DELIVER TO: City of Fort Pierce, Purchasing Department Room 101 100 North U.S. #1 Fort Pierce, FL 34950 **MAIL TO:** City of Fort Pierce Purchasing Department, Room 101 P.O. Box 1480 Fort Pierce, FL 34954-1480	**INVITATION TO BID** **and** **BIDDER ACKNOWLEDGMENT**
Bid Writer: Annie Carisma, (772) 275-0759	Bid No: 2027-005
Pre-Bid Conference: 09:00 A.M., TUESDAY, OCTOBER 06, 2026	Bid Title: HOLIDAY LIGHTING INSTALLATION, MAINTENANCE AND REMOVAL SERVICES AT MARINA SQUARE
Site-Visit Location: 100 NORTH U.S. HIGHWAY 1 ENGINEERING CONFERENCE ROOM, 1ST FLOOR FORT PIERCE, FL 34950	Bid Opening Location: Purchasing Department Conference Room, Room 101 100 North U.S. #1, 1st Floor Fort Pierce, Florida 34950
Bid Due Date & Time: 3:00 PM, WEDNESDAY, OCTOBER 14, 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: Green Life Property Service Mailing Address: 395 Cain Rd	*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 _____ Authorized Signature (Manual)
City, State, Zip Code: East Palatka, FL, 32131	Typed or Printed Name: Shane Jacaruso
Type of Entity (Select one): Corporation ✓ Partnership ____ Proprietorship ____	Title: Owner
Incorporated in the State of: FL Year: 2015	Delivery in _____ days, ARO
Phone Number: 904-236-7780	Payment Terms: Net 30 Days
Fax Number:	FEIN or SS Number: 47-3895323
E-Mail Address: Greenlifelights@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

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 to 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

Green Life Property Service

Name and Title of Authorized Representative

Shane Jacaruso Owner

Signature

10/13/26

Date

DRUG~FREE WORKPLACE FORM

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

Green Life Property Service 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.

Bidder's Signature

10/13/26
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 Shane Jacaruso
(Print individual's name and title)

for Holiday lighting Installation

whose business address is 471 logan ave Orange Park FL 32065

(If applicable) its Federal Employer Identification Number (FEIN) is 47-3895393

(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.)**

__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 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.

_____
(Signature)

10/13/26
(Date)

STATE OF Florida

COUNTY OF Putnam

PERSONALLY APPEARED BEFORE ME, the undersigned authority Shane Tocarso
(Name of individual signing)

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

day 13th of October, 2026.

Robin Ann Evans
(NOTARY PUBLIC)

My Commission Expires: June 16, 2027

ROBIN ANN EVANS
MY COMMISSION # HH 384254
EXPIRES: June 16, 2027

E-VERIFY
AFFIRMATION STATEMENT

Description: ANNUAL HOLIDAY LIGHTING FOR MARINA SQUARE

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/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/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 shall use the E-Verify System during the term of the Contract, as a condition of the Contract.

Contractor/Bidder Company Name: Green life Property Service

Authorized Company Person's Signature: [signature]

Authorized Company Person's Title: Owner

Date: 10/13/26

STATE OF FLORIDA
COUNTY OF Putnam

Sworn (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization this 13 day of October, 2026 by Shane Jaccuso, who is ☑ personally known or ☑ produced identification (ID produced: _____).

Signature: Robin Ann Evans (Seal)

NOTARY PUBLIC

My Commission Expires: June 16, 2027

ROBIN ANN EVANS
MY COMMISSION # HH 384254
EXPIRES: June 16, 2027

CONFLICT OF INTEREST STATEMENT

Bid No.: **2027-005**

Project Name: **ANNUAL HOLIDAY LIGHTING FOR MARINA SQUARE**

The integrity of the procurement process requires that bidders disclose any actual, potential, or perceived conflicts of interest that may exist regarding this solicitation.

In accordance with applicable Florida law, ethical standards, and best practices recommended by the **National Institute of Governmental Purchasing**, all bidders must disclose any relationship or circumstance that could give rise to a conflict of interest or the appearance of a conflict of interest in connection with this solicitation or any resulting contract.

Disclosure Statement

The undersigned bidder hereby certifies the following (check one):

__✓__ **No Conflict of Interest**

The bidder certifies that no officer, director, employee, agent, or representative of the bidder has any financial interest, business relationship, or personal relationship with any employee, official, or elected official of the City of Fort Pierce that would create a conflict of interest or give the appearance of a conflict of interest in connection with this solicitation.

_____**Potential or Actual Conflict of Interest Disclosed**

The bidder certifies that the following potential or actual conflict of interest exists and is disclosed below. Attach additional pages if necessary.

Description of Relationship or Conflict:

_____

_____

_____

Name(s) of Individual(s) Involved:

_____

Position/Relationship with Bidder:

_____

Relationship to City of Fort Pierce Employee/Official (if applicable):

_____

Certification

By signing below, the bidder certifies that:

1. The information provided in this disclosure is true and complete to the best of the bidder's knowledge.
2. The bidder agrees to promptly disclose any conflict of interest that may arise during the solicitation process or during the term of any resulting contract.
3. The bidder understands that failure to disclose a conflict of interest may result in:
   - Disqualification from the solicitation,
   - Termination of any resulting contract, or
   - Other remedies available under applicable law or procurement policies.

Bidder Name: Green Life Property Service

Authorized Representative Name: Shane Jacaruso

Title: Owner

Signature: [signature]

Date: 10/13/26

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

Vendor name: Green Life Property Service

Authorized Representative's Name and Title: Shane Jacarusa Owner

Address: 471 logan Ave

City: Orange Park State: FL Zip Code: 32065

Phone Number: 904-236-7780 Email Address: Greenlifelights@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: _____ Shane Jacarusa 10/13/26

Authorized Signature | Printed Name and Title | Date

STATE OF FLORIDA
COUNTY OF Putnam

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

this 13 day of October, 2026 by Shane Tocarco, who is

☑ personally known or
☐ produced identification (ID produced: Self).

Notary Public Signature: Robin Ann Evans (Seal)

Print Name: Robin Ann Evans My Commission Expires: June 16, 2027

ROBIN ANN EVANS
MY COMMISSION # HH 364254
EXPIRES: June 16, 2027

REFERENCES
BID NO. 2027-005
ANNUAL HOLIDAY LIGHTING AT MARINA SQUARE

Contact Person & Title	Stacey Jordan Owner
Email Address	stacey@redsleighworkshop.com
Phone No.	(830) 396-4440
Company Name	Red Sleigh Workshop
Mailing Address	17461-35N Suite 430-111
City, State, Zip	Shertz, Tx 78154
Type of commercial work contracted	Holiday Design and Display
Contact Person & Title	Robin Evans ADMINISTRATION
Email Address	
Phone No.	386 972-9250
Company Name	Strickland Roofing
Mailing Address	153 US-17 East Palatka FL 32131
City, State, Zip	East Palatka FL 32131
Type of commercial work contracted	Holiday Lighting and Display

Form **W-9**
(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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Green Life Property Service LLC

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) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
471 logan ave

Requester's name and address (optional)

City, state, and ZIP code
Orange Park, FL, 32065

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.

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
47 : 3895393

10-2018)

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).

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** ▶ [signature] | **Date** ▶ 10/13/26

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. 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,

CITY OF FORT PIERCE
BID SUBMITTAL CHECKLIST

This checklist is provided to assist bidders in preparing a complete response. It identifies key documents required for a compliant submission. The checklist is provided for convenience only. Bidders are responsible for reviewing the entire Invitation to Bid (ITB) and ensuring all requirements are satisfied.

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

REQUIREMENT	YES	NO
Copy of current business license (**State of Florida and / or local**)	X	
Proof of insurance general liability, as required (Must meet City requirements) • **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.	X	
Completed IRS Form W-9	X	
Conflict of Interest Disclosure	X	
Non-Collusion Affidavit	X	
Drug-free Workplace Certification	X	
Public Entity Crimes Statement	X	
E-Verify Compliance Certification	X	
Is Bid Response Form completed, signed, and attached?	X	
All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked?	X	
Did you submit your bid electronically?	X	
For Hard Copy Submissions Only: Are two (2) complete bid packages included (one original and one copy)		

For Hard Copy Submissions Only: 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?		

Vendor Certification

The undersigned certifies that the bid submitted to the City of Fort Pierce is complete, accurate, and in full compliance with all applicable requirements, specifications, and Florida Statutes, unless otherwise clearly noted.

Contractor/Bidder Company Name: Green Life Property Service

Authorized Company Person's Signature:

Authorized Company Person's Title: Owner

Date: 10/13/26

BID RESPONSE FORM

Bid Item	ANNUAL HOLIDAY LIGHTING AT MARINA SQUARE		
Bid Number	2027-005	Due Date & Time	3:00 PM, WEDNESDAY, OCTOBER 14, 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:

Lump Sum Total	$ 51,700.00

The Bidder hereby acknowledges receipt of the following addenda:

ADDENDUM NO.	ADDENDUM DATE
1	October 5th
2	October 6th
3	October 8th

Vendor: Green Life Property Service

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

Remit to: _____

_____