

**ATTACHMENT C**  
**CONTRACTOR'S GENERAL INFORMATION WORK SHEET**  
**eBID #20210109**

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 South eastern Lighting Solutions, Inc, this 29 day of Oct, 2021  
(Location)

Name of Organization/Contractor: South eastern Marketing Solutions Inc  
PBA, South eastern Lighting Solutions

By: Walter Kinney Owner  
Name and Title

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

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

Name: South eastern Lighting Solutions Inc  
Address: 821 Fentress Ct  
Daytona Beach Fl 32117  
Telephone Number: 386-238-1711  
Fax Number: 386-238-1300

3. Contact person: Eric Sparr Email: Eric@southeasternlightingsolutions.com

4. Firm's previous names (if any). \_\_\_\_\_

5. How many years has your organization been in business? 11

6. Total number of staff at this location: 23 Total number of staff on the Treasure Coast: 5

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

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

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: ES 12001826  
Electrical Contractors Licensing Board

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

11. **BID RESPONSE:**

11.1 Bidder will / will not accept the Purchasing Card (Visa).  
*(please circle one)*

11.2 Percentage of discount when payment is made with Visa: 0 %  
*Please Note: The City has implemented a **Purchasing Card Program**. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be consideration in the bid award. If no such percentage is given, the City shall assume zero (0) percent discount applies.*

11.3 Bid Reply: Award will be based on, along with other criteria, the total of all line items as shown

Item No.	Description	Estimated Qty	Unit	Unit Price	Total
1	Decorative Post/Sign Assemblies with street name blades and neighborhood signage (or approved equal)	90	EACH	\$ 2598 <sup>00</sup>	\$ 233,820 <sup>00</sup>
2	Decorative Post/Sign Assemblies without street name blades and neighborhood signage	45	EACH	\$ 1798 <sup>00</sup>	\$ 80,910 <sup>00</sup>
<b>Total Bid Amount:</b>					<b>\$ 314,730<sup>00</sup></b>
<b>Additional Information:</b>					
3	Contractor shall provide warranty on all welds. Duration of warranty:				5 years
4	Contractor shall provide warranty period for color coating and glass. Duration of warranty:				5 Years

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

9. List the license(s) that qualifies your firm to construct this project: ES12001826  
Electrical Contractors Licensing Board

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
<i>None</i>			

11. **BID RESPONSE:**

- 11.1 Bidder will / will not accept the Purchasing Card (Visa).  
*(please circle one)*
- 11.2 Percentage of discount when payment is made with Visa: 0 %  
*Please Note: The City has implemented a **Purchasing Card Program**. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be consideration in the bid award. If no such percentage is given, the City shall assume zero (0) percent discount applies.*
- 11.3 Bid Reply Sheet Total from **Schedule "A"**: \$ 314,730<sup>00</sup>  
*(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 #20210109 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule "A" that is uploaded at time of submittal.)*

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

Listed below are items that are to be included on the E-Bid Reply Excel Spreadsheet - Schedule "A", completed electronically by the Bidder and submitted with bid packet. Award will be based on, along with other criteria, the total of all line items as shown on E-Bid Reply Excel Spreadsheet, Schedule "A".

Schedule "A"

Item No.	Description	Estimated Qty	Unit
1	Decorative Post/Sign Assemblies with street name blades and neighborhood signage (or approved equal)	90	<u>2,598<sup>00</sup></u> EACH
2	Decorative Post/Sign Assemblies without street name blades and neighborhood signage	45	<u>1,798<sup>00</sup></u> EACH

Additional Information:		
3	Contractor shall provide warranty on all welds. Duration of warranty:	5 years
4	Contractor shall provide warranty period for color coating and glass. Duration of warranty:	5 years

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) Furnish & Install Decorative Street Signs & Pole 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: Winn Dixie (Ongoing)

Description: Full Store Install

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Location: 2740 US Hwy 27 Leesburg, FL

Client Name, Phone Number & Email: Kathy Mercado (850) 392-0221 Kathy.Mercado@EnterpriseBranding.com

Value of Total Contract: 23,376

Date of Completion: Aug 21

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 2

Project Name: Adcom (Chipotle)

Description: Pybn VHD, 3 bld Signs

Location: 3860 University Blvd Wes

Client Name, Phone Number & Email: Brian Potts (970) 472-2143 <sup>B.potts</sup> @ADLONSIGNS.COM

Value of Total Contract: \$13,750 On Going

Date of Completion: Oct 21

Firm's Percentage of Total Contract: 100

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 3

Project Name: Charles Cheese Steaks

Description: Instal of Various Signs, foundations

Location: 4855 Babcock St Palm Bay

Client Name, Phone Number & Email: Mike Shanky (727) 257-2443 <sup>mike.abc, LLC</sup> @gmail.com

Value of Total Contract: 17,730 On Going

Date of Completion: Nov 2020

Firm's Percentage of Total Contract: 100

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 4

Project Name: United Rentals

Description: Statewide Installation

Location: State Wide

Client Name, Phone Number & Email: Stephini 404-263-5777

Value of Total Contract: 100,720 On going

Date of Completion: On Going

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0  
Value of Change Orders: 0  
Was Project Completed on Schedule: yes  
Was Project Completed within Budget? yes

Project Number 5

Project Name: Hilton  
Description:

Location: State Wide  
Client Name, Phone Number & Email: Decade Gillespe (864) 303 7074  
Value of Total Contract: 847,000 Year 2021  
Date of Completion: ON Going  
Firm's Percentage of Total Contract: 100%  
Number of Change Orders: 0  
Value of Change Orders: 0  
Was Project Completed on Schedule: YES  
Was Project Completed within Budget? YES

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

We have 15 Install Trucks Statewide and 35 employees

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

David William Clark ESD001026  
Eric Sparr Sales Manager  
Walt Kinney Production  
Anthony Johnston Project Manager

15. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years or been declared to be in default in any contract or been assessed liquidated

damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

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

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

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

Yes ( )

No (X)

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

None  
N/A

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

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

N/A None

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

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

N/A None

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

Eric W. Span

Signature

Manager

Title

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. Shelby Dolan Issuing Officer, for the procurement of these services.

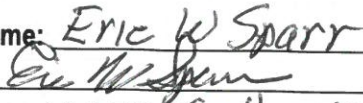
All questions regarding this Solicitation are to be submitted in writing to Shelby Dolan, Procurement Agent with the Procurement Management Department via e-mail [sdolan@cityofpsl.com](mailto:sdolan@cityofpsl.com), or by phone 772-873-6338. Please reference the Solicitation number on all correspondence to the City.

All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

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

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

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

Typed Name: Eric W Sparr  
Signed:   
Company and Job Title: Southeastern Lighthouse Solutions, Inc  
Date: 11-1-21





"A City for All Ages"

**e-BID #20210109**  
**ATTACHMENT C**  
**CONTRACTOR'S CODE OF ETHICS**

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

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

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

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

Name of Organization/Proposer Southeastern Lighting Solutions Inc  
Signature Eric W Sparr  
Printed Name and Title Eric W Sparr

Date 11-1-21

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.

**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.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

E-Verify Company Identification Number 1754718

Date of Authorization 11-3-21

Name of Contractor Southeastern Lighting Solutions

Name of Project Furnish & install Decorative Street Signs & Poles

Solicitation Number (If Applicable) E Bid # 2021101

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

Executed on November, 12, 2021 in Daytona Beach (city), FL (state).

Eric W. Sparr  
Signature of Authorized Officer

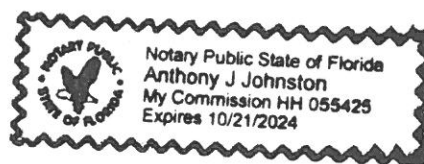
Eric Sparr Manager  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 12 DAY OF November, 2021.

NOTARY PUBLIC Anthony Johnston

My Commission Expires: 10/21/2024





"A City for All Ages"

**NON-COLLUSION AFFIDAVIT RFP**

**EBID #20210109**

**Attachment C**

**Furnish & Install Decorative Street  
Signs & Poles**

State of Florida }

County of Volusia }

Eric Sparr, being first duly sworn, disposes and says that:  
(Name/s)

1. They are Sales Manager of Southeastern Light 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) Eric Sparr

(Title) Sales Manager



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

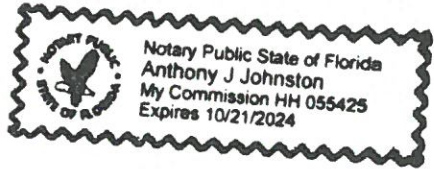
The foregoing instrument was acknowledged before me this (Date) 11/12/2021

by: Eric Sparr who is personally known to me or who has produced  
Drivers license as identification and who did (did not) take an oath.

Commission No. HH 055425

Notary Print: Anthony Johnston

Notary Signature: [Signature]



**DRUG-FREE WORKPLACE FORM**

**eBid # 20210109**

**Attachment C**

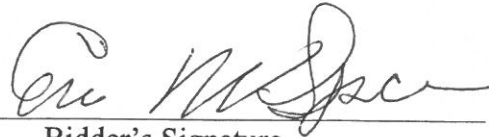
**Furnish & Install Decorative Street  
Signs & Poles**

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

Southwestern Lighting Solutions 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

11-1-21

Date:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2021

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

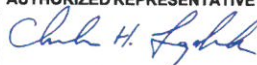
<b>PRODUCER</b> Foundation Risk Partners dba Halifax Insurance 1540 Cornerstone Blvd., Suite 200 Daytona Beach FL 32117  License#: L100460 SOUTLIG-01	<b>CONTACT NAME:</b> certificates	
	<b>PHONE (A/C, No. Ext):</b> 3866774761	<b>FAX (A/C, No):</b> 386-673-5370
<b>E-MAIL ADDRESS:</b> certs@foundationrp.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Auto-Owners Insurance Company		18988
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** 717388402 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> 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 type="checkbox"/> LOC OTHER:			72626070	12/9/2020	12/9/2021	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			4669544400	12/9/2020	12/9/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 0			4649423400	12/9/2020	12/9/2021	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	Installation						Building Materials/In	25,000

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

<b>CERTIFICATE HOLDER</b>  CITY OF PORT ST LUCIE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34984 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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© 1988-2015 ACORD CORPORATION. All rights reserved.

**SOUTHEASTERN LIGHTING SOLUTIONS**  
821 FENTRESS CT  
DAYTONA BEACH, FL 32117  
PH. (386) 238-1711

CENTERSTATE BANK

9500

63-1403/631

CHECK ARMOR  
139  
FRAUD PROTECTION

11/1/2021

PAY TO THE ORDER OF City of Port St Lucie

\$ \*\*1,000.00

One Thousand and 00/100\*\*\*\*\*

City of Port St Lucie

DOLLARS

MEMO Bid Bond

  
AUTHORIZED SIGNATURE

⑈009500⑈ ⑆063114030⑆ 0210006870⑈

THIS DOCUMENT MUST HAVE A COLORED BACKGROUND, ULTRAVIOLET FIBERS AND AN ARTIFICIAL WATERMARK ON THE BACK - VERIFY FOR AUTHENTICITY.

**SOUTHEASTERN LIGHTING SOLUTIONS**

City of Port St Lucie  
PERMITTING

11/1/2021

9500

1,000.00

CenterState

Bid Bond

1,000.00

Details on Back.

Security Features Included



**Request for Taxpayer  
 Identification Number and Certification**

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

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

**1** Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.  
*Southeastern Marketing Solutions Inc*

**2** Business name/disregarded entity name, if different from above  
*DBA Southeastern Lighting Solutions, Inc*

**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.  
*821 Fortress Ct*

**6** City, state, and ZIP code  
*Daytona Beach FL 32117*

**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**

				-			-				
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or

**Employer identification number**

2	7	-	2	7	9	1	8	5	5
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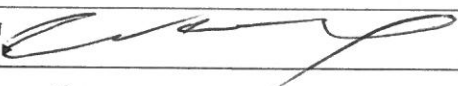
**Part II Certification**

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 

Date ▶ *11-10-21*

**General Instructions**

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

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

**Purpose of Form**

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

- Form 1099-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.*



Ron DeSantis, Governor

Halsey Beshears, Secretary



**STATE OF FLORIDA**  
**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD**

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

AS A SIGN ELECTRICAL SPECIALIST

**CLARK, DAVID WILLIAM**

SOUTHEASTERN LIGHTING SOLUTIONS, INC.  
821 FENTRESS COURT  
DAYTONA BEACH FL 32117

**LICENSE NUMBER: ES12001826**

**EXPIRATION DATE: AUGUST 31, 2022**

Always verify licenses online at [MyFloridaLicense.com](http://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.



# State of Florida

Chief Financial Officer  
Department of Financial Services  
Bureau of Accounting  
200 East Gaines Street  
Tallahassee, FL 32399-0354  
Telephone: (850) 413-5519 Fax:(850) 413-5550

## Substitute Form W-9

In order to comply with Internal Revenue Service (IRS) regulations, we require Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested.

**Taxpayer Identification Number (FEIN):** 27-2791855  
**IRS Name:** SOUTHEASTERN MARKETING SOLUTIONS

**Address:** 821 FENTRESS CT  
DAYTONA BEACH, FL  
32117-0000

**Attention Of:** WALTON KINNEY  
**In Care Of:** ERIC SPARR

**Business Designation:** S Corporation

### Certification Statement:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information **AND**
2. I am **not** subject to backup withholding because:
  - (a) I am exempt from backup withholding **or**
  - (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, **or**
  - (c) the IRS has notified me that I am no longer subject to backup withholding **AND**
3. I am a U.S. citizen or other U.S. person (including U.S. resident alien)

Preparer's Name: ERIC SPARR  
Preparer's Title: ERIC SPARR  
Phone: 386-238-1711  
Email: eric@southeasternlightingsolutions.com

Date Submitted: 11/04/2021

2021 / 2022

### Volusia County Business Tax Receipt

Issued pursuant to F.S. 205 and Volusia County Code of Ordinances Chapter 114-1 by:  
Volusia County Treasury and Billing - 125 W New York Ave, Room 120, Deland, FL 32720 - (386) 943-7085



Account #: 201010070001 Expires: September 30, 2022  
Business Location: 821 FENTRESS CT  
Business Name: SOUTHEASTERN LIGHTING SOLUTIONS, INC  
Owner Name: WALTON KINNEY  
Mailing Address 821 FENTRESS CT  
DAYTONA BEACH, FL 32117

BUSINESS TYPE	REQ DOC #	CODE	COUNT	TAX
Sign Contractor (Non-Electric)		301SC	10	\$18.00
Hazardous Waste Fee		HW	1	\$41.00

- This receipt indicates payment of a tax, which is levied for the privilege of doing the type(s) of business listed above within Volusia County. This receipt is non-regulatory in nature and is not meant to be a certification of the holder's ability to perform the service for which he is registered. This receipt also does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.
- The business must meet all County and/or Municipality planning and zoning requirements or this Business Tax Receipt may be revoked and all taxes paid would be forfeited.
- The information contained on this Business Tax Receipt must be kept up to date. Contact the Volusia County Treasury and Billing for instructions on making changes to your account.

**THIS PORTION OF THE BUSINESS TAX RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

### Volusia County Business Tax Receipt

Treasury and Billing - 125 W New York Ave, Room 120, Deland, FL 32720 - (386) 943-7085

DATE PAID: 09/20/2021  
RECEIPT #: 451195  
TOTAL TAX: \$59.00  
PENALTY: \$0.00  

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TOTAL PAID: \$59.00



Business Name: SOUTHEASTERN LIGHTING SOLUTIONS, INC  
Owner Name: WALTON KINNEY  
Mailing Address 821 FENTRESS CT  
DAYTONA BEACH, FL 32117

Account #: 201010070001 Expires: September 30, 2022  
Business Location: 821 FENTRESS CT

PLEASE DETATCH THIS PORTION OF THE BUSINESS TAX RECEIPT FOR YOUR RECORDS.

EDBID #20210109  
 Furnish Install Street Signs Poles  
 Excel Bid Reply- Schedule A

Company Name: \_\_\_\_\_

Item No.	Description	Estimated Qty	Unit	Unit Price	Total
1	Decorative Post/Sign Assemblies with street name blades and neighborhood signage (or approved equal)	90	EACH	\$ 2,598.00	\$ 233,820.00
2	Decorative Post/Sign Assemblies without street name blades and neighborhood signage	45	EACH	\$ 1,798.00	\$ 80,910.00
<b>Total Bid Amount:</b>					<b>\$ 314,730.00</b>
<b>Additional Information:</b>					
3	Contractor shall provide warranty on all welds. Duration of warranty:				5 Years
4	Contractor shall provide warranty period for color coating and glass. Duration of warranty:				5 years

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