

**LEGISTAR #**  
**210668\_D**

BID COVER

Procurement Division  
(352) 334-5021(main)

City of  
**Gainesville**

Issue Date: October 1, 2021

INVITATION TO BID: #GCRA-220017-GD  
Landscape Maintenance of Various City Owned Properties

PRE-BID MEETING:  Non-Mandatory  Mandatory  N/A  Includes Site Visit  
DATE: October 12, 2021 TIME: 11:00am EDT  
LOCATION: Zoom - Zoom access information included in Exhibit D

QUESTION SUBMITTAL DUE DATE: October 20, 2021-3:00pm EDT

DEADLINE FOR RECEIVING BID RESPONSES: November 3, 2021 - 3:00pm EDT

SUMMARY OF SCOPE OF WORK: Some CITY projects located within the Gainesville Community Reinvestment Area (GCRA) have enhanced landscaping and therefore require special attention. Proper maintenance of these sites requires a higher level of knowledge, professional management, and quality services. The results of these maintenance activities will be highly visible to the community and are essential to the appearance and vitality of the Reinvestment Area.

For questions relating to this bid, contact: Gayle Dykeman, dykemangb@cityofgainesville.org

Bidder is not in arrears to City upon any debt, fee, tax or contract:  Bidder is NOT in arrears  Bidder IS in arrears  
Bidder is not a defaulter, as surety or otherwise, upon any obligation to City:  Bidder is NOT in default  Bidder IS in default

Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

ADDENDA ACKNOWLEDGMENT: Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer: Addenda received (list all) # \_\_\_\_\_

Legal Name of Bidder: Letrevis Robinson

DBA: T & N Lawn Masters LLC

Authorized Representative Name/Title: Letrevis Robinson/President

E-mail Address: landlawnmasters@yahoo.com FEIN: 45-5008596

Street Address: 239 Magnolia Ridge Crawfordville, FL 32327

Mailing Address (if different): PO Box 1471 Crawfordville, FL 32326

Telephone: (850) 544-3590 Fax: (850) 745-6054

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

- Bid is in full compliance with the Specifications.
- Bid is in full compliance with specifications except as specifically stated and attached hereto.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: 

SIGNER'S PRINTED NAME: Letrevis Robinson DATE: 10/7/21



# City of Gainesville

Budget and Finance Department  
Purchasing Division

j. Question:•  
Is there currently a contractor performing this contract?

Answer:

No. The contract terminated on 09/30/21.

k. Question:  
What is the current contract value if so?

Answer:

No current contract in place.

l. Question:  
If this is the first time for this contract what is the expected budget for this project?

Answer:

This is the first time a solicitation has issued for these services for all of the properties listed in the solicitation. The budget will be determined by the responses the City receives from the solicitation.

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, and a copy of this Addendum to be returned with proposal.

### CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 1 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER COMPANY NAME: T\*N Lawn Masters LLC.

SIGNATURE: [Handwritten Signature]

LEGIBLY PRINT NAME: Letrevis Robinson

DATE: 10/31/21

Exhibit C - CUSTOMER HISTORY FORM

Name of Bidder: T & N Lawn Masters LLC

Provide a list of prior customers for similar services that your bidder has provided within the last \_\_\_\_ years. Copy form as necessary.

Customer Name: <u>U.S. Forest Service / Jason Woodall</u>	
Address: <u>57 Tapp Rd.</u>	
City, State, Zip: <u>Crawfordville, FL 32327</u>	
Point of Contact: <u>Jason Woodall</u>	Phone Number: <u>(850) 728-0022 / (850) 576-5205</u> ext 6603
E-mail: <u>SamuelWoodall@Fs.Fed.US</u>	

Customer Name: <u>U.S. Forest Service</u>	
Address: <u>3674 Bloxham Cutoff Rd.</u>	
City, State, Zip: <u>Tallahassee, FL 32310</u>	
Point of Contact: <u>Chandra Roberts</u>	Phone Number: <u>(225) 572-1535 / (601) 317-6027</u>
E-mail: <u>ChandraRoberts@Fs.Fed.US</u>	

Customer Name: <u>MT. OLIVE Church &amp; Cemetery #2</u> <sup>Lawn</sup> <sub>Project and Landscaping</sub>	
Address: <u>8 Spring Creek Hwy.</u>	
City, State, Zip: <u>Crawfordville, FL 32327</u>	
Point of Contact: <u>Valery Meeks</u>	Phone Number: <u>(850) 509-0566</u>
E-mail: <u>Valerymeeks@yahoo.com</u>	

Customer Name: <u>C.T.W.</u>	
Address: <u>3295 Crawfordville Hwy</u>	
City, State, Zip: <u>Crawfordville, FL 32327</u>	
Point of Contact: <u>Susan Murphy</u>	Phone Number: <u>(321) 609-0045</u>
E-mail: <u>sue@ctwfl.com</u>	

Customer Name: <u>Mark Booker / Safeguard Properties LLC.</u>	
Address: <u>7887 Hub Pkwy</u>	
City, State, Zip: <u>Valley View Ohio 44125</u>	
Point of Contact: <u>Mark Booker</u>	Phone Number: <u>216-739-2900</u>
E-mail: <u>mark.booker@safeguardproperties.com</u>	

This page must be completed and uploaded to DemandStar.com with your Submittal.

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Exhibit A - DRUG-FREE WORKPLACE FORM

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

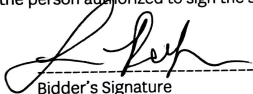
T & N Lawn Masters LLC

(Name of Bidder)

does:

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 the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 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 bidder complies fully with the above requirements.



Bidder's Signature

10/7/21

Date

***In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered for the preference, this document must be completed and uploaded to DemandStar.com with your Submittal.***

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## Exhibit B- BIDDER VERIFICATION FORM

LOCAL PREFERENCE (Check one)

Local Preference requested:  YES  NO

A copy of the following documents must be included in your submission if you are requesting Local Preference:

- Business Tax Receipt
- Zoning Compliance Permit

QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS (Check one)

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Small Business?  YES  NO

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Service-Disabled Veteran Business?  YES  NO

REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida?

YES  NO (refer to Part 1, 1.5, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (# L20000190742)  
If the answer is "NO", please state reason why: \_\_\_\_\_

DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)

Does your company have a policy on diversity and inclusion?  YES  NO

If yes, please attach a copy of the policy to your submittal.

*Note: Possessing a diversity and inclusion policy will have no effect on the City's consideration of your submittal, but is simply being requested for information gathering purposes.*

T & N Lawn Masters LLC  
Bidder's Name

Lafrenis Robinson / President  
Printed Name/Title of Authorized Representative

[Signature] 10/7/21  
Signature of Authorized Representative Date

***This page must be completed and uploaded to DemandStar.com with your Submittal.***

# ATTACHMENT - A PRICING FORM

For each line, enter the cost per task in the blue highlighted section. The annual cost will be auto calculated for you. Check the auto calculation to make sure it is the amount you intended for the annual cost.

**INSTRUCTIONS:**

"Task Cost per Service Unit" is the dollar amount your company requires in order to complete the task one time.

**1. 1018 NW 5th Ave. (Parcel No. 13212-000-000)**

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Litter Removal		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 2,500.00
Mowing		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 6,000.00
				\$ 8,500.00

**2. 414 NW 5th Ave. (Parcel No. 14479-000-000)**

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Litter Removal		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 2,000.00
Mowing		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 6,000.00
				\$ 8,000.00

**3. 810 NW 3rd Ave. (Parcel No. 13748-001-000)**

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Litter Removal		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 2,000.00
Mowing		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 5,000.00
				\$ 7,000.00

**4. Intersection of E. University Ave and SE Hawthorne Rd. (Parcel No. 11740-000-000) Eastside Gateway**

Task	Task Cost per Service Unit	Number of Events	Total Cost 10/01/2021

Task	Service Unit	Frequency	10/1/2021 through 09/30/2022	through 9/30/2022
Litter Removal		Weekly	52	\$ 10,400.00
Weed & Pest Control		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 6,000.00
Sweeping		Weekly	52	\$ 7,500.00
Mulching		1x/year	1	\$ 400.00
Irrigation System Inspection		Monthly	12	\$ 1,200.00
Irrigation System Test		Oct/Jan/Apr/Jul	4	\$ 400.00
Annual & Perennial Flowers Care		Jan/April/Aug	3	\$ 600.00
Annual Replanting		Sept/May	2	\$ 600.00
Fertilization		1x/year	1	\$ 300.00
Tree Trimming		1x/year	1	\$ 200.00
Shrub Trimming		1x/year	1	\$ 125.00
Edging		As needed	12	\$ 1,200.00
Lighting Inspection		Weekly	52	\$ 5,200.00
Winter Plant Protection		As needed	3	\$ 450.00
Winter Procedure		As needed	3	\$ 300.00
				\$ 25,315.00

5. Corner of SW 5th Ave & SW 4th St. (Parcel No. 12907-000-000) - INFILL HOUSING

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Litter Removal		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 2,000.00
Mowing		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 5,000.00
				\$ 7,000.00

6. Corner of SW 7th Ave & SW 5th Terrace (Parcel No. 13369-000-000)

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Litter Removal		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 2,000.00
Mowing		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 7,000.00
				\$ 9,000.00

7. Porters Gateway - Corner of SW 5th Ave. & Main St. (Parcel No. 13008)-000-000)

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Litter Removal		Weekly	52	\$19,400 <sup>0</sup>
Weed Control		Monthly	12	\$1,800 <sup>0</sup>
Mulching		Every six-months	2	\$600 <sup>0</sup>
				\$21,800 <sup>0</sup>

8. S. Main St. between Depot Ave. and S. 16th Ave.

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Litter Removal		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$2,000 <sup>0</sup>
Mowing		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$6,000 <sup>0</sup>
Mulching		1 x per year (based on 400 yards)	1	\$300 <sup>0</sup>
Vegetation Clearing-off Sidewalk (Some private properties have vegetation that encroaches into the sidewalk. Contractor will cut back vegetation from sidewalk.)		Oct/Jan/Apr/Jul	4	\$800 <sup>0</sup>
Edging		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$2,000 <sup>0</sup>
Fertilization		1 x per year	1	\$500.00
Weed Control		Monthly	12	\$1,800.00
Annual Replanting		1 x per year	1	\$200.00 <sup>0</sup>
Shrub Trimming		1 x per year	1	\$150.00 <sup>0</sup>
Ornamental Grass Trimming		1 x per year	1	\$100.00 <sup>0</sup>
Irrigation System Inspection		Monthly	12	\$1,200.00 <sup>0</sup>
Irrigation System Test		Oct/Jan/Apr/Jul	4	\$500.00 <sup>0</sup>
Winter Plant Protection		As needed	3	\$450.00 <sup>0</sup>
Winter Procedure		As needed	3	\$450.00 <sup>0</sup>
				\$16,450 <sup>0</sup>

9. Cornerstone - 2153 SE Hawthorne Rd. (Parcel Nos. 11340, 11340-1-1, 11340-1-2, 11340-1-3, 11340-1-4)

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Litter Removal		Weekly	52	\$ 10,400.00
Weed & Pest Control		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 6,000.00
Sweeping		Weekly	52	\$ 13,000.00
Mulching		1x/ year (40 yards)	1	\$ 250.00
Irrigation System Inspection		Monthly	12	\$ 1,200.00
Irrigation System Test		Jan/May/Sep	3	\$ 450.00
Fertilization		1x/ year	1	\$ 400.00
Mowing		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 9,000.00
Annual Replanting		Sep/May	2	\$ 500.00
Edging		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 2500.00
Tree Trimming		1x/ year	20	\$ 3500.00
Shrub Trimming		1x/ year	1	\$ 150.00
Hedge Trimming		1x/ year	1	\$ 150.00
Winter Procedure		As needed	3	\$ 2750.00
Ornamental Grass Trimming		1x/year	1	\$ 150.00
				\$ 16,125.00

10. Heartwood Community - 1717 SE 8th Ave. (Parcel Nos. 16102-10, 16102-10-LOT)

Task	Task Cost per Service Unit	Frequency	Number of Events 10/1/2021 through 09/30/2022	Total Cost 10/01/2021 through 9/30/2022
Weed & Pest Control		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 9,000.00
Litter Removal		Weekly	52	\$ 23,400.00
Sweeping		Weekly	52	\$ 15,600.00
Mulching		2x/year (40 yards)	2	\$ 1,400.00
Irrigation System Inspection		Monthly	12	\$ 1,200.00
Irrigation System Tests		Jan/May/Sep	3	\$ 375.00
Cat Tail Mitigation (Pond & Wetland)		Jan/May/Sep	3	\$ 1,200.00
Trash Removal from Wetland		Weekly	52	\$ 15,600.00

Fertilization (Trees only)		1 x per year	1	\$ 275
Mowing (Lots & Common Areas)		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 52,000
Edging		Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 6,000
Tree Trimming		1x/year	1	\$ 250
Overflow Weir (Pond & Wetland)		Every 2 months	6	\$ 2,400
Grand Total				\$ 60,975

Grand Total **\$ 280,950**

ITEMS NOT INCLUDED ABOVE			
Item	Hourly Rate	Estimated # of Hours	
	\$ 18.00	5	0

# Request for Taxpayer Identification Number and Certification

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

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

Print or type. See specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Letrovia Robinson**

2 Business name/disregarded entity name, if different from above  
**T & N Lawn Masters LLC**

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.  
**239 Magnolia Ridge**

6 City, state, and ZIP code  
**Crawfordville, FL 32327**

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

**45-5002590**

## 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 ▶ **11/1/21**

## 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-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.