Cost Proposal "Mandatory" Worksheet

Contractor must provide their cost information in this spreadsheet. Failure to complete this spreadsheet will result in disqualification from the Solicitation. The Contractor's figure submitted below must include all costs associated with and in support of the Contractor's technical proposal.

Offeror must submit the "Cost Proposal Mandatory Worksheet" as part of the response. The cost proposal will be evaluated in accordance with the solicition documention.

			Estimated Annual		
Line No.	<u>Description</u>	Unit	Quantity	<u>Unit Price</u>	Total Amount
1	Restoration Bahia Sod (including all labor and FOB)	SF	170,000	\$0.52	\$88,400.00
2	Restoration 419 Certified Bermuda Sod (including all labor and FOB)	SF	2,000	\$0.75	\$1,500.00
3	Restoration Floratam Sod (including all labor and FOB)	SF	117,000	\$0.65	\$76,050.00
4	Rolling of sod surfaces	SF	1,000	\$1.50	\$1,500.00
5	网络尼州亚州亚州 医克里斯氏 医克里斯氏 医克里斯氏管 医克里斯氏管 医克里斯氏管 医克里斯氏管 医克里斯氏管 医克里斯氏管 医克里斯氏管 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎			Total Price:	\$167,450.00

Contractor's Full Legal Name as listed on W-9: ENVIRONMENTAL LAND DEVELOPMENT, INC

Printed Name and Title of Person Signing: WILL TINDALL

Authorized Signature:WILL TINDALL

Date: 11/29/21

This form must be completed in its entirety by the Contractor and posted as required in the solication.

DO NOT INCLUDE ANY COST INFORMATION IN THE TECHNICAL RESPONSE.



CONTRACTOR'S QUESTIONNAIRE eBID # 20210099

Solicitation Name: Sod Restoration & Small Quantity Installation Projects

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of Contractors 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 Consultant.

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

4				
1. ORGANIZATIONAL PROFILE- COMPANY NAME: Environmental land Development				
1. ORGANIZATIONAL PROFILE-COMPANY NAME: Environmental land Development physical address: 201 Campbell Road Ft. Plerce, Ft. 34945				
MAILING ADDRESS: Same				
TELEPHONE NUMBER: 772-464-2270 FAX NO. 772-462-2208				
CONTACT PERSON WILL TINDAIL E-MAIL: WILLELD 2004@gmail.com				
Is the firm incorporated? YesNo If yes, in what state? Provide a list of officers for this entity.				
2. COMPLETION OF FORM - An authorized representative of the firm offering this Proposal must complete this form in its entirety. Terms entered herein shall not be subject to withdrawal or escalation by Contractor. The City reserves the right to hold proposals for a period not to exceed one hundred twenty (120) calendar days after the date of the proposal opening stated in the Invitation to Proposal before awarding the Contract. Contract award constitutes the date that City issues an executed Purchase Order.				
 CONTRACT - Contractor agrees to comply with all requirements stated in the specifications for this eBID. 				
4. AGREEMENT - Contractor agrees to comply with all requirements stated in the specifications for this				
This eBID is submitted by: Name (print) who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this solicitation				



response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud.

The Contractor understands that information contained in this Solicitation Reply will be relied upon by City in awarding the proposed Contract and such information is warranted by the proposer to be true. The undersigned Contractor agrees to furnish such additional information, prior to acceptance of any solicitation relating to the qualifications of the proposer, as may be required by the City.

I certify that the information and responses provided on this Solicitation are true, accurate and complete. The City may contact any entity or reference listed in this Proposal. Each entity or reference may make any information concerning the Contractor available to the City.

I agree to abide by all conditions of this eBID:

If a corporation renders this Proposal, the corporate seal attested by the secretary shall be affixed below. Any agent signing this Proposal shall attach to this form evidence of legal authority.				
Witnesses:	If Partnership:			
Print name Collado	Print Name of Firm			
JCFF TINNLY Print name	By: (General Partner)			
Jeff Times	If Corporation: Environmental Land Development Inc			
If Individual:	Print Name of Corporation By:			
Signature	Attest: (President)			
Print Name	(Secretary)			

5.	responsibilities, telephone numbers, and contact information. Include all any business landscaping				
	licenses and/or certifications that allows them to perform the work. Insert additional lines if necessary.				
	Higher Ground Land Services ILC. Kristia				
	1210 SW 2nd ave Okeechopee FL 34974				
	Sodding				
	Successing.				
6.	List three (3) Sod Restoration & Small Quantity Installation Projects similar to this Bid completed by your firm along with a brief description of project, location of project, client name, client phone number, email, and 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.				
	Project Number 1				
	Project Name: St. Will County SWall Maintenance PRI20704				
	Description: Swall maintenance, driveway repair, sodding				
	Location: St William (OINTY				
	Date of Completion: 10 2021				
	Prime Contractor or Subcontractor:				
	3071 Oleandar Rd				
	Value of Total Contract: (050) (00) 11 Plant Rd + Mdgl 4 Plant, FL 34982				
	Firm's Persontess of Total Contract: 1100 6				
	1				
	Number of Change Orders:				
	Value of Change Orders:				
	Was Project Completed on Schedule:				
	Was Project Completed within Budget?				
	Project Number 2				
	Project Name: EUS72-RO RI RZ				
	Description: Storm water maintenance Sodding				
	concrete repair				
	Location: Broward County				
	Date of Completion: 5 [202]				
	Prime Contractor or Subcontractor: Prime				
	Client Name, Phone Number & Email: FDOT 3400 W Commercial Blvd F-Lauderdale, Fi				
	Value of Total Contract: 3millian 954-7716-4300				

	Firm's Percentage of Total Contract:
	Number of Change Orders:
	Value of Change Orders:
	Was Project Completed on Schedule: 465
	Was Project Completed within Budget? $\sqrt{\ell}$
	Project Number 3
	Project Name: SHELL EUSUT
	Description: ditch Claning Mountenance Saddung
	- and charmed, the are really
	Location: Marin St Will Countries
	11,01,01,01,000
	Date of Completion: (0) 7.020
	0,000
	Prime Contractor or Subcontractor:
	Client Name, Phone Number & Email: FOOT
	Value of Total Contract: 75,000
	Firm's Percentage of Total Contract: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Number of Change Orders:
	Value of Change Orders:
	Was Project Completed on Schedule:
	Was Project Completed within Budget?
11.	Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? Yes () No () If yes, explain:
12.	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:
13.	List any judgements from lawsuits in the last five (5) years: NO
14.	List any criminal violations and/or convictions of the Proposer and/or any of its principals: \bigwedge \bigcup
15.	If local sod farms are unavailable due to emergency or any circumstances please state a backup sod farm (non-local) your company can readily get sod from: UNITED TOF TOP Provide brief description of delivery plan.
16.	Provide brief description of delivery plan. Preorder all sod two weeks in advance per Job, load sod & deliver to Job Site to be laid.
	Job, load sod & activer to job site to be later.



SUPPLIER LOCATION CERTIFICATION

Attachment D - PSL Location Form

The undersigned, as a duly authorized representative of the Supplier listed herein, certifies to the best of their knowledge and belief, that the Supplier's location is correctly reflected based upon the below information. For purposes of this section, "Location" shall mean a business which:

How far is the Supplier's fixed office or distribution point located from City Hall; and

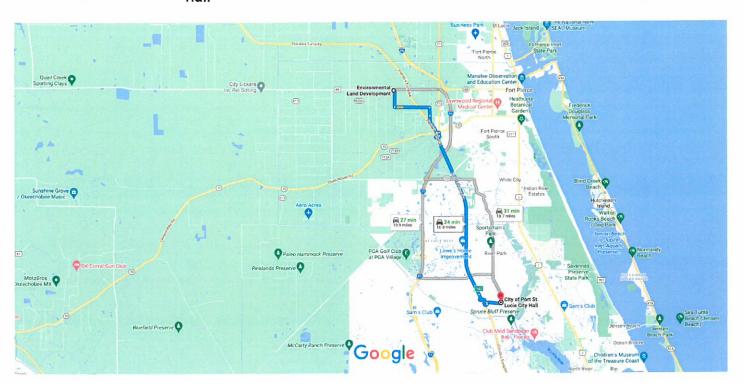
16.8 miles /25 minutes				
b) Is the principal offeror who is a single offeror; a business which is the prime contractor a partner or joint venturer submitting an offer in conjunction with other businesses.	or and not a subcontractor; or PS			
Complete the following and upload this document and the Google Maps print out to the requir	ed sourcing platform:			
Business Name:				
Environmental land Development, Inc				
Current Local Address: 201 Campbai Road	Phone:7724162276			
Length of time at this address: 7 Years	Phone: 7724602076 Fax: 772462-2208			
Please provide your prior business address if the above address has been for less than one issuance of this solicitation.	(1) year, prior to the			
Length of time at this address:				
Home Office Address: 201 Campbell Rd	Phone: 7724662276 Fax: 7724622208			
F7 Purce F1 34945	Fax: 777 4107.2708			
Length of time at this address:	Tux. 172 To Coop			
(Signed) / Will and all				
(Title) President				
STATE OF FLORIDA } COUNTY OF ST. LUCIE} SS:				
The foregoing instrument was acknowledged before me this (Date) 179-21				
by: Will TINdall who is personally known to me or who has produced				
as identification and who did (did not) take an oath.				
NCOL K. Valura Commission No. 6G926ZZ Co				

Page 1 of 1

Notary (print & sign name)



Environmental Land Development to city of psl city Drive 16.8 miles, 24 min



Map data ©2021 2 mi

Environmental Land Development

201 Campbell Rd, Fort Pierce, FL 34945

Get on Florida's Turnpike from Campbell Rd, Picos Rd and S Rock Rd

10 min (5.6 mi)

t Head south on Campbell Rd toward Willis Rd

0.9 mi

Campbell Rd turns left and becomes Picos Rd

2.0 mi

Turn right onto S Rock Rd

1.5 mi

Turn left onto FL-70 E

0.1 mi

Â Turn right onto the FL Turnpike ramp

▲ Toll road

0.2 mi

7 Keep left at the fork, follow signs for Florida's Turnpike/Miami and merge onto Florida's Turnpike

A Toll road

0.8 mi

Continue on Florida's Turnpike to Port St. Lucie. Take exit 142 from Florida's Turnpike

10 min (10.1 mi)

Â

7. Merge onto Florida's Turnpike

A Toll road

9.0 mi

8. Take exit 142 toward SE Bayshore Blvd

A Toll road

1.1 mi

Take SW Port St Lucie Blvd to your destination

4 min (1.2 mi)

1 Continue onto SE Bayshore Blvd

495 ft

10. Turn right onto SW Port St Lucie Blvd

1 Pass by KFC (on the right)

0.8 mi

11. Turn left onto SW Airoso Blvd

0.1 mi

12. Turn left

233 ft

13. Turn left

207 ft

14. Turn right

Destination will be on the left

62 ft

City of Port St. Lucie City Hall

121 SW Port St Lucie Blvd Building A, Port St. Lucie, FL 34984

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.



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 Mr. Jason Bezak, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Jason Bezak, Procurement Agent I with the Procurement Management Department via e-mail JBezak@cityofpsl.com, or by phone 772-344-4068. 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: Will Tindall Signed: Will Signed:	200		
Signed: Will did all	1 - 0 1		100 \ 1 Ot
Company and Job Title: Environmental	lain	<u> Development</u>	Inc/president
Date: 11/29/21	_	•	, ,



"A City for All Ages"

eBID #20210099 ATTACHMENT F - 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 Consultant'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, <u>City official</u>, 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.
- o 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 anti-discrimination 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 Environmental land Nevelopment, Inc
Signature Will Lindell
Printed Name and Title Will TINGAII / President
Date 11/2917.1

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.

eBID# 20210099



E-Verify Form Attachment G - E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

- 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
- 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	1763227		
Date of Authorization	11/29/21		
Name of Contractor	Environmental land Development Inc		
Name of Project	Sod restoration + small avantity installation Pro		
Solicitation Number (If Applicable)	20210099-0-2021/JBB		
I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on NOVEMBER , 29 , 20 Zl in FOA PURL (city), FL (state).			
Signature of Authorized Officer	Printed Name and Title of Authorized Officer or Agent		
SUBSCRIBED AND SWORN BEFORE ME			
ON THIS THE 29 DAY OF NOVEM'S NOTARY PUBLIC NCOCK K. V.J. My Commission Expires: 11-17-2	Notary Public State of Florida Nicole K Velardo My Commission GG 926226 Expires 11/17/2023		



NON-COLLUSION AFFIDAVIT

Solicitation#20210099 Sod Restoration & Small Quantity Installation Projects

State of Florida				
County of St. Wall , being first duly sworn, disposes and says that:				
(Name/s)				
1. They are PRSICENT of Environmental Land Calebornanthe 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;				
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				
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) Preside +				



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

COUNTY OF ST. LUCIE) SS:	
The foregoing instrument was acknowledged be	fore me this (Date) 11-29-21
by: Will Tindall	who is personally known to me or who has produced
	as identification and who did (did not) take an oath.
Commission No. 66926276	Notary Public State of Florida Notary Public State of Florida
Notary Print: Ni COL Velardo	Nicole K Velardo My Commission GG 926226 Expires 11/17/2023
Notary Signature: NAME K. VIII	inclo Emma

Attachment I - Drug Free Workplace Form

DRUG-FREE WORKPLACE FORM eBID # 20210099

Sod Restoration & Small Quantity Installation Projects

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

Environmental land Development, does:
(Name of Business) To C

- 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

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/29/2021

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 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).

certificate holder in lieu of such endorsement(s).			
PRODUCER CONTACT NAME: Scott Schoen			
Warren Insurance Corporation	PHONE (A/C, No, Ext): (561) 362-6005 FAX (A/C, No): (561) 362-700		
950 Peninsula Corporate Circle	ADDRESS: scott@warrenins.com		
Suite 1012	INSURER(S) AFFORDING COVERAGE	NAIC#	
Boca Raton FL 33487	INSURER A: American Interstate Insurance Company	24759	
INSURED	INSURER B:		
Environmental Land Development, Inc.	INSURER C:		
201 Campbell Road	INSURER D:		
Ft Pierce, FL 34945	INSURER E:		
	INSURER F:		
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD			

INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR LTR LIMITS TYPE OF INSURANCE **POLICY NUMBER** INSR WVD **GENERAL LIABILITY** EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO-\$ POLICY LOC COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** (Fa accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED **BODILY INJURY (Per accident)** \$ AUTOS NON-OWNED PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) \$ **UMBRELLA LIAB** \$ EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE DED RETENTION \$ OTH-X WC STATU-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY \$1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT 02/01/2021 02/01/2022 Y AVWCFL2959222021 X OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) EBID-20210099-0-2021/JBB 30 days notice of cancellation and 10 days for non payment

CERTIFICATE HOLDER	CANCELLATION
City of Port St. Lucie Procurement Management Dept 121 SW Port St. Lucie Blvd	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Port St. Lucie, FL 34984	AUTHORIZED REPRESENTATIVE Rau-/Www.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/29/2021

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

ti	iis ce	rtificate does no	t conter righ	ts to the		ificate holder in lieu of su	ch end	orsement(s)	<u>). </u>				
	DUCEF				772	2-286-4334	NAME:	ст Stephan	16		1 - 1 - 1		
Stuart Insurance 3070 S W Mapp Palm City, FL 34990						PHONE (A/C, N	o, Ext):	36-4334	-	(A/C, No):	/72-	286-9389	
Pali	n City	/, FL 34990 comb, CIC, ARM					E-MAIL ADDRE	ss: scraton(@stuartins	urance.net			
IXIC	\ I Iai	Johns, Cic, ARW						INS	URER(S) AFFOR	DING COVERAGE			NAIC#
							INSURE	RA: Westfie	eld Insuran	ce Co.			24112
INSL	RED	ontal Land					INSURE	RB:					
Dev	elopr	nental Land nent, Inc. obell Road ce, FL 34951					INSURE	ERC:					
Eori	Cam	obell Road ce. FL 34951					INSURE	ERD:					
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LTR.		COMMERCIAL GENE		INSD	WVD	POLICI NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EAGU GGGUDDEN			
		CLAIMS-MADE	OCCUR							DAMAGE TO RENT PREMISES (Ea occ		\$	
	\vdash	OLI IIIIO IIII DE	occor		į.							\$	
		200 1911								MED EXP (Any one		\$	
	05.11									PERSONAL & ADV		\$	
İ		L AGGREGATE LIMIT POLICY PRO- JECT	LOC							GENERAL AGGREG		\$	
1										PRODUCTS - COM	P/OP AGG	\$	
A		OTHER: DMOBILE LIABILITY								COMBINED SINGLE	ELIMIT	\$	1,000,000
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		OWNED AUTOS ONLY	SCHEDULED			OW 0014000		00/10/2021	00/10/2022	000121 11100111 11		\$	
		HIRED X								PROPERTY DAMAG (Per accident)		\$	
		AUTOS ONLY	AUTOS ONLY							PIP		\$	10,000
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\vdash	_	CERS COMPENSATION			1					PER STATUTE	OTH- ER	Φ	
				/ N						E.L. EACH ACCIDE		\$	
	OFFIC (Mano	ROPRIETOR/PARTNE ER/MEMBER EXCLUD latory in NH)	ED?	N/A						E.L. DISEASE - EA			
	If yes,	describe under RIPTION OF OPERAT	IONS below							E.L. DISEASE - POL		\$	
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		on of operations / 210099-0-2021/		HICLES (ACORI	0 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
CE	RTIFI	CATE HOLDER					CANO	CELLATION			977		
CE	NIIFI	CATE HOLDER				CIOPS-2	CAN	PELLATION					
			t St. Lucie nt Manager rt St Lucie I		ept	3.2.2.2	ACC	EXPIRATION	N DATE THE	ESCRIBED POLICEREOF, NOTICE CY PROVISIONS.			F. K. S.
^^	OPP		cie, FL 3498	4				(Kill)	Walco	mb coppos	MOLTA	VII;	ahto ropozio
AC	UKD	25 (2016/03)						© 19	00-2015 AC	UKU CUKPUR	ATION.	All II	ghts reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/29/2021

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.

INCLIDED the religious must be endorsed. If SURPOGATION IS WAIVED subject to

t	he te	rms and conditions of the policy,	certa	ain p	olicies may require an en	dorse	nent. A stat	ement on thi	s certificate does not co	onfer ri	ghts to the
_		cate holder in lieu of such endors	eme	nt(s).	<u> </u>	CONTAC	T BBEN	201 154			
PRODUCER PRESTIGE INSURANCE ENTERPRISES INC						NAME:	BKENI	DA L. LEA	FAX	/770\ A	65-0840
0.5			E9 I	INC	1	(A/C, No	, Ext): (772) 4			(112)4	vo-v840
00000	4973 S FEDERAL HIGHWAY					ADDRES			840@AOL.COM	-	
FORT PIERCE, FL 34982							DING COVERAGE		NAIC #		
_						INSURER A: KINSALE INSURANCE COMPANY					
	URED					INSURE	RB: MARKE	EL INSURAI	NCE COMPANY		
ENVIRONMENTAL LAND DEVELOPMENT INC						INSURER C:					
201 Campbell Road						INSURER D:					
Fort Pierce, Fi 34951						INSURER E :					
P:	(772)466-2270 F:(772)462-2208				INSURE	RF:				
C	OVER	AGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:		
(THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								WHICH THIS		
INS	8	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
	GEN	NERAL LIABILITY COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,00 \$100,	
	X	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$5,00	Gay
		GLAIMS-MADE A OCCUR	Υ		0100141195-0		02/22/2024	02/22/2022	PERSONAL & ADV INJURY	\$1,00	
A			1		010014113340	75	ULI LLI LUL I	VEI ELI EVEL	GENERAL AGGREGATE	\$2,00	
									PRODUCTS - COMP/OP AGG	\$2,00	_
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMPTOF AGG	\$	0,000
_	A	POLICY X PRO- JECT LOC		-					COMBINED SINGLE LIMIT		
	AU	TOMOBILE LIABILITY							(Ea accident) BODILY INJURY (Per person)	\$	
	-	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	-	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	-	HIRED AUTOS AUTOS							(Per accident)	\$	
_	-										0.000
.0.150	- Alterior	UMBRELLA LIAB OCCUR					00/00/000	00/00/000	EACH OCCURRENCE	\$3,00	0,000
Α	X	EXCESS LIAB CLAIMS-MADE			0100141317-0		02/22/2021	02/22/2022	AGGREGATE	\$	
<u> </u>		DED RETENTION\$		-					WC STATU- OTH-	\$	
		RKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N							TORY LIMITS ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Ma	indatory in NH)							E.L. DISEASE - EA EMPLOYEE	- 88	
<u> </u>		SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
									\$275,000 MAX ANY		
В	IN	LAND MARINE			MKLM2IM0000031		02/22/2021	02/22/2022	\$250,000 rented leas	e equ	ipment
L					L				DED 1000		
В	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) BLANKET ADDITIONAL INSURED, WAVIER OF SUBROGATION AND PRIMARY NON-CONTRIBUTORY CONTACT E4V32										
_	ERTI	FICATE HOLDER				CANO	CELLATION				
1: P	ity of 21 S\ SL, F	FICATE HOLDER If Port St. Lucie, Procurement W PSL BLVD FL 34984 20210099-0-2021/JBB	Man	ager	nent Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					LED BEFORE LIVERED IN
	<u>.</u>					AUTHORIZED REPRESENTATIVE					

(Rev. October 2018)

Request for Taxpayer

Give Form to the **Identification Number and Certification** requester. Do not send to the IRS. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/FormW9 for instructions and the latest information. 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

	Environmental lang Revelopment, Inc	
	2 Business name/disregarded entity name, if different from above	
s on page 3.	following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
Print or type. Specific Instructions	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	Exemption from FATCA reporting code (if any)
Prii ciffe Ir	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) ▶	(Applies to accounts maintained outside the U.S.)
See Spe	5 Address (number, street, and apt. or suite no.) See instructions. 20 COMPONI ROAD 6 City, state, and ZIP code FOX PUNCE FZ 34945	nd address (optional)
	7 List account number(s) here (optional)	
Pa		
back resid	up withholding. For individuals, this is generally your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see How to get a	urity number
Note Numi	Employer If the account is in more than one name, see the instructions for line 1. Also see What Name and ber To Give the Requester for guidelines on whose number to enter.	-0.538182
Pai	t II Certification	
	r penalties of perjury, I certify that:	2 2
2. I a	e number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be iss m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been no rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) longer subject to backup withholding; and	otified by the Internal Revenue
3. I a	m 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

Sign Here	Signature of	Will		Date > 1 - 210 - 7021
nere	U.S. person ▶	MA	ov sour	Date F 1 CU CUCI

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.



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE BUILDING CONTRACTOR HEREIN IS CERTIFIED UNDER THE PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

TINDALL, CHRISTY IVE

ENVIRONMENTAL LAND DEVELOPMENT INC 201 CAMPBELL ROAD FORT PIERCE FL 34945

LICENSE NUMBER: CBC1257827

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



CITY OF PORT ST. LUCIE BUILDING DEPARTMENT COMPUTER SERVICE MEMBER

10799

EXPIRE: 9/30/21

TINDALL, CHRISTY ENVIRONMENTAL LAND DEVELOPMENT INC 201 CAMPBELL RD FORT PIERCE, FL 34945

SIGNATURE

BUILDING CONTRACTOR

FL#: CBC1257827

PSL * 11202

County Certification Number:

22930

St. Lucie County

Planning & Development Services
Building & Code Regulation Division
2300 Virginia Ave
Ft Pierce, FL 34982
Phone: (772) 462-1672 Fax: (772) 462-1148
http://www.stlucieco.org/planning/contract_licen.htm

Tindall, Will A Environmental Land Development Inc 201 Campbell Rd Ft Pierce, FL 34945

Class Code:

LAND CLEARING

License Type:

COUNTY CERTIFICATION

This Competency Card, issued by the Śt. Lucie County Contractor Certification Division, authorizes work for the Class Code stated, for the unincorporated areas of St. Lucie County. It does not authorize work for the City of Ft. Pierce, St. Lucie Village or the City of Port St. Lucie. It is the Contractor's responsibility to **maintain** this card in a current status by providing a Certificate of Insurance, current address and telephone information, and renewing this card annually as required.

Expiration Date:

9/30/2022

Danielle Williams



No. 1118973

63-515

December 07, 2	4UZ
----------------	-----

DATE _

PAY TO THE *City Of PSL* ORDER OF _

ONE THOUSAND DOLLARS AND ZERO CENTS

Remitter: Environmental Land Development

CASHIER'S CHECK

COPY NON-NEGOTIABLE

BR#: 13 TLR: BD -398

AUTHORIZED SIGNATURE

HARLAND CLARKE 800-552-2902 M23924 10136604

Addendum # 1 eRFP # 20210099 Sod Restoration & Small Quantity Installation Projects November 29, 2021

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

- 1Q.) Can we get a copy of the current bid tab?
- 1A.) Please see the previous bids Bid Tabulation attached to this addendum.

NOTE: The Proposal Opening date has not been changed.

Bid Tabulation Report Sod Restoration And Small Quantity Installation Projects

	Nature's						
Line No.	Description	Unit	Annual Estimated Quantity	Unit Price	Total Amount		
1	Restoration Bahia Sod (including all labor)	SF	90,000	\$0.55	\$49,500.00		
2	Restoration 419 Certified Bermuda Sod (including all labor)	SF	1,000	\$0.91	\$910.00		
3	Restoration Floratam Sod (including all labor)	SF	60,000	\$0.70	\$42,000.00		
4			\$92,410.00				
	Price m						

Bid Submit	tals:
Accepts Visa:	YES
Percentage of Discount for Visa:	0%
Claiming Local Preference:	YES
Minority Business:	YES
Drug Free Workplace:	YES
Employees living on the TC:	28
Employees for this Contract:	12
How long in Present Business:	31 Years
How long at Present Location:	18 Years
Addendum Acknowledgement:	YES
Provided 3 References:	YES
Ever filed Chapter 11:	NO
Any lawsuits within past 5 years:	NO
Any Criminal Violations:	NO
Backup Sod Farm:	Farm Fresh Produce, Inc.
Accepted Terms & Conditions:	YES
Reference Check Form:	YES
Drug Free Workplace Form:	YES
Vendor Code of Ethics:	YES
Checklist:	YES
Business Tax License:	YES
General Liability Insurance:	YES
Auto Liability Insurance:	YES
Workers Compensation:	YES
W-9:	YES
E-Bid Excel Spreadsheet:	YES
Copy of Bid Bond:	YES
Original Bid Bond:	YES

Addendum # 2 eRFP # 20210099 Sod Restoration & Small Quantity Installation Projects December 15, 2021

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

The Bid Opening scheduled for December 17, 2021 @ 2:00pm has been rescheduled to December 21, 2021 @ 2:00pm.

NOTE: The Proposal Opening date has been changed.

ATTACUMENT A MANDATODY OUTCTIONS

Mandatory Questions

These questions are Pass/Fail. To be considered responsive, responsible and eligible for award, you must answer all questions in this section.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

Question #	Questions per Proposal Factors/Categories	Response by Offeror. Only Yes or No Answers	Upload Attchts with Additional Information?	Attachment File Name
	Proposal Factors			
1	List any criminal violations and/or convictions of the Proposer and/or any of its principals: (N/A is not an acceptable answer).	NO	IF YES	
2	Completed and uploaded PSL Location Form	YES	IF YES	#2
3	Is the firm incorporated? YesNo If yes, in what state?	YES, FLORIDA	N	
4	List any judgements from lawsuits in the last five (5) years: (N/A is not an acceptable answer).	NO	IF YES	
5	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).	NO	IF YES	
6	Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?	NO	IF YES	
7	Completed and submitted all licenses and certifications required to perform this project.	YES	Υ	#2
8	Submitted a copy of Insurance Certificate for the type and dollar amount of insurance they currently maintain.	YES	Υ	#2
9	Completed and uploaded Cost Proposal Sheet	YES	Υ	#2
10	Completed and uploaded Cone of Silence Form	YES	Y	#2
11	Completed and uploaded E-Verify Form	YES	Υ	#2
12	Completed and uploaded Drug Free Workplace Form	YES	Υ	#2
13	Completed and uploaded Contractor Code of Ethics	YES	Υ	#2
14	Completed and uploaded Non-Collusion Affidavit	YES	Y	#2
15	Submitted W-9	YES	Υ	#2
	Uploaded and submitted three (3) projects similar in size and scope to this Bid completed by your firm within the past five (5) years along with a brief description of the project, location of project, client name, client phone number, email, and value of contract.	YES	Υ	#2
17	Completed and uploaded Contractor Questionnaire	YES	Υ	#2