

CONTRACTOR'S GENERAL INFORMATION WORK SHEET

eBID #20210038

Attachment C

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 3340 SE Dixie Hwy, Stuart, FL 34997 this June 30th day of, 2022
(Location)

Name of Organization/Contractor: Brightview Landscape Services, Inc.

By: Name and Title Charles Gonzalez - Senior VP

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation

2. Firm's name and main office address, telephone and fax numbers

Name: Brightview Landscape Services, Inc.

Address: 3340 SE Dixie Hwy, Stuart, FL 34997

Telephone Number: (772) 220-3676

Fax Number: _____

3. Contact person: Charles Gonzalez Email: charles.gonzalez@brightview.com

4. Firm's previous names (if any). ValleyCrest

5. How many years has your organization been in business? 73

6. Total number of staff at this location: 100 Total number of staff on the Treasure Coast: 160

7. Is the Firm a minority business: YES / NO

If no, is your company planning to implement such a program? No

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:

- Proper Pest Control Operator (PCO)
 - Best Management Practices (BMP)
- (Please attach all license certifications)**

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	6/14/22	1	10/3/22
2	6/17/22		
3	6/23/22		
4	6/23/22		
5	6/23/22		
6	6/28/22		

11. **BID RESPONSE:**

11.1 Bidder select one accept the Purchasing Card (Visa).

11.2 Percentage of discount when payment is made with Visa: _____%
*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”: \$ 187,168.18
(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 #20210038 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal.)

11.4 Bid Reply Total from Cost Worksheet – Schedule “B”: \$ _____
(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 #20210038 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal)

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

Project Name:	Florida Atlantic University
Description:	Landscape Maitenance of the University
Location:	Boca Raton, FL
Client Name, Phone Number & Email:	Marc Kozlin - 561-297-3021 - mkozlin1@fau.edu
Value of Total Contract:	\$1,300,000.00
Date of Completion:	Ongoing
Firm’s Percentage of Total Contract:	100
Number of Change Orders:	0
Value of Change Orders:	0
Was Project Completed on Schedule:	Ongoing
Was Project Completed within Budget?	Ongoing

Project Number 2

Project Name:	Town of Jupiter Island
Description:	Landscape Maitenance of Town of Jupiter Island
Location:	Jupiter Island, FL
Client Name, Phone Number & Email:	Stuart R. Trent - 772.545.0171 - strent@tji.martin.fl.us
Value of Total Contract:	\$55,500.00
Date of Completion:	Ongoing
Firm’s Percentage of Total Contract:	100

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Ongoing

Was Project Completed within Budget? Ongoing

Project Number 3

Project Name: Indian River County Schools

Description: Landscape Maintenance of the district schools and facilities

Location: Indian River County, FL

Client Name, Phone Number & Email: Robert Michael - 772-564-5060 - Robert.michael@indianriverschools.org

Value of Total Contract: \$550,000.00

Date of Completion: June 2019

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 Stuart

Description: Landscape Maintenance of city locations

Location: Stuart, FL

Client Name, Phone Number & Email: Milton Leggett- 772-288-5320 - mleggett@ci.stuart.fl.us

Value of Total Contract: \$72,000.00

Date of Completion: Ongoing

Firm's Percentage of Total Contract: 30

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Ongoing

Was Project Completed within Budget? Ongoing

Project Number 5

Project Name: Indian River County Roadways

Description: Landscape Maintenance of Roadways in Indian River County

Location: Vero Beach, FL

Client Name, Phone Number & Email: Danny Ooley - 772-226-3460 - dooley@ircgov.com

Value of Total Contract: \$54,000.00

Date of Completion: Ongoing

Firm's Percentage of Total Contract: 20

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Ongoing

Was Project Completed within Budget? Ongoing

13. 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: 0

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

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

Yes No

If yes, please explain:

15. 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:

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

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

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

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

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

18. Provide an Equipment List.



Signature

Senior VP

Title

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Brightview Landscape Services, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: 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 **not** 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.

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 FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
P.O. Box 740655

6 City, state, and ZIP code
Atlanta, GA 30374-0655

7 List account number(s) here (optional)

Requester's name and address (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.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

OR

Employer identification number

9	5	-	4	1	9	4	2	2	3
---	---	---	---	---	---	---	---	---	---

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 ▶ A. Blauthier Date ▶ 1/13/2022

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.

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.*

Excel Reply Spreadsheet #20210038R2
Application of Chemicals, Fertilization and IPM Services on Roadways and Medians
Attachment B
Schedule A

Company Name: Brightview Landscape Services, Inc.

Section 1 Parks & Rec

Line No.	City Hall Complex	Unit of Measure (Sq. Ft.)	Per Application	Est. Times per Yea	Annual Amount
1	Lawn Care (St Augustine)	224,346	\$ 1,683.00	8	\$ 13,464.00
2	Lawn Care (Bahia)	25,250	\$ 189.00	2	\$ 378.00
3	Palm, Tree and Shrubs (PTS)	14,748	\$ 221.40	2	\$ 442.80
4	**IPM Services	264,344	\$ 288.38	24	\$ 6,921.12
	St Augustine 4 Granular/4 Foliar			Sub Total	\$ 21,205.92

Line No.	Community Center	Unit of Measure (Sq. Ft.)	Per Application	Est. Times per Yea	Annual Amount
5	Lawn Care (St Augustine)	36,997	\$ 277.20	8	\$ 2,217.60
6	Palm, Tree and Shrubs (PTS)	12,290	\$ 184.40	2	\$ 368.80
7	**IPM Services	49,287	\$ 53.78	24	\$ 1,290.72
	St Augustine 4 Granular/4 Foliar			Sub Total	\$ 3,877.12

Line No.	Mary Ann Cerruto Park	Unit of Measure (Sq. Ft.)	Per Application	Est. Times per Yea	Annual Amount
12	Lawn Care (St Augustine)	13680	\$ 102.60	12	\$ 1,231.20
13	Lawn Care (Bahia)	15000	\$ 112.50	12	\$ 1,350.00
14	Palm, Tree and Shrubs (PTS)	2,740	\$ 41.40	12	\$ 496.80
15	**IPM Services	16440	\$ 17.94	12	\$ 215.28
	St. Augustine 2 Granular 4 foliar			Sub Total	\$ 3,293.28

Line No.	Botanical Gardens & Main Entrance	Unit of Measure (Sq. Ft.)	Per Application	Est. Times per Yea	Annual Amount
18	Lawn Care (St Augustine)	79,800	\$ 598.50	8	\$ 4,788.00
19	Lawn Care (Bahia)	220,535	\$ 1,654.20	2	\$ 3,308.40
20	Palm, Tree and Shrubs (PTS)	10,950	\$ 164.70	3	\$ 494.10
21	**IPM Services	311,285	\$ 339.60	24	\$ 8,150.40
	St Augustine 4 Granular/4 Foliar			Sub Total	\$ 16,740.90

Excel Reply Spreadsheet #20210038R2
Application of Chemicals, Fertilization and IPM Services on Roadways and Medians
Attachment B
Schedule A

Line No.	Section 2 Public Works	Unit of Measure (Sq. Ft.)	Per Application	Est. Times per Yea	Annual Amount
8	St Augustine Sites	1,300,000.00	\$ 9,749.70	6	\$ 58,498.20
9	Plant Beds with shrubs	1,800,000.00	\$ 27,000.00	2	\$ 54,000.00
10	Palms and Trees	21,200	\$ 317.70	2	\$ 635.40
11	**IPM Services	1,985,000.00	\$ 2,157.56	12	\$ 25,890.72
	St. Augustine 2 Granular 4 foliar			Sub Total	\$ 139,024.32

Line No.	SECTION 3–Mid Florida EVENT CENTER	Unit of Measure (Sq. Ft.)	Per Application	Est. Times per Yea	Annual Amount
12	PSL Lots 7,12,13,14,16, 17, 18, 22, 31, 34	130,680	\$ 982.87	2	\$ 1,965.74
13	Event Center Building Porperty (Lot #37)	15,000	\$ 112.00	2	\$ 224.00
14	Stage/ Fountain area (Lot #15)	4,000	\$ 30.00	2	\$ 60.00
15	Garage Perimeter (Lot #19)	5,800	\$ 43.70	2	\$ 87.40
16	Palm, Tree and Shrubs (PTS)	2,740	\$ 20.60	2	\$ 41.20
17	**IPM Services	16,440	\$ 17.94	12	\$ 215.28
	St Augustine 4 Granular/4 Foliar			Sub Total	\$ 2,593.62
	Additional Work	Unit of Measure (Sq. Ft.)	Per Application		
18	Lawn Care (St. Augustine)	1,000.00	\$ 7.08	2	\$ 14.16
19	Lawn Care (Bahia)	1,000.00	\$ 13.71	2	\$ 27.42
20	Palm, Tree & Shrubs (PTS)	1,000.00	\$ 31.54	12	\$ 378.48
21	**IMP Services	1,000.00	\$ 1.08	12	\$ 12.96
22	Fire Ant Services			12	\$ -
				Sub Total	\$ 433.02
	Total Dollar Amount with Contrator furninshing and providing granular fertilizer			Total	\$ 187,168.18

Excel Reply Spreadsheet #20210038R2
Application of Chemicals, Fertilization and IPM Services on Roadways and Medians
Attachment B
Schedule A

Note - Monthly Inspections & Treatment with follow up as required

The City reserves the right to split the award

Contractor's Signature _____

Contractor's Name _____

Contractor's Email _____

Contractor's Phone Number _____

Attachment C
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 Anibal Barreto, Procurement Agent I with the Procurement Management Department via e-mail abarreto@cityofpsl.com, or by phone 772-344-4229. 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: Charles Gonzalez
Signed: 
Company and Job Title: Brightview Landscape Services, Inc. - Senior VP
Date: 6/30/22



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/22/2022

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).

PRODUCER Aon Risk Services Central, Inc. Philadelphia PA Office 100 North 18th Street 15th Floor Philadelphia PA 19103 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Brightview Landscape Services, Inc. Location #35090 6350 9th Street SW Vero Beach FL 32968 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ACE American Insurance Company		22667
	INSURER B: American Guarantee & Liability Ins Co		26247
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 570095422007 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		XSLG47318397 SIR applies per policy terms & conditions	10/01/2022	10/01/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		ISA H1071333A	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			AUC508596818	10/01/2022	10/01/2023	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC50687302 WC - AOS SCFC50687405 WC - WI	10/01/2022	10/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

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

CERTIFICATE HOLDER Brightview Landscape 6350 9th Street SW Vero Beach, FL. 32968	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Holder Identifier : BCQI

Certificate No : 570095422007



CONTRACTOR'S GENERAL INFORMATION WORK SHEET

eBID #20210038

Attachment C

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 3340 SE Dixie Hwy, Stuart, FL 34997 this June 30th day of, 2022
(Location)

Name of Organization/Contractor: Brightview Landscape Services, Inc.

By: Name and Title Charles Gonzalez - Senior VP

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation

2. Firm's name and main office address, telephone and fax numbers

Name: Brightview Landscape Services, Inc.

Address: 3340 SE Dixie Hwy, Stuart, FL 34997

Telephone Number: (772) 220-3676

Fax Number: _____

3. Contact person: Charles Gonzalez Email: charles.gonzalez@brightview.com

4. Firm's previous names (if any). ValleyCrest

5. How many years has your organization been in business? 73

6. Total number of staff at this location: 100 Total number of staff on the Treasure Coast: 160

7. Is the Firm a minority business: YES / NO

If no, is your company planning to implement such a program? No

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:

- Proper Pest Control Operator (PCO)
 - Best Management Practices (BMP)
- (Please attach all license certifications)**

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	6/14/22	1	10/3/22
2	6/17/22		
3	6/23/22		
4	6/23/22		
5	6/23/22		
6	6/28/22		

11. **BID RESPONSE:**

11.1 Bidder select one accept the Purchasing Card (Visa).

11.2 Percentage of discount when payment is made with Visa: _____%
*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”: \$ 187,168.18
(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 #20210038 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal.)

11.4 Bid Reply Total from Cost Worksheet – Schedule “B”: \$ _____
(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 #20210038 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule “A” that is uploaded at time of submittal)

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

Project Name:	Florida Atlantic University
Description:	Landscape Maitenance of the University
Location:	Boca Raton, FL
Client Name, Phone Number & Email:	Marc Kozlin - 561-297-3021 - mkozlin1@fau.edu
Value of Total Contract:	\$1,300,000.00
Date of Completion:	Ongoing
Firm’s Percentage of Total Contract:	100
Number of Change Orders:	0
Value of Change Orders:	0
Was Project Completed on Schedule:	Ongoing
Was Project Completed within Budget?	Ongoing

Project Number 2

Project Name:	Town of Jupiter Island
Description:	Landscape Maitenance of Town of Jupiter Island
Location:	Jupiter Island, FL
Client Name, Phone Number & Email:	Stuart R. Trent - 772.545.0171 - strent@tji.martin.fl.us
Value of Total Contract:	\$55,500.00
Date of Completion:	Ongoing
Firm’s Percentage of Total Contract:	100

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Ongoing

Was Project Completed within Budget? Ongoing

Project Number 3

Project Name: Indian River County Schools

Description: Landscape Maintenance of the district schools and facilities

Location: Indian River County, FL

Client Name, Phone Number & Email: Robert Michael - 772-564-5060 - Robert.michael@indianriverschools.org

Value of Total Contract: \$550,000.00

Date of Completion: June 2019

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 Stuart

Description: Landscape Maintenance of city locations

Location: Stuart, FL

Client Name, Phone Number & Email: Milton Leggett- 772-288-5320 - mleggett@ci.stuart.fl.us

Value of Total Contract: \$72,000.00

Date of Completion: Ongoing

Firm's Percentage of Total Contract: 30

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Ongoing

Was Project Completed within Budget? Ongoing

Project Number 5

Project Name: Indian River County Roadways

Description: Landscape Maintenance of Roadways in Indian River County

Location: Vero Beach, FL

Client Name, Phone Number & Email: Danny Ooley - 772-226-3460 - dooley@ircgov.com

Value of Total Contract: \$54,000.00

Date of Completion: Ongoing

Firm's Percentage of Total Contract: 20

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Ongoing

Was Project Completed within Budget? Ongoing

13. 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: 0

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

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

Yes No

If yes, please explain:

15. 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:

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

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

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

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

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

18. Provide an Equipment List.



Signature

Senior VP

Title

Attachment C
DRUG-FREE WORKPLACE FORM
e-Bid # 20210038

The undersigned Contractor in accordance with Florida Statute 287.087 hereby certifies that
Brightview Landscape Services, Inc. does:
(Name of Business)

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

6/30/22

Date:



Surety O + 908.903.3485
202B Halls Mill Road, PO Box 1650 F + 908.903.3656
Whitehouse Station, NJ 08889-1650

Federal Insurance Company

Bid Bond

Bond No. n/a

Amount \$ 500.00

Know All Men By These Presents,

That we, BRIGHTVIEW LANDSCAPE SERVICES, INC.
3340 SE Dixie Hwy, Stuart, FL 34997

(hereinafter called the Principal),

as Principal, and FEDERAL INSURANCE COMPANY, a corporation duly organized under the laws of the State of Indiana, (hereinafter called the Surety), as Surety, are held and firmly bound unto

CITY OF PORT ST. LUCIE
121 S.W. Port St. Lucie Blvd., Port St. Lucie, FL 34984

(hereinafter called the Obligee),

in the sum of Five Hundred and 00/100 Dollars
(\$ 500.00), for the payment of which we, the said Principal and said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this 27th day of June, 2022

WHEREAS, the Principal has submitted a bid, dated July 6, 2022
for Application of Chemicals, Fertilizer & IPM Services on Roadways & Medians eBid (Event) Number: 20210038

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the Obligee shall accept the bid of the Principal and the Principal shall enter into a contract with the Obligee in accordance with such bid and give bond with good and sufficient surety for the faithful performance of such contract, or in the event of the failure of the Principal to enter into such contract and give such bond, if the Principal shall pay to the Obligee the difference, not to exceed the penalty hereof, between the amount specified in said bid and the amount for which the Obligee may legally contract with another party to perform the work covered by said bid, if the latter amount be in excess of the former, then this obligation shall be null and void, otherwise to remain in full force and effect.

BRIGHTVIEW LANDSCAPE SERVICES, INC.

Principal

By: *Tracy Aston*

Tracy Aston, Attorney-in-Fact

Federal Insurance Company

By: *Meghan Hanes*

Meghan Hanes, Attorney In Fact

Chubb. Insured.™

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

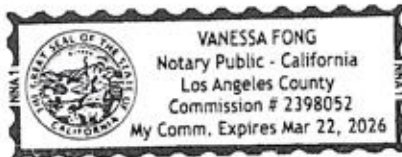
State of California

County of Los Angeles

On 06/27/2022 before me, Vanessa Fong, Notary Public, personally appeared Tracy Aston who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

Vanessa Fong
Signature of Notary Public

Limited Power of Attorney

BrightView Holdings, Inc. of 980 Jolly Road, Blue Bell, PA 19422, Federal Employer Tax Identification Number 46-4190788, hereby constitutes and appoints, jointly and severally, the following employees of certain subsidiaries of Aon plc ("Aon"), as identified below, its true and lawful attorney-in fact, only upon BrightView's prior written consent, to execute and apply a corporate seal to all surety bonds issued on behalf of each of the subsidiaries of BrightView Holdings, Inc. listed on Exhibit A attached hereto:

Aon Employee

Los Angeles

Meghan Hanes
Rosa Rivas
Tracy Aston

Philadelphia

George Gionis
Sara Owens
Sean Dent

New York

Frances Rodriguez

Chicago

Jennifer L. Jakaitis
Nicholas Kertesz

Aon Subsidiary

Aon Risk Services West, Inc.

Aon Risk Services Northeast, Inc.

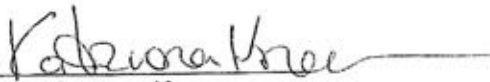
Aon Risk Services Northeast, Inc.

Aon Risk Services Central, Inc.

This Power-of-Attorney shall become effective upon the signing of this document and shall remain in effect until terminated by either party upon ten (10) days written notice.

IN WITNESS WHEREOF, the signing party below affirms his/her authority to sign this Designation of Representative and grant the powers contained therein.

Dated: February 14, 2022

By: 
Name: Katriona Knaus
Title: Treasurer

Sworn to and subscribed before me
this 14th day of February 2022.

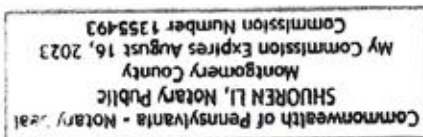


Exhibit A

BrightView Landscape Services, Inc. (California)
BrightView Landscape Services, Inc. (Texas)
BrightView Landscape Services, Inc. (Arizona)
BrightView Landscape Services, Inc. (Colorado)
BrightView Landscape Services, Inc. (Florida)
BrightView Landscape Services, Inc. (Georgia)
BrightView Landscape Services, Inc. (Nevada)
BrightView Landscapes, LLC
BrightView Tree Care Services, Inc.
BrightView Golf Maintenance, Inc.



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

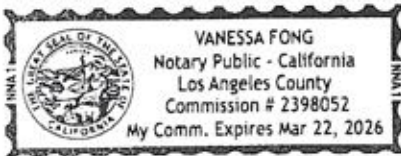
State of California

County of Los Angeles

On 06/27/2022 before me, Vanessa Fong, Notary Public, personally appeared Meghan Hanes who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

Vanessa Fong
Signature of Notary Public

Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

Know All by These Presents, that FEDERAL INSURANCE COMPANY, an Indiana corporation, VIGILANT INSURANCE COMPANY, a New York corporation, PACIFIC INDEMNITY COMPANY, a Wisconsin corporation, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Rosa E. Rivas of Irvine, California; Tracy Aston, Meghan Hanes and Samantha Russell of Los Angeles, California; Eric Allen, Celeste Austria, Donnalyn Revis, Catherine A. Rueter and William F. Ward of San Francisco, California

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY have each executed and attested these presents and affixed their corporate seals on this 5th day of April, 2022.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney

Stephen M. Haney, Vice President



STATE OF NEW JERSEY
County of Hunterdon

ss.

On this 5th day of April, 2022 before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal



KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316555
Commission Expires July 16, 2024

[Signature]
Notary Public

CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

*RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.
(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested.

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect.
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this 06/27/2022



Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com



**E-Verify Form
Attachment C**

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 19959

Date of Authorization 10/23/2009

Name of Contractor Brightview Landscape Services, Inc.

Name of Project Application of Chemicals, Fertilizer & IPM Services on Roadways & Medians

Solicitation Number (if Applicable) EBID-20210038-0-2022/AMB

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

Executed on June, 30, 2022 in Stuart (city), FL (state).

Charles Gonzalez
Signature of Authorized Officer

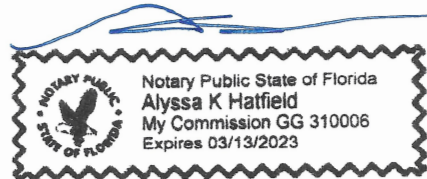
Charles Gonzalez - Senior VP
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 30 DAY OF June, 2022.

NOTARY PUBLIC Alyssa K. Hatfield

My Commission Expires: 3/13/23



NON-COLLUSION AFFIDAVIT

eBID #20210038
Attachment C

State of Florida }

County of Martin }

Charles Gonzalez, being first duly sworn, disposes and says that:
(Name/s)

1. They are Senior VP of Brightview Landscape Services, Inc. the Proposer that
(Title) (Name of Company)

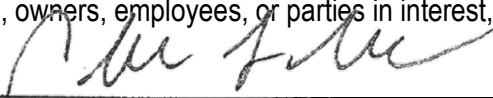
has submitted the attached PROPOSAL;

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) 

(Title) Senior VP

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

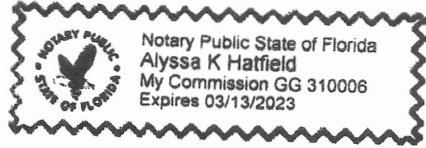
The foregoing instrument was acknowledged before me this (Date) 6/30/22

by: Charles Gonzalez who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Commission No. _____

Notary Print: Alyssa K. Hatfield

Notary Signature: _____





"A City for All Ages"

**eBID #20210038- Application of Chemicals, Fertilizer & IPM Services on Roadways & Medians
CONTRACTOR'S CODE OF ETHICS
Attachment C**

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 Brightview Landscape Services, Inc.

Signature 

Printed Name and Title Charles Gonzalez - Senior VP

Date 6/30/22

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.

LICENSES AND CERTIFICATIONS

2019 - 2020	MARTIN COUNTY BUSINESS TAX RECEIPT Honorable Ruth Pietruszewski CFC, Tax Collector 3485 S.E. Willoughby Blvd., Stuart, FL 34994 (772) 288-5604	Account 2009-267-0019 Category 267 Phone (772)220-3676 Location 3340 SE DIXIE HWY	Cert Sic No 561730
-------------	--	--	-------------------------------------

	Lic Fee 26.25
	Penalty 0.00
	Coll-Fee 0.00
	Transfer 0.00

TOTAL 26.25
ZINO, ROGER

BRIGHTVIEW LANDSCAPE SERVICES INC

Has satisfied requirements to engage in the business profession or occupation of 267 LANDSCAPE/LAWN MAINT at location listed for the period beginning on September 11, 2019 AND ENDING September 30, 2020

BRIGHTVIEW LANDSCAPE SERVICES INC
24151 VENTURA BLVD
CALABASAS, CA 91302

TAX-18-00008673 PAID



STATE OF FLORIDA
Department of Agriculture and Consumer Services
BUREAU OF LICENSING AND ENFORCEMENT

Date	File No	Expires
September 17, 2019	JE92097	August 31, 2020

THE ID CARD HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING:

August 31, 2020 AT

BRIGHTVIEW LANDSCAPE SERVICES INC
STUART, FL 34997

DANIEL JASON SYNOWSKI
BRIGHTVIEW LANDSCAPE SERVICES INC
3340 SE DIXIE HWY
STUART, FL 34997

Nicole Gried
NICOLE MIKKI FIELD, COMMISSIONER

Certified Operator



LICENSES AND CERTIFICATIONS



CERTIFICATE OF LIABILITY INSURANCE

DATE(MMDDYYYY)
09/19/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE: (866) 283-7122 FAX: (800) 363-0105 (A/C. No. Ext.) (A/C. No.): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED BrightView Landscape Services, Inc. Location #35340 3340 SE Dixie Hwy. Stuart FL 34997 USA	INSURER A: ACE American Insurance Company	22667
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier : BCO

COVERAGES CERTIFICATE NUMBER: 570078349219 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pesticide/Herbicide Applicator Coverage GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:		XSLG71078383 SIR applies per policy terms & conditions	10/01/2019	10/01/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION		ISA H09093722	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WLRCS0800179 WC - AOS SCFCs0800192 WC - WI SIR applies per policy terms & conditions	10/01/2019	10/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

Certificate No. : 570078349219

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

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>

ACORD 25 (2016/03)

©1988-2015 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD



State of



Florida

Department of Agriculture and Consumer Services

Bureau of Entomology and Pest Control

CERTIFIED PEST CONTROL OPERATOR

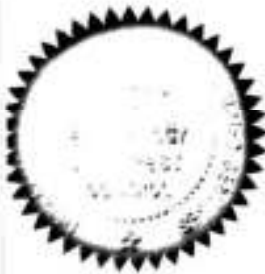
Number: JF118626

DANIEL J SYNOWSKI

This is to Certify that the individual named above is a Certified Pest Control Operator and is privileged to practice

Lawn and Ornamental, General Household Pest and Rodent Control

in conformity with an Act of the Legislature of the State of Florida regulating the practice of Pest Control and imposing penalties for violations.



Charles H. Bronson

Charles H. Bronson

In Testimony Whereof, Witness this signature at Tallahassee, Florida on September 26, 2008

[Signature]
Chief Bureau of Entomology and Pest Control

LICENSES AND CERTIFICATIONS



Department of Environmental Protection

2600 Blair Stone Road, M.S. 3570
Tallahassee, Florida 32399-2400

UF IFAS
UNIVERSITY of FLORIDA

GI-BMP Trainee ID: GV3691
Certification date: 11/5/2008

Congratulations on successfully completing the Florida Green Industries Best Management Practices Training Program. Your certificate of completion and wallet card are attached. If there are errors in the certificate, or if we can be of further assistance, please contact the GI-BMP Office of the Florida-Friendly Landscaping™ Program at gi.bmp@ifas.ufl.edu or (352) 273-4517.

Please note that this training certificate alone does not authorize you to apply fertilizer commercially after January 1, 2014. You must take additional steps to become licensed for commercial fertilizer application in the state of Florida. The Limited Urban Commercial Fertilizer Applicator Certification (state "fertilizer license") is issued by the Florida Department of Agriculture and Consumer Services (FDACS).

Apply online: <https://aesecomm.freshfromflorida.com>. The certificate number from this document is required to apply for Fertilizer Applicator Certification. For assistance contact: The Bureau of Entomology and Pest Control, (850) 617-7997

If your test score is 90% or greater, you may be eligible to become a GI-BMP Instructor:
http://fyn.ifas.ufl.edu/professionals/instructor_program.html

Test Score: 98%

Daniel J. Synowski
Brightview
3340 SE Dixie Hwy
Stuart, FL 34997

State of Florida
DEPARTMENT OF
ENVIRONMENTAL PROTECTION

Daniel J. Synowski

GV3691-1

Certificate #

GV3691

Trainee ID #

**GREEN INDUSTRIES BEST MANAGEMENT PRACTICES
TRAINING PROGRAM**



GV3691-1

Certificate #

GV3691

Trainee ID #

Certificate of Training Best Management Practices Florida Green Industries

UF IFAS
UNIVERSITY of FLORIDA

The undersigned hereby acknowledges that

Daniel J. Synowski

has successfully met all requirements necessary to be fully trained through the Green Industries Best Management Practices Program developed by the Florida Department of Environmental Protection with the University of Florida Institute of Food and Agricultural Sciences.

Issuer

S. Brown
Instructor

11/5/2008
Date of Class

DE Program Administrator

Not valid without seal