Type of business 7299 MISC/PUBLIC SERVICE      Expires SEPTEMBER 30, 2026

DBA name      Business: Morivalous Cleaning, INC.

Mailing address: Morivalous Cleaning, INC.  
1922 N 45th Street  
Fort Pierce, FL 34947

City of Fort Pierce      Business location: 1922 N 45th Street  
Fort Pierce, FL 34947  
Original tax: \$15.10      P14000032497  
Penalty:  
Collection cost: \$15.10      Paid 08/13/2025 15.10      0025-20250813-056375  
Total:

\*GOOD FOR THIS LOCATION ONLY\*

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the local business taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession or occupation.

Pursuant to Florida law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1 of each year and shall expire on September 30 of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1 shall be delinquent and subject to a delinquency penalty of 10 percent for the month of October. An additional 5 percent penalty for each month of delinquency is added until paid, provided that the total delinquency penalty shall not exceed 25 percent of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector is entitled to a collection fee of \$1 to \$5. This fee is based on the amount of Local Business Tax, which will be collected from delinquent taxpayers after September 30 of the business year.

This receipt is a Local Business Tax only. It does not permit the local business taxpayer to violate any existing regulatory or zoning laws of the state, county or city. It also does not exempt the local business taxpayer from any other taxes, licenses or permits that may be required by law.

Pursuant to Florida law, Local Business Taxes are subject to change.

Morivalous Cleaning, INC.  
1922 N 45th Street  
Fort Pierce, FL 34947

# *State of Florida*

## *Department of State*

I certify from the records of this office that MORIVALOUS CLEANING, INC. is a corporation organized under the laws of the State of Florida, filed on April 10, 2014, effective April 9, 2014.

The document number of this corporation is P14000032497.

I further certify that said corporation has paid all fees due this office through December 31, 2025, that its most recent annual report/uniform business report was filed on April 30, 2025, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twenty-eighth day of October,  
2025*



*Secretary of State*

Tracking Number: 6327833520CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Fillings/CertificateOfStatus/CertificateAuthentication>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2025

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 Jeger Insurance and Financial Service LLC 805 Virginia Ave Ste 9 Fort Pierce, Florida 34982	CONTACT NAME: Gregory L. Jeger
	PHONE (A/C, No. Ext): 772-468-6636
	FAX (A/C, No.): 772-828-3864
	E-MAIL ADDRESS: info@jegersinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Century Surety Company NAIC # 36951
	INSURER B: Mt Hawley Insurance Company 37974
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED  
Motivalous Cleaning Inc  
601 S 21st Street  
Fort Pierce, Florida 34950-6247

### COVERAGES

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENT. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	Y	CCP-1316879	04/30/2025	04/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000 \$ COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe the DESCRIPTION OF OPERATIONS below	N/A	CCP-1316879	04/30/2025	04/30/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 Prod/Comp Operations \$ 5,000,000 PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Motivalous Cleaning Inc 601 N 21st Street, Fort Pierce, Florida 34950 1922 N 45th Street Fort Pierce, Florida 34947 is a Janitorial Service Business.

### CERTIFICATE HOLDER

City of Fort Pierce/Public Works Department  
 Attn: Purchasing Division  
 P.O. Box 1480  
 Fort Pierce FL 34954-1480

### CANCELLATION

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/25/2025

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).

<b>PRODUCER</b> Kretschmer Insurance Agency, Inc. PO Box 12519 Fort Pierce FL 34979	<b>CONTACT NAME:</b> Angela Lee <b>PHONE:</b> (772) 467-6656 <b>FAX (AC.No):</b> <b>EMAIL ADDRESS:</b> lisa@kretschmerinsurance.com <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Infinity Assurance Insurance C INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>NAIC #</b> 39497	

**COVERAGES** LC **CERTIFICATE NUMBER:** Cert ID 16109 (3) **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMPI/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/>					
	OTHER:					
	AUTOMOBILE LIABILITY		50008290502	01/10/2025	01/10/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	ANY AUTO					BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input checked="" type="checkbox"/>					BODILY INJURY (Per accident) \$
	HIREN NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED <input type="checkbox"/> RETENTIONS					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 CORE Construction Services of Florida, LLC (Contractor) • Owner's Name (Owner) • Any other required Additional Insured • Architect • Owner's Agent. SBSIC-Westwood HS Replacement CORE Project No: 23-01-001 its officers, officials, employees and volunteers (Owners) are covered as additional insured when required by written contract for Commercial Auto. Coverage afforded by the COMMERCIAL Auto is primary and non-contributory in favor of the additional insured per written contract.

<b>CERTIFICATE HOLDER</b>  CORE Construction Services of Florida LLC  8027 Cooper Creek Blvd Suite 110 University Park FL 34201	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**Insurance requirements**

Morivalous Cleaning currently posses all the requirements for insurance. I have include current COI's and if we win bid we will have the Certificate holder information updated to

**Certificate Holder**

**City of Fort Pierce/Public Works Department**

**Attn: Purchasing Division**

**P.O. Box 1480**

**Fort Pierce FL 34954-1480**

**Additional Insured on the Commercial General Liability**

**City of Fort Pierce/Public Works Department and their members, officials, officers and employees.**

These are to show proof of current insurance and we do meet your requirements.

Thank you for your consideration

Felida Morival

*Felida Morival* 10/28/25

Morivalous Cleaning President

## CITY OF FORT PIERCE CHECKLIST

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

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

	YES	NO
Did you read the bid/proposal document in its entirety?	✓	
Are you registered on Demandstar to receive addendums?	✓	
Is the Bidder Acknowledgement Cover Page (page 1) completed, signed and attached?	✓	
Have you made sure your corporate address matches your Sunbiz information?	✓	
Have you checked your submission for proper organization?	✓	
Are you in compliance with the page limitations?	✓	
Have all areas of the bid forms and related documents been signed off by and authorized agent of the company and / or witnessed / notarized where applicable? Did you include all the forms detailed in Section III and Section V?	✓	
Included proof of proper insurance and licensing as stated in bid documents.	✓	
Are you in compliance with the submission methods listed in Section III, "Instruction to Bidders"?	✓	

PLEASE SIGN AND RETURN WITH BID

*John Ward*