

RFB2025-3679

SAFETY BOOTS & SAFETY SUPPLIES / PERSONAL PROTECTIVE EQUIPMENT (PPE)*This form shall be typewritten. Handwritten forms will not be accepted.*

ITEM NO.	DESCRIPTION	TOTAL % DISCOUNT (FROM LIST / CATALOG PRICING)
1	Safety Boots & Shoes	10.00%

ITEM NO.	DESCRIPTION	TOTAL % DISCOUNT (FROM LIST / CATALOG PRICING)
2	Safety Supplies / Personal Protective Equipment (PPE)	10.00%

BIDDER LOCATION (PHYSICAL ADDRESS / STOREFRONT)

Street Address	2927 SE Gran Park Way
City, State, Zip Code	Stuart FL 34997

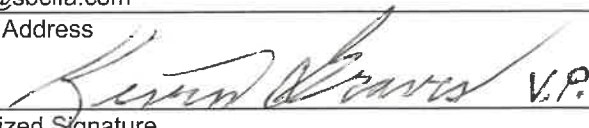
BID FORM NOTES

- 1 Bidders may submit % discount information for one or both categories.
 **If bidding on only one category, leave the other category's % discount section blank.

CHECK TOTALS! The County is not responsible for mathematical or typographical errors.**INSTRUCTIONS**

Bids must be received no later than the date and time stated in the Advertisement. Bids received after that time & date will not be considered.

This form must be returned with bid. Bids on any other form will not be accepted.

Safety & Boot Center, Inc.	Kevin Graves
Company Name	Name of Authorized Representative (Print)
2927 SE Gran Park Way	Vice President
Street Address	Title
Stuart, FL 34997	Kevin@sbcfla.com
City, State, Zip	E-mail Address
772-221-8905	 V.P.
Telephone	Authorized Signature



AFFIDAVIT REGARDING THE USE OF COERCION FOR LABOR & SERVICES

Respondent Vendor Name: Safety & Boot Center, Inc.
Vendor FEIN: 56-2329532
Vendor's Authorized Representative Name and Title: Kevin Graves, Vice President
Address: 2927 SE Gran Park Way
City, State, Zip: Stuart, FL 34997
Phone Number: 772-221-8905
Email Address: Sales@sbcfla.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 Respondent, I certify that the company identified **does not**:

- Use or threaten to use physical force against any person;
- Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
- 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;
- 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;
- Cause or threaten to cause financial harm to any person;
- Entice or lure any person by fraud or deceit; or
- Provide a controlled substance as outlined in Schedule I or Schedule II of s. 893.03 to any person for the purpose of exploitation of that person.

I declare under penalty of perjury that I have read the above document and that the statements contained therein are true.

Certified By:

Kevin Graves V.P.
Signature of Authorized Representative

Name and Title: Kevin Graves, Vice President

Date: 5/30/2025

STATE OF (Florida)

COUNTY OF (Martin)

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 30th day of _____, 2025, by Kevin Graves, Vice (Name of Officer or Agent), as President (Title of Officer or Agent) of Safety & Boot Center, Inc (Name of Corporation Acknowledging) a Florida corporation (State or Place of Incorporation) ☐ on behalf of the corporation ☐. He is personally known to me.

NOTARY PUBLIC SEAL



Notary Public, State of Florida

Resa Walton
(Printed, Typed or Stamped Name of Notary Public)



BIDDER ACKNOWLEDGMENT FORM

*This acknowledgment form must be completed and included with your bid submittal package. Failure to submit a completed form may result in the disqualification of your bid. Compliance with the minimum insurance requirements is critical. **Non-compliance may lead to annulment of the contract award and forfeiture of the bid bond.***

Project Name: Safety Boots & Safety Supplies/Personal Protective Equip.(P
Solicitation Number: (RFB) 2025-3679


Acknowledgment of Sample Contract Provisions/Requirements

By signing this form, the undersigned acknowledges that they have read and understand the provisions and requirements outlined in the sample contract included with the solicitation. The bidder agrees to comply with all the terms and conditions stated therein.

Minimum Insurance Requirements

It is imperative that bidders comply with the minimum insurance requirements as specified in the sample contract. **Failure to provide a compliant certificate of insurance (COI) within the required timeframe may result in the annulment of the contract award and forfeiture of the bid bond.**

Please confirm your acknowledgment and understanding of these requirements:

Firm Name: Safety & Boot Center, Inc.
Name of Authorized Official: Kevin Graves
Title of Authorized Official: Vice President
Signature of Authorized Official:  V.P.
Date: 5/25/2025



BIDDER'S QUALIFICATION STATEMENT

The signatory of the Statement guarantees the truth and accuracy of all statements and of answers to all questions hereinafter made. Failure to complete and return this Statement, or any false statement therein may render a bid non-responsive at the sole discretion of the Martin County Board of County Commissioners. **All portions of the Statement must be completed.**

Bid #:	(RFB) 2025-3679
Bid Name:	Safety Boots & Safety Supplies / Personal Protective Equipment A(PPE)
Bidder/Company Name:	Safety & Boot Center, Inc
Street Address:	2927 SE Gran Park Way
City, State, Zip Code:	Stuart, FL 34997
Telephone #:	772-221-8905
Email Address:	Sales@sbcfla.com
Federal Employer ID # (FEIN):	56-2329532

If a corporation, please answer the following:

Date of Incorporation:	March 2003
In what state:	Florida
President's Name:	Margaret Graves
Vice President's Name:	Kevin Graves
Secretary's Name:	Kevin Graves
Treasurer's Name:	Kevin Graves

If a partnership, please answer the following:

Date of Organization:	
General or Association:	
General Partner #1 Name:	
General Partner #1 Address:	
General Partner #2 Name:	
General Partner #2 Address:	

If neither a corporation nor partnership, please provide the following information:	
Type of business organization:	
Principal #1 Name:	
Principal #1 Address:	
Principal #2 Name:	
Principal #2 Address:	
Principal #3 Name:	
Principal #3 Address:	

Contract Signature Authority (Individual that will sign the Contract, if awarded):	
Name:	Kevin Graves
Title:	Vice President
Email Address:	Kevin@sbcfla.com

LICENSE INFORMATION

License Category: Construction Industry

☐ Certified ☐ Registered

License Type:

☐ Building Contractor ☐ General Contractor ☐ Utility & Excavation
☐ Other: _____

License #:	
Expiration Date:	
Name of License Holder/Qualifying Agent: (exactly as it appears on file with the State of Florida's Construction Industry Licensing Board)	

License Category: Engineers

License Type: ☐ Professional Engineer

License #:	
Expiration Date:	

License Category: Other	
License Type:	
License #:	
Expiration Date:	

Martin County Occupational License	
License Type:	
License #:	
Expiration Date:	

For work funded by federal grant, Contractor/Vendor is required to have an active registration with the System for Award Management (SAM) (<https://www.sam.gov>) prior to execution of the agreement.

Unique Entity ID:	DYM2AKHYFLJF
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Are you a Disadvantage Business Enterprise (DBE), Minority Business Enterprise (MBE), Woman-Owned Business Enterprise (WBE) or Veteran Owned Business (VOB)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	If yes, provide copy of certificate.	

Are you a small business as defined by the SBA?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If Yes, # of Employees:	If yes, provide copy of certificate.	

Number of years in business under this name:	
Number of years in business under other names:	
How many years' experience in performing the type of work called for in this bid?	
In what other lines of business do you or your organization or any partners thereof have financial interests? If none, please type "N/A".	

Does your firm have any officer, owner, employee or agent who is also an officer, employee or advisory board member of Martin County?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<p>Section 112.313, Florida Statutes, prohibits contracts with County employees, officers, and advisory board members. All vendors must disclose the name of any Martin County officer or employee who is employed by (Section 112.313(7), Florida Statutes) or owns, directly or indirectly an interest in the vendor's firm or any of its branches (Section 112.313 (3), Florida Statutes). Advisory Board Members, County officers or County employees may qualify for an exemption by including a completed Commission on Ethics Form 3A with their submittal and filing such form with the Supervisor of Elections in accordance with Section 112.313(12)(b), Florida Statutes. Please contact the Purchasing Division (pur_div@martin.fl.us) for additional information.</p>		

Have you or your organization, or any office or partner thereof, failed to complete a contract?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, explain:		
Has your organization ever been assessed liquidated damages for failing to complete a Contract within the time specified in the Contract Documents?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, explain:		
Has your organization been assessed any penalties for non-compliance violations of the Federal or State Labor laws and/or regulations within the last five (5) years?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, explain:		
Does your organization have any outstanding judgments, demands or liens resulting from violating the State Labor laws, the Business and Professions Regulation statutes, Civil or Criminal decisions?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, explain:		
Have there been any suits, liens or surety claims against you or your organization over the past five (5) years for non-payment of sums due subcontractors or suppliers for work completed?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, explain:		
Has your organization been cited for violations of OSHA standards and requirements within the past 5 years?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, explain:		

Are the Bidder, its principals or affiliates presently debarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any municipal, County, State, or Federal department or agency?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
If yes, explain:		

REFERENCE PROJECTS

Bidder must provide proof of a minimum of three (3) projects (performed as the Prime Contractor) similar to this scope of services within the last five (5) years:

Project / Contract Name:	St. Lucie Co Fire District
Date of Contract:	2011 to present
Location:	St. Lucie County
Contract Amount (\$):	500,000
Contact Person (Name):	Chris Hogan
Telephone Number:	772-621-3325
Email Address:	ChrisHogan@slcfd.com
Description of Work:	Safety Boots and Personal Protective Supplies/ Equipment

Project / Contract Name:	Martin County Sheriff
Date of Contract:	2003-Present
Location:	Martin County
Contract Amount (\$):	975,000
Contact Person (Name):	Cindy Skovran
Telephone Number:	772-220-7000
Email Address:	cmskovran@mcsofl.org
Description of Work:	Safety Boots and Personal Protective Supplies/ Equipment

Project / Contract Name:	Scott Bridge
Date of Contract:	2010-Present
Location:	Alabama
Contract Amount (\$):	485,000
Contact Person (Name):	Taylor Kerby
Telephone Number:	334-749-5045
Email Address:	tkerby@scottbridge.com
Description of Work:	Fall Protection and Person Protective Supplies and Equipment

I certify that the above information is true and correct.

Name of Authorized Representative:	Kevin Graves
Title:	Vice President
Federal Tax I.D. Number:	56-2329532
Phone Number:	772-221-8905
Email Address:	Kevin@sbcfla.com
Authorized Signature:	 V.P.

CONFLICT AFFIDAVIT

STATE OF (Florida)
COUNTY OF (Martin)

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida.
2. I am the Vice President (title) of Safety & Boot Center, Inc. (Entity name) and I certify that I have the authority to make the representations set forth within this Affidavit.
3. Safety & Boot Center, Inc. (Entity name) intends to do business with Martin County in response to:

☒ RFB ☐ RFP ☐ RFQ #: 2025-3679

whereby business will be awarded under a system of sealed, competitive bidding to the lowest or best bidder.

4. I have reviewed Section 112.313(3), 112.313(7), and 112.313(12), Florida Statutes; and pursuant to the provisions therein, Safety & Boot Center, Inc. (Entity name) doing business with Martin County:



DOES NOT impact any public officer, advisory board member or employee of Martin County; or



DOES IMPACT public officer, advisory board member or employee of Martin County

(Public Officer / Advisory Board Member / Employee Name:

_____); and

5. In compliance with Section 112.313(12), Florida Statutes, the impacted public officer or employee of Martin County, prior to the submission of this bid, has filed a statement with the Supervisor of Elections of Martin County, disclosing their interest, or the interest of their spouse or child, and the nature of the intended business, as set forth in Florida Commission on Ethics Form 3A:

<http://www.ethics.state.fl.us/Documents/Forms/Form3A.pdf?cp=202058>.

6. Additionally, I have reviewed Sections 112.313(3) and 112.313(7), Florida Statutes, concerning advisory board members, and confirm that any business relationships involving advisory board members comply with these statutes. Disclosure of any conflicts of interest for advisory board members has been made in accordance with Florida Commission on Ethics Form 4a:

<http://www.ethics.state.fl.us/Documents/Forms/Form4a.pdf?cp=202058>.

Executed this 30th day of May, 2025.

By Kevin Graves V.P.
(Signature)

By Kevin Graves Vice Pres.
(Name and Title)

STATE OF (Florida)

COUNTY OF (Martin)

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 30th day of May, 2025, by Kevin Graves (Name of Officer or Agent), as Vice President (Title of Officer or Agent) of Safety & Boot Center Inc. (Name of Corporation Acknowledging) a Florida corporation (State or Place of Incorporation), on behalf of the corporation. ~~He~~She is ☒ personally known to me or ☐ has produced a driver's license issued within the past 5 years as identification.

NOTARY PUBLIC SEAL



Notary Public, State of Florida

Resa Walton
(Printed, Typed or Stamped Name of Notary Public)



DRUG FREE WORKPLACE CERTIFICATION

The undersigned Bidder/Contractor, in accordance with Florida Statute 287.087 hereby certifies that

Safety & Boot Center, 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 violation 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 under this bid 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 1893, or of any controlled substance law of the United States, or any State, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance, or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Firm Name: Safety & Boot Center, Inc.

Name of Authorized Official: Kevin Graves

Title of Authorized Official: Vice President

Signature of Authorized Official:  V.P.

Date: 5/30/2025



EQUAL OPPORTUNITY STATEMENT

The Respondent (Bidder) shall complete the following statement by signing this form where indicated.

Failure to complete this form may be grounds for rejection of bid:

1. The awarded Contractor shall comply with Title VI of the Civil Rights Act of 1964, the Civil Rights Restoration Act of 1987 and the Florida Civil Rights Act of 1992, as amended) prohibiting employment discrimination and shall comply with the regulations and guidelines promulgated pursuant to this Act by the Secretary of the Interior and the Heritage Conservation and Recreation Service.
2. During the performance of this contract, the awarded Contractor, for itself, its assignees and successors in interest (hereinafter referred to as the "Contractor") agrees as follows:
3. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.
4. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive considerations for employment without regard to race, color, religion, sex, or national origin.
5. The Contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
6. The Contractor will comply with all provisions of Executive Order 11246 of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.
7. The Contractor will furnish all information and reports required by Executive Order 11246 of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

8. In the event of the Contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this contract may be canceled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in Executive Order 11246 of September 24, 1965, and such other sanctions as may be imposed and remedies invoked as provided in Executive Order 11246 of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
9. The Contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (7) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order 11246 of September 24, 1965, so that such provisions will be binding upon each sub-Contractor or vendor. The Contractor will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance: Provided, however, That in the event a Contractor becomes involved in, or is threatened with, litigation with a sub-Contractor or vendor as a result of such direction by the administering agency the Contractor may request the United States to enter into such litigation to protect the interests of the United States.

Firm Name:

Safety & Boot Center, Inc.

Name of Authorized Official:

Kevin Graves

Title of Authorized Official:

Vice President

Signature of Authorized Official:

 V.P.

Date:

05/30/2025



LOCAL VENDOR PREFERENCE CERTIFICATION STATEMENT


(Complete and Return **ONLY** if Eligible)

Bid Number: (RFB) 2025-3679

Bid Name: Safety Boots & Safety Supplies / Personal Protection Equipment (PPE)

Vendor agrees that it meets and will comply with all requirements of Section 135.7, Code of Ordinances, Martin County Code, included but not limited to:

1. Vendor has a fixed, staffed office or distribution point located in and having a street address within Martin County or St. Lucie County for at least one year prior to the issuance of this Request for Bid (RFB) and **attached is a copy of a business or contractor license and/or business tax receipt which verifies this**. Post Office boxes shall not be used or considered for the purpose of establishing a physical address; and
2. If awarded a contract, vendor will be the person or entity in direct contract with the County and not as a subcontractor, other lower tier subcontractor, materialman or supplier.

Company Name (Print)	Safety & Boot center, Inc.
Street Address (Print)	2927 SE Gran Park Way
Owners Name & Title (Print)	Kevin Graves, Vice President
Authorized Signature	 V.P.

FOR COUNTY USE ONLY

Vendor meets all requirements of Section 135.7, Code of Ordinances, Martin County Code.

Certified by: _____

Date: _____




NON-COLLUSION CERTIFICATION

I (we) hereby certify that if the contract is awarded to me, our firm, partnership or corporation, that no members of the elected governing body of Martin County nor any professional management, administrative official or employee of the County, nor members of his or her immediate family including spouse, parents or children, nor any person representing or purporting to represent any member or members of the elected governing body or other official, has solicited, has received or has been promised, directly or indirectly, any financial benefit including but not limited to a fee, commission, finder's fee, political contribution, goods or services in return for favorable review of any Proposals submitted in response to the Request for Proposal or in return for execution of a contract for performance or provision of services for which proposals are herein sought.

Firm Name: Safety & Boot Center, Inc.

Name of Authorized Official: Kevin Graves

Title of Authorized Official: Vice President

Signature of Authorized Official:  V.P.

Date: 05/30/2025

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 OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted for Safety & Boot Center, Inc.
2. This sworn statement is submitted by Kevin Graves

Whose business address is: 2927 SE Gran Park Way, Stuart FL 34997

and (if applicable) its Federal Employer Identification Number (FEIN) is: 56-2329532

(If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____)

3. My name is Kevin Graves and my relationship to the entity named above is Vice President

4. I understand that a "public entity crime" as defined in Section 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 of 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.
5. I understand that "convicted" or "conviction" as defined in Section 287.133 (1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without 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, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in Section 287.133(1) (a), Florida Statutes, means: (1) A predecessor or successor of a person convicted of a public entity crime; or (2) 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.
7. I understand that a "person" as defined in Section 287.133(1) (e), 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.

8. Based on information and belief, that 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 submitting this sworn statement, nor one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity, has been charged with and convicted of public entity crime subsequent to July 1, 1989.
- ☐ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the Final Order.]
- ☐ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the Final Order.]
- ☐ The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Signature:  V.P.

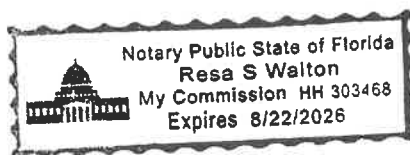
Date: 5/30/2025

STATE OF (Florida)

COUNTY OF (Martin)

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization this 30th day of May, 20 25, by Kevin Graves (Name of Officer or Agent), as Vice President (Title of Officer or Agent) of Safety & Boot Center Inc. (Name of Corporation Acknowledging) a Florida corporation (State or Place of Incorporation), on behalf of the corporation. He She is ☒ personally known to me or ☐ has produced a driver's license issued within the past 5 years as identification.

NOTARY PUBLIC SEAL



Notary Public, State of Florida

Resa S. Walton

(Printed, Typed or Stamped Name of Notary Public)




**VENDOR CERTIFICATION REGARDING
DISCRIMINATORY VENDOR LIST**

Respondent Vendor Name: Safety & Boot Center, Inc.
Vendor FEIN: 56-2329532
Vendor's Authorized Representative Name and Title: Kevin Graves, Vice President
Address: 2927 SE Gran Park Way
City, State, Zip: Stuart, FL 34997
Phone Number: 772-221-8905
Email Address: Kevin@sbcfla.com.com

Section 287.134(3)(d), Florida Statutes, prohibits an entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity." Section 287.134(2)(a), F.S.

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 are on the Discriminatory Vendor List maintained by the Florida Department of Management Services pursuant to Section 287.134(3)(d), F.S.

Certified By:  V.P.
who is authorized to sign on behalf of the above referenced company.

Kevin Graves, Vice President

Print Name and Title

5/30/2025

Date



**VENDOR CERTIFICATION REGARDING
SCRUTINIZED COMPANIES LISTS**

Respondent Vendor Name: Safety & Boot Center, Inc.
Vendor FEIN: 56-2329532
Vendor's Authorized Representative Name and Title: Kevin Graves, Vice President
Address: 2927 SE Gran Park Way
City, State, Zip: Stuart, FL 34997
Phone Number: 772-221-8905
Email Address: Kevin@sbcfla.com

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

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:  V.P.
who is authorized to sign on behalf of the above referenced company.

Kevin Graves, Vice President

Print Name and Title

5/30/2025

Date



E-VERIFY

Bid/Contract Number: (RFB) 2025-3679

Bid/Contract Name: SafetyBoots & Safety Supplies/Personal Protective Equipment (PPE)

The Respondent (Bidder) hereby acknowledges and certifies compliance with Section [448.095](#), Florida Statutes.

- The Respondent (Bidder) shall register with and use the E-Verify system to verify the work authorization status of all newly hired employees.
- The Respondent (Bidder) shall utilize the U.S. Department of Homeland Security's E-Verify system, in accordance with the terms governing use of the system.
- The Respondent (Bidder) shall comply with Section 448.095, Florida Statutes, for the duration of the contract term, including any extensions or renewal periods.

If the Respondent (Bidder) is a private employer that employs less than twenty-five (25) employees (in accordance with Section 448.095, Florida Statutes), please list the number of employees below:

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- **Respondent (Bidder) shall include as an attachment to this form, proof of registration with the United States Department of Homeland Security E-Verify system.**

Failure to complete this form may be grounds for rejection of bid.

Firm Name: Safety & Boot Center, Inc

Name of Authorized Official: Kevin Graves

Title of Authorized Official: Vice President

Signature of Authorized Official:  V.P.

Date: 5/30/2025

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Safety & Boot Center, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 2927 SE Gran Park Way	Requester's name and address (optional)
6 City, state, and ZIP code Stuart FL 34997		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
5	6		-	2	3	2	9	5 3 2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Russ Walton, Financial Mgr.</i>	Date <i>1/02/2025</i>
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



ADDENDUM #1

REQUEST FOR BID (RFB) 2025-3679

SAFETY BOOTS & SAFETY SUPPLIES / PERSONAL PROTECTION EQUIPMENT (PPE)

BID DUE DATE: JUNE 11, 2025 @ 2:30 PM

The following information shall become part of this bid and shall be binding as if originally contained therein.

QUESTIONS

1. In category 2 of the Award Categories of the Project Solicitation, one of the groups is Warning Lights. Is amber/white lighting for public work vehicles, red/blue lighting for Sheriff's Dept. vehicle?

RESPONSE: For this solicitation, "warning lights" are lighting devices used to enhance visibility and alert others to hazards in work zones, traffic areas, and emergencies. They improve safety by guiding traffic, marking restricted areas, and highlighting personnel or equipment. Typical types include LED beacons, strobe lights, flashers, and light bars, mounted on vehicles, barricades, cones, or equipment.

Warning light color designations are as follows: blue/white for law enforcement (Sheriff), amber/white for general government operations (e.g., road, utility, and public works), and red/white for emergency response units (Fire Rescue and EMS).

2. Is there a current contract for this solicitation and if so, please provide details such as prices, current vendor and terms?

RESPONSE: Contract RFB2021-3289 for Safety Boots & Supplies was awarded to Safety & Boot Center, Inc. and West of Ole England, with a maximum contract value of \$750,000.00. Additional details can be found on the County's website: https://owl.martin.fl.us/app/f?p=301:2:10707961720820:::P2_LIST_GROUP_ID,P2_LIST_ID:694,8759

3. Can you kindly provide us total expenditures incurred for the current contract for past 3 years?

RESPONSE: The total expenditures incurred under the current contract RFB2021-3289 is \$713,234.90.

4. How many employees are served under this contract?

RESPONSE: Martin County currently employees 1,121 individuals. This contract is available for use by all County Departments on an as-needed basis.

5. Do you place a limit (quantity or in dollars) for individual orders for your employees?

RESPONSE: No. Each Department or Division budgets separately according to its specific needs.

6. Could you please mention annual usage of safety shoes & boots?

RESPONSE: This information is not available and varies from year to year based on employee needs.

7. Can discount percentage be adjusted on an annual basis from the first anniversary?

RESPONSE: For details regarding compensation and pricing, please refer to the sample contract included in the solicitation.

8. What would be the ordering procedure? On a when needed basis? Bulk quantities or small orders?

RESPONSE: Orders will be placed as needed in varying quantities, based on demand.

9. What would be the procedure if the shoe or boot ordered does not fit the employee? Who is responsible for the freight and restocking of the returned item?

RESPONSE: The vendor is responsible for all freight and restocking costs. The purpose of this contract is to ensure proper sizing through fit testing before any orders are placed.

RECEIPT OF ADDENDUM #1 IS HEREBY ACKNOWLEDGED

Safety & Boot Center, Inc.
Firm Name

[Signature] VP
Signature