


EBID #20220037- Excel Bid Reply Spreadsheet  
Mowing Grounds Maintenance Services for Utility Lift Stations

Company Name: Mow 4 Less LLC.

Mowing and Grounds Maintenance Services		Annual Frequency	Rate Per Location	Annual Total
1	SP-17	36	22	\$792.00
2	SP-46	36	22	\$792.00
3	SP-83	36	22	\$792.00
4	WP-10	36	22	\$792.00
5	WP-11	36	22	\$792.00
6	WP-12	36	22	\$792.00
7	WP-13	36	22	\$792.00
8	WP-14	36	22	\$792.00
9	WP-15	36	22	\$792.00
10	WP-16	36	22	\$792.00
11	WP-17	36	22	\$792.00
12	WP-18	36	22	\$792.00
13	WP-19	36	22	\$792.00
14	WP-20	36	22	\$792.00
15	WP-21	36	22	\$792.00
16	WP-22	36	22	\$792.00
17	WP-23	36	22	\$792.00
18	WP-24	36	22	\$792.00
19	WP-27	36	22	\$792.00
20	WP-28	36	22	\$792.00
21	WP-29	36	22	\$792.00
22	WP-30	36	22	\$792.00
23	WP-31	36	22	\$792.00
24	WP-32	36	22	\$792.00
25	WP-33	36	22	\$792.00
26	WP-34	36	22	\$792.00
27	WP-35	36	22	\$792.00
28	WP-36	36	22	\$792.00
29	WP-37	36	22	\$792.00
30	WP-38	36	22	\$792.00
31	WP-39	36	22	\$792.00
32	WP-40	36	22	\$792.00
33	WP-41	36	22	\$792.00
34	WP-42	36	22	\$792.00
35	WP-43	36	22	\$792.00
36	WP-44	36	22	\$792.00
37	WP-45	36	22	\$792.00
38	WP-46	36	22	\$792.00

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39	WP-47	36	22	\$792.00
40	WP-48	36	22	\$792.00
41	WP-49	36	22	\$792.00
42	WP-50	36	22	\$792.00
43	NP-01	36	22	\$792.00
44	NP-02	36	22	\$792.00
45	NP-03	36	22	\$792.00
46	NP-05	36	22	\$792.00
47	NP-07	36	22	\$792.00
48	NP-22	36	22	\$792.00
49	NP-23	36	22	\$792.00
50	NP-26	36	22	\$792.00
51	NP-27	36	22	\$792.00
52	NP-28	36	22	\$792.00
53	NP-29	36	22	\$792.00
54	NP-30	36	22	\$792.00
55	NP-37	36	22	\$792.00
56	NP-38	36	22	\$792.00
57	NP-39	36	22	\$792.00
58	NP-40	36	22	\$792.00
59	NP-41	36	22	\$792.00
60	NP-42	36	22	\$792.00
61	NP-54	36	22	\$792.00
62	NP-04 (167) Jardain Road)	36	30	\$1,080.00
63	4250 NW East Torino Parkway	36	30	\$1,080.00
64	SP-16 - 2322 SE Melaleuca Blvd.	36	30	\$1,080.00
65	1381 SE San Sovina Terrace	52	30	\$1,560.00
66	(house)	52	30	\$1,560.00
67	2281 Sidonia St.	52	30	\$1,560.00
<b>Total Bid Amount</b>				<b>\$56,232.00</b>

Contractor Signature:   
Contractor's Printed Name: Andrew Kissoon  
Contractor's Phone Number: 772-201-7655  
Contractor's Email Address: Mow4less.AK@gmail.com

**NOTE:** The City's Estimated Annual Usage as indicated in this document has been inserted to establish a possible annual usage. Actual quantities that will be ordered by the City during the Contract Period may vary substantially from the Estimated Annual Usage. Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity or type of services that will be utilized during the Contract period.



"A City for All Ages"

**NOTICE TO ALL PROPOSERS:**


**To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on DemandStar, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City of Port St. Lucie Ordinance 20-15, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Ms. Michelle Fentress, Issuing Officer, for the procurement of these services.**

All questions regarding this Solicitation are to be submitted in writing to Shelby Dolan, Procurement Agent I with the Procurement Management Department via e-mail [sdolan@cityofpsl.com](mailto:sdolan@cityofpsl.com), or by phone 772-873-6338. Please reference the Solicitation number on all correspondence to the City. All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

\*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the DemandStar's Website for retrieval. All notice of intent to award documentation will be published on the City Clerk's Website. Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

**I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance 20-15, Section 35.13.**

Typed Name: Andrew KISSOON  
Signed:   
Company and Job Title: MOW 4 LESS LLC., OWNER  
Date: 3-16-22

**CONTRACTOR'S GENERAL INFORMATION WORK SHEET**  
**eBID #20220037**

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated at 308 S. 30 St. Fort Pierce, this 16 day of March, 2022  
(Location)

Name of Organization/Contractor: MOW 4 LESS LLC.

By: Andrew KISSOON, OWNER  
Name and Title

1. Corporation, Partnership, Joint Venture, Individual or other? LLC.
2. Firm's name and main office address, telephone and fax numbers

Name: MOW 4 LESS LLC.  
Address: 308 S. 30 St.  
Fort Pierce Fl. 34947  
Telephone Number: 772-201-7655  
Fax Number: 772-595-6505

3. Contact person: Andrew KISSOON Email: MOW4LESS.AK@gmail.com
4. Firm's previous names (if any). —
5. How many years has your organization been in business? 15 years
6. Total number of staff at this location: 15 Total number of staff on the Treasure Coast: 15
7. Is the Firm a minority business: YES / NO  
If no, is your company planning to implement such a program? \_\_\_\_\_
8. Is the firm claiming Local Preference under City Ordinance 35.12? YES / NO

9. List the license(s) that qualifies your firm to construct this project: \_\_\_\_\_  
Not a construction project

10. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued	Addendum Number	Date Issued
# 1	MARCH 11, 2022		

11. **BID RESPONSE:**

- 11.1 Bidder will not accept the Purchasing Card (Visa).  
*(please circle one)*
- 11.2 Percentage of discount when payment is made with Visa: 0 %  
*Please Note: The City has implemented a **Purchasing Card Program**. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be consideration in the bid award. If no such percentage is given, the City shall assume zero (0) percent discount applies.*
- 11.3 Bid Reply Total from Cost Worksheet – Schedule “A”: \$ 56,232.00  
*(This figure must match the Cost Worksheet and the figure that is to be used on the DemandStar web page. Discrepancies between the Cost Worksheet spreadsheet uploaded on DemandStar, the dollar amount listed on the web page at the time of submittal and the Cost Work Sheet #20220037 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal.)*

**Reference Use Only – Use E-Bid Reply – Schedule “A” Spreadsheet to reply to this Bid**

Mowing and Grounds Maintenance Services		Annual Frequency
1	SP-17	36
2	SP-46	36
3	SP-83	36
4	WP-10	36
5	WP-11	36
6	WP-12	36
7	WP-13	36
8	WP-14	36

9	WP-15	36
10	WP-16	36
11	WP-17	36
12	WP-18	36
13	WP-19	36
14	WP-20	36
15	WP-21	36
16	WP-22	36
17	WP-23	36
18	WP-24	36
19	WP-27	36
20	WP-28	36
21	WP-29	36
22	WP-30	36
23	WP-31	36
24	WP-32	36
25	WP-33	36
26	WP-34	36
27	WP-35	36
28	WP-36	36
29	WP-37	36
30	WP-38	36
31	WP-39	36
32	WP-40	36
33	WP-41	36
34	WP-42	36
35	WP-43	36
36	WP-44	36
37	WP-45	36
38	WP-46	36
39	WP-47	36
40	WP-48	36
41	WP-49	36
42	WP-50	36
43	NP-01	36
44	NP-02	36
45	NP-03	36
46	NP-05	36
47	NP-07	36

48	NP-22	36
49	NP-23	36
50	NP-26	36
51	NP-27	36
52	NP-28	36
53	NP-29	36
54	NP-30	36
55	NP-37	36
56	NP-38	36
57	NP-39	36
58	NP-40	36
59	NP-41	36
60	NP-42	36
61	NP-54	36
62	NP-04 (167) Jardain Road)	36
63	4250 NW East Torino Parkway	36
64	SP-16 - 2322 SE Melaleuca Blvd.	36
65	1381 SE San Sovina Terrace	52
66	3181 SE Morningside Blvd. (house)	52
67	2281 Sidonia St.	52

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item shall be offered shall be shown, and such price shall include packing and shipping unless otherwise specified. A total shall be entered in the "Total" column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 11.3 above and entered on the DemandStar web page. The City reserves the right to split the award, if in the City's opinion such a split is in the best interest of the City.

**Interpretation of the Approximate Quantities** - The Bidder's attention is called to the fact that any estimate of quantities of work to be done and materials to be furnished under the specifications as shown on the proposed form (or elsewhere) is approximate only and not guaranteed by the City. The City does not assume any responsibility that the final quantities shall remain in strict accordance with the estimated quantities, nor shall the Bidder plead misunderstanding or deception because of such estimate of quantities or of the character, location of the work, or other condition pertaining thereto.

12. List five (5) projects similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference.**

Project Number 1

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Project Name: St. Lucie county median maintenance  
Description: maintain various county medians

Location: ACROSS St. Lucie county

Client Name, Phone Number & Email: St. Lucie county, 772-408-7356,

Value of Total Contract: 600K Mierass@st.lucie.or

Date of Completion: June/2020

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 2

Project Name: Subdivision #2 Maintenance

Description: Mowing and maintainance of  
subdivision #2

Location: ACROSS St. Lucie county

Client Name, Phone Number & Email: St. Lucie county, 772-408-7356

Value of Total Contract: 120K

Date of Completion: 9/2020

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 3

Project Name: subdivision #3 Maintenance

Description: Mowing and Maintenance of  
subdivision #3

Location: ACROSS St. Lucie county

Client Name, Phone Number & Email: St. Lucie county, 772-408-7356

Value of Total Contract: 450K

Date of Completion: current



Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 4

Project Name: city of Fort Pierce lot clearing / Maintenance

Description: maintain various lots around Fort Pierce

Location: various locations

Client Name, Phone Number & Email: city of Fort Pierce, 772-467-3148, parraiz@cityoffortpierce.com

Value of Total Contract: 200K

Date of Completion: current

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 5

Project Name: Fort Pierce Utilities

Description: maintain various FPUA properties

Location: various locations

Client Name, Phone Number & Email: FPUA, 772-579-0416, jspades@FPUA.com

Value of Total Contract: 300K

Date of Completion: current

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

13. Status of current contracts. Please provide the name & number of current contracts as well as a sample list of the projects currently underway.

FPUA- Joel Spades, 772-579-0416, Jspades@FPUA.com  
St. Lucie County - 772-408-7356, Mierass@st.lucie.org  
City of Fort Pierce - 772-467-3148, parraiz@cityoffortpierce.com

14. How will the Contractor be able to meet the project timeline and budget given the current workload, work force and equipment?

We currently have staffing and resources to maintain this contract

15. List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications.

We will allocate at least seven employees for this contract. Each individual has at least 10 years experience

16. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: NONE

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

17. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ( )

No (X)

If yes, please explain:

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18. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

*NONE*

(N/A is not an acceptable answer - insert lines if needed)

19. List any judgments from lawsuits in the last five (5) years:

*NONE*

(N/A is not an acceptable answer - insert lines if needed)

20. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

*NONE*

(N/A is not an acceptable answer - insert lines if needed)

21. Provide a Project Management Plan.

22. Provide an Equipment List.

23. Provide a Project Schedule.

  
\_\_\_\_\_  
Signature

*OWNER*  
\_\_\_\_\_  
Title

**DRUG-FREE WORKPLACE FORM**  
**E-Bid # 20220037**  
**Mowing & Grounds Maintenance Services for Utility Lift Stations**

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

MOW 4 LESS LLC.

does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's 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 proposal 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 proposal, 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 Florida Statutes 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.

  
Bidder's Signature

3.16.22  
Date:



"A City for All Ages"

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

- 1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

E-Verify Company Identification Number 1810713

Date of Authorization 3-16-2022

Name of Contractor Mow 4 less LLC.

Name of Project Mowing + Grounds Maintenance Utility lift Stations

Solicitation Number (If Applicable)

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March 24, 2022 in Fort Pierce (city), FL (state).

Signature of Authorized Officer

Andrew Kissoon
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 24th DAY OF March, 2022.

NOTARY PUBLIC Cassandra F. Tolbert
Notary Public

My Commission Expires: State of Florida

My Commission Expires 01/03/2023
Commission No. GC 288500

EQUIPMENT 2021	COST	DEPRECIATED VALUE	PURCHASED CONDITION	Hours Of Use	Comments
John Deere WG36A (2019)	3600		NEW	75	
John Deere BC1324 (2020)	2160		NEW	10	
John Deere Z925A 54 (2018)	6500		USED	1400	
John Deere Z925A 54 (2020)	6800		used	1230	
Dixie Chopper 44 (2015)	5600		NEW	204	
John Deere Z930M 60 (2020)	9800		New	68	
Toro Z master 61	7500		used	1200	
John Deere Z920(2020)	9200		new	605	
John Deere Z920(2020)	9200		new	766	
John Deere Z920(2019)	9200		new	550	
John Deere Z920(2018)	9200		new	805	
John Deere WH48A(2018)	4800		new	100	
John Deere 636 (2017)	8600		new	2	
Enclosed Trailer 7x20	6200		new		
John Deere 5075	28920		New		
John Deere 5075	28920		new		
7x16 Utility Trailer	2000		new		
Enclosed Trailer 7x18	4500		new		
18 x 6.10 Utility Trailer	2200		new		
7.5 x 12 Utility Trailer	1800		new		
Stihl Hedge Trimmer HL 90	439.95		NEW		
Stihl Hedge Trimmer HL 90	439.95		NEW		
Stihl Pole Saw HT 130	529.95		NEW		
Stihl Edger FC 90	349.95		NEW		
Stihl Edger FC 90	349.95		NEW		
Stihl Edger FC 90	349.95		NEW		
Stihl Edger FC 90	349.95		NEW		
Stihl Chain saw 192 TC	319.95		NEW		
Stihl Blower BG 55	149.95		NEW		
Stihl Trimmer FS 130	399.95		NEW		
Stihl Blower BG 86	249.95		NEW		
Stihl Blower BG 56	209.95		NEW		
Echo Trimmer GT 225	159.99		NEW		
Echo Trimmer GT 230	249.99		NEW		
Echo Edger 225	230.99		new		
Echo Hedge Trimmer HC-235	489.99		NEW		
Echo Hedge Trimmer HC-235	489.99		NEW		
Echo Hedge Trimmer SHC-225	359.99		new		
Echo Hedge Trimmer HC-152	289.99		NEW		
Echo Hedge Trimmer HC-165	469.99		new		
Echo CS310	212.98		new		
Echo CS330T	269.99		new		
Echo CS450	389.99		new		
Echo CS370	279.99		NEW		
Echo CS341	225		USED		
Echo SRM 225 Trimmer	219.99		NEW		

Echo SRM 225 Trimmer	160		USED		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 230 Trimmer	289.99		NEW		
Echo SRM 266 Trimmer	309.99		NEW		
Echo SRM 266 Trimmer	250		USED		
Echo SRM 230 (2013)	289.99		NEW		
Echo Pas 266	299.99		NEW		
Echo Pas Pole saw	199.99		NEW		
Echo Blower PB 250	199.99		NEW		
Echo Pole Saw PPF210	250		USED		
Echo Edger PE- 266	349.99		NEW		
Echo Blower PB265	269.99		NEW		
Echo Blower PB 500	329.99		NEW		
Echo Blower PB 500	329.99		NEW		
Echo Blower PB755	369.99		new		
Echo Blower PB755	369.99		new		
	125088.02			4179	

**Addendum # 1**  
**eRFP # 20220037**  
**Mowing & Grounds Maintenance Services for Utility Lift Stations**  
**March 11, 2022**

Please make the following changes/modifications to the subject solicitation:

1. Would it be possible to receive a copy of the bid tab for the last time EBID-20220037-0-22/AMB was open for bidding?

**Answer: Please see the Bid Tabulation Report from the previous time this solicitation was bid below.**

2. May you please provide a copy of the city's current annual prices to include a per lift station price.

**Answer: Please see the Bid Tabulation Report from the previous time this solicitation was bid below.**

3. I noticed some new lift stations areas were added to this bid, can an updated map be provided. See attached for reference.

**Answer: Per the Critical Infrastructure Act, the City is no longer providing location maps for lift stations.**

**NOTE: The Bid Opening date has not been changed.**





308 S. 30 St.  
Fort Pierce Fl. 34947  
772-777-6922

## **Project Management Plan**

We at Mow 4 Less LLC. understand the scope of work required for this contract. And we are committed to the timely performance of services. We have been doing this type of work in and around the City of Fort Pierce and St. Lucie County for many years. And have maintained stellar references. We currently have the work force and resources to maintain this contract. All questions and inquiries can be made to me at the above address and telephone number.

## **Project Schedule**

This project will take four days to complete. We will work within the contact parameters.



# 2021 - 2022

## St. Lucie County Local Business Tax Receipt

Facilities or machines # \_\_\_\_\_ Rooms # \_\_\_\_\_ Seats # \_\_\_\_\_ Employees #1 \_\_\_\_\_ Receipt #1015287  
 Type of business 7202 LANDSCAPE/LAWN CARE Expires SEPTEMBER 30, 2022

DBA name \_\_\_\_\_ Business Mow 4 Less Lawn Care LLC  
 Mailing address: Mow 4 Less Lawn Care LLC Business location: 308 S 30th St  
 308 S 30th St Fort Pierce, FL 34947  
 Fort Pierce, FL 34947

RENEWAL		City of Fort Pierce	
Original tax:	\$15.10		L13000020395
Penalty:	\$2.27		
Collection cost:	\$4.00		
Total:	\$21.37	Paid 11/08/2021 21.37	0025-20211108-006476

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

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

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

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

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

Mow 4 Less Lawn Care LLC  
 308 S 30th St  
 Fort Pierce, FL 34947



"A City for All Ages"

**NON-COLLUSION AFFIDAVIT**

EBID #20220037

**Mowing & Grounds Maintenance  
Services for Utility Lift Stations**

State of Florida }

County of St. Lucie }

Andrew Kissoon, being first duly sworn, disposes and says that:  
(Name/s)

1. They are owner of Mow 4 Less LLC. the Proposer that  
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) Andrew Kissoon

(Title) owner



"A City for All Ages"

STATE OF FLORIDA }  
COUNTY OF ST. LUCIE } SS:

The foregoing instrument was acknowledged before me this (Date) 24<sup>th</sup> Day of March  
by: Andrew Kisson who is personally known to me or who has produced  
Driver's License as identification and who did (did not) take an oath.

Commission No. Cassandra F. Tolbert

Notary Print: Cassandra F. Tolbert Notary Public  
State of Florida

My Commission Expires 01/03/2023  
Notary Signature: Cassandra F. Tolbert Commission No. GC 288500



"A City for All Ages"

**eBID #20220037- Mowing & Grounds Maintenance Services for Utility Lift Stations  
CONTRACTOR'S CODE OF ETHICS**

The City of Port St Lucie ("City"), through its Procurement Management Department ("Procurement Management Department") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Department requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same contract or similar City contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers

(including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
- Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
- Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer Mow 4 Less LLC.

Signature 

Printed Name and Title Andrew Kisson, owner

Date 3-16-22

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable contractor contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Mow 4 Less LLC.</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>308 S. 30 St</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>FortPierce, FL, 34947</b>	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

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

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

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
4	6	-	2	0	0	9	8	8	2

## Part II Certification

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>4-11-22</u>
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## General Instructions

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

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

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/25/2022

**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> Agrillo Insurance Agency  49 SW Monterey Rd. Stuart, Fl. 34994	<b>CONTACT NAME:</b> Anthony Agrillo <b>PHONE (A/C, No, Ext):</b> 772-287-1560 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> tony@agrilloins.com												
<b>INSURER(S) AFFORDING COVERAGE</b>													
<b>INSURED</b>  MOW 4 LESS LAWN CARE LLC  308 S. 30TH STREET Fort Pierce, Fl. 34957	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER A:</b> Burlington Insurance Company</td> <td style="width: 20%;"><b>NAIC #</b> 23620</td> </tr> <tr> <td><b>INSURER B:</b> Progressive Express Ins.</td> <td>10193</td> </tr> <tr> <td><b>INSURER C:</b> Florida Citrus, Business &amp; Industries Fund (FCBI)</td> <td>31259</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>INSURER A:</b> Burlington Insurance Company	<b>NAIC #</b> 23620	<b>INSURER B:</b> Progressive Express Ins.	10193	<b>INSURER C:</b> Florida Citrus, Business & Industries Fund (FCBI)	31259	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>INSURER A:</b> Burlington Insurance Company	<b>NAIC #</b> 23620												
<b>INSURER B:</b> Progressive Express Ins.	10193												
<b>INSURER C:</b> Florida Citrus, Business & Industries Fund (FCBI)	31259												
<b>INSURER D:</b>													
<b>INSURER E:</b>													
<b>INSURER F:</b>													

**COVERAGES**                      **CERTIFICATE NUMBER:** 10-04                      **REVISION NUMBER:** updated Auto, GL, WC

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			164B565793	09/26/2021	09/26/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			02484203-8	11/15/2021	11/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	10664799-2021	10/04/2021	10/04/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Lawn maintenance; no tree trimming and no chemical spraying:  
 Project Info: Contract for Subdivision #3 - mowing & maintenances services, St. Lucie County Bid No. 19-038.

1. As respect to Insured's General Liability (GL) Insurance # 164B565793 policy terms and conditions; it includes the Blanket Additional Insured; to the benefit of said Certificate Holder per written agreement. See attached Burlington Insurance endorsement terms & conditions (form # CG 20 33 04 13) .

<b>CERTIFICATE HOLDER</b>  Saint Lucie County BOCC  2300 Virginia Ave Fort Pierce, Fl. 34982	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 3/25/2022
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – AUTOMATIC STATUS WHEN REQUIRED IN CONSTRUCTION AGREEMENT WITH YOU**

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

**A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured.

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. Will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
  - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - b. Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of or the failure to render any professional architectural, engineering or surveying services.

2. "Bodily injury" or "property damage" occurring after:
- a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

The most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement you have entered into with the additional insured; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.