

**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



**INVITATION TO BID  
 and  
 BIDDER ACKNOWLEDGMENT**

Bid Writer: LaTonya Hubbard, 772-467-3102

Bid No: 2026-024

Pre-Bid Conference:  
 N/A

Bid Title: AQUATIC VEGETATIVE CONTROL  
 AND LAKE MAINTENANCE

Mandatory Site-Visit Location:  
 N/A

Bid Opening Location:  
 Purchasing Division Conference Room, Room 101  
 100 North U.S. #1, 1st Floor  
 Fort Pierce, Florida 34950

Bid Due Date & Time:  
 3:00 PM, THURSDAY, APRIL 02, 2026

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:  
Rockhopper Services, Inc.  
 Mailing Address:  
8940 Bunker Hill Road  
Duette, FL 34219

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. Lewis F. Collins  
 Authorized Signature (Manual)

City, State, Zip Code:  
Duette, FL 34219

Typed or Printed Name:  
Lewis F. Collins

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

Title: President

Incorporated in the State of: FL Year: 1993

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

Phone Number: 813 380 7085

Payment Terms: Net 30 Days

Fax Number: NONE

FEIN or SS Number: 59-3187225

E-Mail Address: rockhopper@hughes.net

Local Business: Y XN MWBE: Y XN

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**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/20/2025

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>		<b>CONTACT NAME:</b> Nancy Correia	
Brier Grieves Agency 3617 Henderson Blvd		<b>PHONE (A/C, No, Ext):</b> (813) 876-4166	<b>FAX (A/C, No):</b>
Tampa FL 33609		<b>E-MAIL ADDRESS:</b> nancy@bgains.com	
<b>INSURED</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
Rockhopper Services Inc 8940 Bunker Hill Rd		<b>INSURER A:</b> NATIONWIDE AFFINITY CO OF AMER	
Duette FL 34219-6850		<b>INSURER B:</b> NATIONWIDE MUT INS CO	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER:

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	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	ACPCG015934918121	05/21/2025	05/21/2026	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 - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	ACPBA015934918121	05/21/2025	05/21/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	ACPCU015934918121	05/21/2025	05/21/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ACPWC015934918121	05/21/2025	05/21/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Sarasota County is shown as Additional Insured as their interests may appear with respects to General Liability

**CERTIFICATE HOLDER****CANCELLATION**

Sarasota County  Attn: Risk Management 1660 Ringling Blvd. 4th Floor Sarasota FL 34236	<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.</b>  <b>AUTHORIZED REPRESENTATIVE</b> <i>Brier Grieves</i>
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## CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension (1986) and Executive Order 12689, Debarment and Suspension (1989) at 2 C.F.R. Part 180

- (1). The prospective recipient of Federal assistance funds certifies, by Response, that it is in compliance with the requirements of 2 C.F.R. Part 180 and that neither it, its principals, nor its subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this Response.

### ATTESTATION

By signing this report, I certify to the best of my knowledge and belief that the foregoing is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Sections 3729-3730 and 3801-3812).

**Company Name**

Rockhopper Services, Inc

**Name and Title of Authorized Representative**

Lewis F. Collins

Lewis F. Collins  
**Signature**

MARCH 30, 2026  
**Date**



## DRUG~FREE WORKPLACE FORM

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

Rockhopper 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 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.

Laura E. Collins  
Proposer's Signature

MARCH 30, 2026  
Date

**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 LEWIS F COLLINS, PRESIDENT  
(Print individual's name and title)  
for ROCKHOPPER SERVICES, INC.  
whose business address is 8940 BUNKER HILL RD, DUETTE, FL 34219  
(If applicable) its Federal Employer Identification Number (FEIN) is 69-3182225

(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

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

b. convicted of a public entity crime in Florida during the preceding 36 months shall

c. 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 IDEN I1F1ED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 F 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.

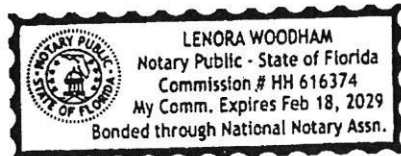
Lewis F. Collins  
(Signature)  
MARCH 30, 2026  
(Date)

STATE OF FLORIDA

COUNTY OF MANATEE

PERSONALLY APPEARED BEFORE ME, the undersigned authority Lewis F. Collins  
(Name of individual signing)

Who, after first being sworn by me, affixed his/her signature in the space provided above on this  
day 30<sup>th</sup> of MARCH, 2026.



Lenora Woodham  
(NOTARY PUBLIC)

My Commission Expires: \_\_\_\_\_



### E-VERIFY AFFIRMATION STATEMENT

Description: AQUATIC VEGETATIVE CONTROL AND LAKE MAINTENANCE

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: ROCKHOPPER SERVICES INC.  
 Authorized Company Person's Signature: Lewis F. Collins  
 Authorized Company Person's Title: PRESIDENT  
 Date: MARCH 30, 2026

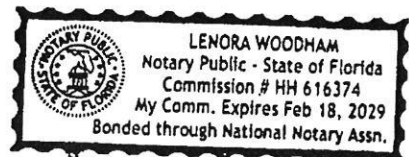
STATE OF FLORIDA  
 COUNTY OF MANATEE

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization this 30 day of MARCH, 2026 by Lewis F. Collins, who is  personally known or  produced identification (ID produced: D 452-526-50-143-P)

Signature: Lenora Woodham (Seal)

NOTARY PUBLIC

My Commission Expires: 2/18/2029





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

Vendor name: ROCKHOPPER SERVICES, INC.

Authorized Representative's Name and Title: LEWIS F COLLINS, PRESIDENT

Address: 8940 BUNKER HILL ROAD

City: DUETTE State: FL Zip Code: 34219

Phone Number: 813-380-7085 Email Address: ROCKHOPPER@HUGHES.NET

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: Lewis F Collins LEWIS F COLLINS, PRESIDENT 3/30/2026  
Authorized Signature Printed Name and Title Date

STATE OF FLORIDA  
COUNTY OF MANATEE

Sworn (or affirmed) and subscribed before me by means of  physical presence or  online notarization

this 30 day of MARCH, 2026 by Lewis F. Collins, who is

personally known or  
 produced identification (ID produced: DL C 452-526-50-143-0).

Notary Public Signature: Lenora Woodham (Seal)

Print Name: Lenora Woodham My Commission Expires: 2/18/2029





## REFERENCES

BID NO. 2026-024

### AQUATIC VEGETATIVE CONTROL AND LAKE MAINTENANCE

Contact Person & Title	Tim Aldrich Program Manager
Email Address	taldrich@scgov.net
Phone No.	941/961/5434
Company Name	Sarasota County Storm Water
Mailing Address	
City, State, Zip	Sarasota, FL
Type of commercial work contracted	Aquatic Weed Control
Contact Person & Title	Chris Bloodwell
Email Address	christopher.bloodwell@cfxway.com
Phone No.	407/625/8658
Company Name	Central Florida Expressway Authority
Mailing Address	
City, State, Zip	Orlando, FL
Type of commercial work contracted	Aquatic Weed Control

**Request for Taxpayer  
Identification Number and Certification**

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

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)  
Rockhopper Services, 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) ▶ .....  Exempt payee  
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
8940 Bunker Hill Road

City, state, and ZIP code  
Duette, FL 34219

Requester's name and address (optional)

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 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

or

Employer identification number  
59:3182225

10-2018)

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

**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 ▶ Lewis E. Collins Date ▶ MARCH 30, 2026

**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,



REVISED



**BID RESPONSE FORM**

<b>Bid Item</b>	<b>AQUATIC VEGETATIVE CONTROL AND LAKE MAINTENANCE</b>		
<b>Bid Number</b>	2026-024	<b>Due Date &amp; Time</b>	April 2, 2026

The Offeror hereby submits a bid in accordance with the specifications provided. The Offeror agrees to furnish all items and/or services to the City of Fort Pierce at the locations designated, in full compliance with the specifications, and at the prices listed below:

Item No.	Description	Unit Price	Quantity	Amount
A.	Canal /Ditch Areas	1715.00	12	\$ 20,580.00
B.	Retention Lake/Pond Areas	735.00	12	\$ 8,820.00
<b>Total Bid</b>				<b>\$ 29,400.00</b>

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
001	MARCH 24, 2026

**RESPONDENT INFORMATION**

Company Name	Rockhopper Services, Inc
Address	8940 Bunker Hill Road
City, State, Zip Code	Duette, FL, 34219
Email Address	rockhopper@hughes.net
Name	Lewis F Collins
Title	President
Signature	Lewis F. Collins
Date	MARCH 30, 2026
Contact Number	813-380-7085
Fax Number	NONE

**REMIT TO:**

Please include remit to address if different than address stated above

---



---

Check block below for applicable minority indicator:

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



**CITY FORT PIERCE**

**AQUATIC VEGETATIVE CONTROL AND LAKE MAINTENANCE**

**BID NO. 2026-024**

**ADDENDUM NO. 1**

The purpose of this addendum is to respond to questions submitted by potential bidders for clarification of the bid specifications:

- 1. **QUESTION:** Is this pricing for all the ditch areas per treatment and then ponds per treatment? What is LS under units.

Item No.	Description	Units	Quantity	Unit Price	Amount
A.	Canal /Ditch Areas	LS	1		
B.	Retention Lake/Pond Areas	LS	1		

**ANSWER:** The pricing is based on per treatment. Lump Sum is LS. Areas are treated once per month. The bid response sheet has been updated accordingly.

- 2. **QUESTION:** Do you have the approx. sq footage for the current bid (ditches and STA areas)?

**ANSWER:** Attachment A – Aquatics Vegetation and Lake Maintenance Report has been updated with estimated footage.

- 3. **QUESTION:** What is the proposed budget?

**ANSWER:** There is no proposed budget. All bids will be evaluated based on proposal amount, qualifications, experience and references.

- 4. **QUESTION:** What was the previous bid tabulation?

**ANSWER:** See attached Bid Tabulation

- 5. **QUESTION:** Confirm LS price for year including all treatments for the year or per treatment cost for all locations?

**ANSWER:** See revised Bid Response Form

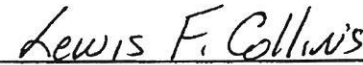
- 6. **QUESTION:** How many treatments are you predicting per year or season?


**ANSWER:** Treatments are scheduled monthly. Smaller areas may be adjusted to bi-monthly based on regrowth and solely at the City's discretion.

7. **QUESTION:** How many total acres are there for the ponds together and the canals together that will be treated?  
**ANSWER:** See revised Attachment A – Aquatics Vegetation and Lake Maintenance Report and Attachment C - City Maintain Canal Maps.
8. **QUESTION:** Is the treatment area all of the open water or only what's marked in the RFB?  
**ANSWER:** Only the area that is marked in the bid document is our responsibility. Coordination with the Golf Course's on-going service contractor will be required.
9. **QUESTION:** Can you please provide the past contract and bid tabs?  
**ANSWER:** See attached Bid Tabulation

All other conditions of this bid remain the same.

Please acknowledge receipt of this addendum and include it with your submittal.

Signature: Lewis F. Collins   Manual

Signature: Lewis F. Collins   Typed or Printed

Company Name: Rockhopper Services, Inc

Address: 8940 Bunker Hill Road  
Duette, FL 34219

Date: March 30, 2026

/lh

**Attachments:** Revised -Attachment A - Aquatics Vegetation and Lake Maintenance Report  
 Previous Bid Tabulation  
 Revised Bid Response Form  
 Revised - Attachment C - City Maintain Canal Maps.

## 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 insurance as stated in bid documents.	✓	
Are all of the Required forms complete and included?	✓	
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?	✓	
Did you submit your bid electronically?	✓	
<b>For Hard Copy Submissions Only:</b> Are two (2) complete bid packages included (one original and one copy)		
<b>For Hard Copy Submissions Only:</b> Bid envelope is marked accordingly.		
Have you made sure your corporate address matches your Sunbiz information?	✓	
Is each Bid Addendum (when issued) signed and included?	✓	

PLEASE SIGN AND RETURN WITH BID Lewis P. Collins

8. **ADMINISTRATIVE REVIEW BASED ON (PASS/FAIL) CRITERIA**

Bid will undergo an initial review, or a PASS/FAIL determination, where indicated. To verify that mandatory requirements are met. Failure to meet mandatory requirements may result in the rejection of the Bid.

9. **CERTIFICATE OF USE (PASS /FAIL)**

Effective July 1, 2024, the City adopted Ordinance 24-019 amending Chapter 22. The ordinance removed the requirement for a Business Tax Receipt and replaced it with a required Certificate of Use. Certificates of Use are required for all businesses within city-limits occupying commercial locations, home based businesses and non-profit organizations. If your business is located in the City of Fort Pierce city limits, please provide a copy of your Certificate of Use with your submittal.

10. **BUSINESS TAX RECEIPT (OCCUPATIONAL LICENSE) (PASS/FAIL)**

Provide a valid Business Tax Receipt (Occupational License) from your jurisdiction with your submittal. This is only a requirement for businesses located outside of the city-limits.

*ROCKHOPPER SERVICES, INC. IS LOCATED IN MANATEE CTY.  
NO OCCUPATIONAL LICENSE IS REQ'D.*

11. **PROOF OF INSURANCE (PASS/FAIL)**

Bidder shall submit a Certificate of Insurance (photocopy acceptable) indicating proof of bidder's current coverages (current policy).

- If the bidder does not currently have the required insurance(s) specified in Section II – Required Limits of Insurance, they must provide a letter from their insurance agent or broker. This letter should confirm that, if awarded the project, the bidder will be able to obtain the necessary insurance.
- The awarded bidder is also required to provide the City of Fort Pierce with proof of insurance for all subcontractors, if applicable.
- Additionally, the bidder must be the policyholder for all insurance coverage that will be provided by the successful bidder.

12. **W-9 TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION FORM (PASS/FAIL)**

The Bidders will be required to return a completed W-9 Taxpayer Identification Form with the Bid Response Form.

13. **CERTIFICATE OF INSURANCE AND BONDING REQUIREMENTS**

In order to do business with the City of Fort Pierce, you must provide proof of insurance to include: general liability, workers compensation, and automobile insurance with Bid submittal. If awarded, insurance must comply with the Required Limits of Insurance and include builder's risk as indicated in Section III of the specifications.

# COMMERCIAL APPLICATOR LICENSE

SI saved  
to computer  
3/11/26

Florida Department of Agriculture and Consumer Services  
Pesticide Certification Office  
Commercial Applicator License  
License # CM1726

COLLINS, LEWIS FRANCIS  
8940 BUNKER HILL ROAD  
DUETTE, FL 34219

Categories  
5A, 2, 6, 21, 3

Issued: January 28, 2025

Expires: January 31, 2029

*Lewis P Collins*

*Wilton Simpson*

Signature of Licensee

WILTON SIMPSON, COMMISSIONER

The above individual is licensed under the provisions of Chapter 487, F.S. to purchase and apply restricted use pesticides.

- 2 Forest Pest Control
- 3 Ornamental + Turf
- 5A Aquatic
- 6 Right of Way
- 21 Natural Areas Weed Mgmt.



# ROCKHOPPER SERVICES, INC.



8940 Bunker Hill Road, Duette, FL 34219  
(813) 380-7085

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April 1, 2026

City of Fort Pierce  
Aquatic Vegetation Control and Lake Maintenance  
Bid No. 2026-024

List of chemicals, rates of application, and time-use restrictions

Chemicals	Rates	Time-use
Rodeo	1.5%	None
Diquat	1gal/acre	None for fishing and swimming
Aquathol K	5ppm	None

*Lewis P. Collins*