LEGISTAR # 210668_B

Proficient Pool and Lawn Service Inc. #GCRA-220017-GD

Landscape Maintenance of Various City Owned Properties

BID COVER

Procurement Division

City of (352) 334-5021(main) 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 DUE DATE FOR UPLOADING BID RESPONSE: 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 <u>not</u> in arrears to City upon any debt, fee, tax or contract: Bidder is <u>NOT</u> in arrears Bidder IS in arrears Bidder is not a defaulter, as surety or otherwise, upon any obligation to City: Midder is NOT in default I 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: Proficient Pool and Lawn Service Inc. DBA: Outdoor Living Authorized Representative Name/Title: Charles Brent more, Jr. / CEO E-mail Address: brent & propollawn.com FEIN: 46-5388626 Street Address: 1420 Gornto Road, Valdosta, GA 31602 Mailing Address (if different): ______ Fax: (229) 474 - 4210 Telephone: (129) 560-7411 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, 4 Bid is in full compliance with the Specifications. Bid is in full compliance with specifications except as specifically stated and attached hereto. SIGNER'S PRINTED NAME: Charles Brent Moore, Jr. DATE: 11/3/21

ATTACHMENT - A PRICING FORM

INSTRUCTIONS:

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 calcuation to make sure it is the amount you intended for the annual cost.

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

1. 1018 NW 5th Ave. (Parc	cel No. 13912	-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	\$ 100.00	
Mowing	\$ 35.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 700.00	
1. Total: 1018 NW 5th Ave					

2. 414 NW 5th Ave. (Parce	l No. 14479-0	00-000)		•	
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	\$ 5.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 100.00	
Mowing	\$ 40.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 800.00	
2. Total: 414 NW 5th Ave.					

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	\$ 5.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 100.00	
Mowing	\$ 35.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 700.00	
3. Total: 810 NW 3rd Ave.				\$ 800.00	

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

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	\$ 30.00	Weekly	52	\$ 1,560.00
Weed & Pest Control	\$ 30.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 600.00
Sweeping	\$ 30.00	Weekly	52	\$ 1,560.00
Mulching	\$ 840.00	1x/year	1	\$ 840.00
Irrigation System Inspection	\$ 75.00	Monthly	12	\$ 900.00
Irrigation System Test	\$ 95.00	Oct/Jan/Apr/Jul	4	\$ 380.00
Annual & Perennial Flowers Care	\$ 100.00	Jan/April/Aug	3	\$ 300.00
Annual Replanting	\$ 1,250.00	Sept/May	2	\$ 2,500.00
Fertilization	\$ 100.00	1x/year	1	\$ 100.00
Tree Trimming	\$ 200.00	lx/year	1	\$ 200.00
Shrub Trimming	\$ 100.00	1x/year	1	\$ 100.00
Edging	\$ 15.00	As needed	12	\$ 180.00
Lighting Inspection	\$ 25.00	Weekly	52	\$ 1,300.00
Winter Plant Protection	\$ 100.00	As needed	3 ,	\$ 300.00
Winter Procedure	\$ 100.00	As needed	3	\$ 300.00
4. Total: Intersection of	E University	Ave and SE Hawthorne Rd.		\$ 11,120.00

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	\$ 5.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 100.00	
Mowing	\$ 40.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 800.00	
5. Total: Corner of SW 5th	\$ 900.00				

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	\$ 5.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 100.00	
Mowing	\$ 35.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 700.00	
6. Corner of SW 7th Ave &	5. Corner of SW 7th Ave & SW 5th Terrace				

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 throug 9/30/2022	
Litter Removal	\$ 25.00	Weekly	52	\$ 1,300.00	
Weed Control	\$ 15.00	Monthly	12	\$ 180.00	
Mulching	\$ 100.00	Every six-months	2	\$ 200.00	
7. Total: Porters Gateway	7. Total: Porters Gateway - Corner of SW 5th Ave. & Main St.				

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	\$ 78.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20 '	\$ 1,560.00		
Mowing	\$ 78.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 1,560.00		
Mulching	\$28,750.00	1 x per year (based on 400 yards)	1	\$ 28,750.00		
Vegetation Clearing-off Sidewalk (Some private properties have vegetation that encroaches into the sidewalk. Contractor will cut back vegetation from sidewalk.)	\$ 100.00	Oct/Jan/Apr/Jul	4	\$ 400.00		
Edging	\$ 78.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 1,560.00		
Fertilization	\$ 500.00	1 x per year	1	\$ 500.00		
Weed Control	\$ 180.00	Monthly	12	\$ 2,160.00		
Annual Replanting	\$ 500.00	1 x per year	1	\$ 500.00		
Shrub Trimming	\$ 180.00	1 x per year	1	\$ 180.00		
Ornamental Grass Trimming	\$ 100.00	1 x per year	1	\$ 100.00		
Irrigation System Inspection	\$ 200.00	Monthly	12	\$ 2,400.00		
Irrigation System Test	\$ 200.00	Oct/Jan/Apr/Jul	4	\$ 800.00		
Winter Plant Protection	\$ 100.00	As needed	3	\$ 300.00		

Winter Procedure	\$ 100.00	As needed	3	\$ 300.00
8. Total: South Main St. 1	oetween Depot	Ave. and South 16th Ave.		\$ 41,070.00

9. Cornerstone - 2153 SE	Hawthorne Rd.	(Parcel Nos. 11340, 11340-1	-1, 11340-1-2, 113	40-1-3, 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	\$ 20.00	Weekly	52	\$ 1,040.00
Weed & Pest Control	\$ 40.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 800.00
Sweeping	\$ 45.00	Weekly	52	\$ 2,340.00
Mulching	\$ 3,000.00	1x/ year (40 yards)	1	\$ 3,000.00
Irrigation System Inspection	\$ 75.00	Monthly	12	\$ 900.00
Irrigation System Test	\$ 200.00	Jan/May/Sep	3	\$ 600.00
Fertilization	\$ 150.00	1x/ year	1	\$ 150.00
Mowing	\$ 215.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 4,300.00
Annual Replanting	\$ 250.00	Sep/May	2	\$ 500.00
Edging	\$ 135.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 2,700.00
Tree Trimming	\$ 60.00	1x/ year	20	\$ 1,200.00
Shrub Trimming	\$ 400.00	1x/ year	1	\$ 400.00
Hedge Trimming	\$ 100.00	1x/ year	1	\$ 100.00
Winter Procedure	\$ 100.00	As needed	3	\$ 300.00
Ornamental Grass Trimming	\$ 100.00	1x/year	1	\$ 100.00
9. Total: Cornerstone - 2	153 SE Hawtho	rne Rd.		\$ 18,430.00

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	\$ 75.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$ 1,500.00		
Litter Removal	\$ 45.00	Weekly	52	\$ 2,340.00		
Sweeping	\$ 45.00	Weekly	52	\$ 2,340.00		
Mulching	\$ 2,900.00	2x/year (40 yards)	2	\$ 5,800.00		
Irrigation System Inspection	\$ 100.00	Monthly	12	\$ 1,200.00		
Irrigation System Tests	\$ 150.00	Jan/May/Sep	3	\$ 450.00		
Cat Tail Mitigation (Pond & Wetland)	\$ 100.00	Jan/May/Sep	3	\$ 300.00		

Trash Removal from Wetland	\$	30.00	Weekly	52	\$	1,560.00
Fertilization (Trees only)	\$	250.00	1 x per year	1	\$	250.00
Mowing (Lots & Common Areas)	\$	255.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	\$	5,100.00
Edging	\$	90.00	Oct/Nov/Dec (2x/month) Jan/Feb/Mar/Apr (1x/month) May/June/July/Aug/Sept (2x/month)	20	ş	1,800.00
Tree Trimming	\$	250.00	1x/year	1	\$	250.00
Overflow Weir (Pond & Wetland)	\$	100.00	Every 2 months	6	\$	600.00
10. Total: Heartwood Community - 1717 SE 8th Ave.					\$	23,490.00

Grand Total	- >	99,990.00
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		ITEMS NOT INCLUDED ABOVE		
Irrigation repair work	Hourly Rate	Estimated # of Hou	rs	
	\$ 85.00	6	\$	510.00

Exhibit A - DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that	
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<u>Proficient Pool and Lawn Service Inc.</u> does (Name of Bidder)

- 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

Date

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
OUALIFIED 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?
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 YO (refer to Part 1, 1.5, last paragraph)
If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (#) If the answer is "NO", please state reason why: Le have not opened a breach in Grainesville yet. We intend to do so. We have spoken up the state of have everything ready to turn in the point award of contract. We will comply with all state laws to rules. DIVERSITY AND INCLUSION (Applies to solicitations above \$50,000)
Does your company have a policy on diversity and inclusion? YES NO Like will put in place upon award of Contract. 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. Protected 1901 & Lawn Service. Inc.
Bidder's Name
Charles Breat More Jr.
Printed Name/Title of Authorized Representative
Signature of Authorized Representative Date

Exhibit C - CUSTOMER HISTORY FORM

Name of Bidder: Proficient Pool and Lawn Service Inc.

Provide a list of prior customers $\underline{for\ similar\ services}$ that your bidder has provided within the last $\underline{7}$ years. Copy form as necessary.

Customer Name: South Georgia Medical Center Address: 1551 A. P. Harris Andrews
City, State, Zip: Valdosta GA 31602
Point of Contact: Rick OelKers Phone Number: 229-259-4052
E-mail: richard. Del Kers @ sgmc. org
Customer Name: Valdosta City schools
Address. 1204 Williams Street #4043
Point of Contact: Haci Nobles Phone Number: 229-561-2247
E-mail: Knobles@gocats.org
Customer Name: Mission Creek at Moody Air Force Base
Address. 3860 Allure Lane
City, State, Zip: \h Idosto GA 31602
Point of Contact: Devona Hathcock Phone Number: 229-242-7805
E-mail: dhathcock@bbcgrp.com
Customer Name: Lowndes County
550 Gill Harbin Industrial Blud.
City, State, Zip: Valdosta GA. 31601
Former Robbin (Limbus From 229-548-0085
E-mail: roumbus @ lowndes county.com
Customer Name: Valdosta State University
Address: 1500 North Patterson Street
City, State, Zip: Valdosta GA 3/602
Point of Contact: Monica Haynes Phone Number: 229-293-6368
E-mail:

Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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	1 Name (as shown on your income tax return). Name is required on this line; do Proficient Pool and Lawn Sex 2 Business name/disregarded entity name, if different from above	not leave this line blank.					
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose nam following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S= Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax pu is disregarded from the owner should check the appropriate box for the taction of the company of	Partnership S corporation, P=Partnershing of the single-member owner the owner unless the owner unless. Otherwise, a single-x classification of its owner.	Trust/estate p) ▶ er. Do not check her of the LLC is member LLC that	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.)			
See	6 City, state, and ZIP code Voldosta GA 31602 7 List account number(s) here (optional)		equester s fiame a	nd address (optional)			
Part	Taxpayer Identification Number (TIN)						
1	our TIN in the appropriate box. The TIN provided must match the nam	e given on line 1 to avoid	Social sec	urity number			
	withholding. For individuals, this is generally your social security num						
	nt alien, sole proprietor, or disregarded entity, see the instructions for F			- -			
TIN, lat	s, it is your employer identification number (EIN). If you do not have a n	umber, see How to get a	or				
	f the account is in more than one name, see the instructions for line 1.	Also see What Name and		identification number			
	er To Give the Requester for guidelines on whose number to enter.	, noo ooo waa waane and	46	5388626			
Part	II Certification	_					
Under	penalties of perjury, I certify that:						
2. I am Serv	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac rice (IRS) that I am subject to backup withholding as a result of a failure onger subject to backup withholding; and	kup withholding, or (b) I h	nave not been no	otified by the Internal Revenue			
3. I am	a U.S. citizen or other U.S. person (defined below); and						
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reporting is	s correct.				
you hav acquisi other th	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real esta tion or abandonment of secured property, cancellation of debt, contribution and interest and dividends, you are not required to sign the certification, but	ate transactions, item 2 do ns to an individual retirem	es not apply. For ent arrangement	r mortgage interest paid, (IRA), and generally, payments			
Sign Here	Signature of UAM U.S. person ► UAM	Dat	e► ///3/	يدا			
Gen	eral Instructions	• Form 1099-DIV (dividends)	ends, including	those from stocks or mutual			
Section noted.	n references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)					
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted bey were published, go to www.irs.gov/FormW9.	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)					
		• Form 1099-S (procee	ds from real esta	ate transactions)			
Purp	ose of Form	• Form 1099-K (mercha	ant card and thir	d party network transactions)			
informa	vidual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	• Form 1098 (home mo 1098-T (tuition)	rtgage interest),	1098-E (student loan interest),			
	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	 Form 1099-C (canceled debt) 					
	er identification number (ATIN), or employer identification number	 Form 1099-A (acquisition or abandonment of secured property) 					

Use Form W-9 only if you are a U.S. person (including a resident

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,

alien), to provide your correct TIN.

later.

(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)

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(l)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers'

licenses, and identification cards required pursuan employer within five business days of receipt.	at to O.C.G.A. § 13-10-91 to the public
84560 Federal Work Authorization User Identification Number	N 13 12 1 Date of Authorization
Proficient Pooland Lawn Service Name of Contractor	Landscape maintenance of various Name of Project City owned property
City of Gainesville Name of Public Employer	J Starrage (repair
I hereby declare under penalty of perjury that the foregoing is tr	ue and correct.
Executed on Abvembar, 3, 20 21 in Valdosta (city), <u>G A</u> (state).
Signature of Authorized Officer or Agent	NINOKE E RALLING
Charles Brent Moore, Jr., Ceo Printed Name and Title of Authorized Officer or Agent	O NOTARI WILLIAM STATE OF THE S

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _3 DAY OF November

My Commission Expires: November 3, 2024

NOTARY PUBLIC

DAY OF November, 2021.

OP ID: AD

ACORD

CERTIFICATE OF LIABILITY INSURANCE

11/02/2021

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).

PRODUCER 229-242-4560 VALDOSTA INSURANCE SERVICES Post Office Box 2070 Valdosta, GA 31604-2070					CONTACT Audrey Dawkins NAME: PHONE (A/C, No, Ext): 229-242-4560 E-MAIEss: adawkins@valdostainsurance.com						
W. N	Mabry Smith										NAIC #
						INSURER A : American Interstate Insurance					31895
INSU	RED icient Pool & Landscapi	na				INSURE	RB:				
1420	Gornto Road	iig				INSURE	RC:				
vaid	losta, GA 31602					INSURE	RD:				
						INSURE	RE:				
						INSURE	RF:				
	VERAGES				NUMBER:				REVISION NUMBER:		
IN	IDICATED. NOTWITHSTAN ERTIFICATE MAY BE ISSU	IDING ANY REJED OR MAY FONS OF SUCH F	QUIR PERT	EMEI AIN, CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBED PAID CLAIMS.	DOCUMENT WITH RESPECT TO HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURAN	CE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	COMMERCIAL GENERAL								EACH OCCURRENCE	\$	
	CLAIMS-MADE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
									MED EXP (Any one person)	\$	
				8					PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APP	LIES PER:			*				GENERAL AGGREGATE	\$	
	POLICY PRO-	roc							PRODUCTS - COMP/OP AGG	\$	
_	OTHER:								COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							ě	(Ea accident)	\$	
	ANY AUTO OWNED S	CHEDULED							, , , , , , , , , , , , , , , , , , ,	\$	
		UTOS ON-OWNED UTOS ONLY							PROPERTY DAMAGE	\$	
	AUTOS ONLY A	UTOS ONLY								\$	
	UMBRELLA LIAB	OCCUR								\$	
	EXCESS LIAB	CLAIMS-MADE								s	
	DED RETENTION	\$						•		s	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								X PER STATUTE OTH-		
		ECUTIVE Y/N	N/A		AVWCGA2950312020		12/22/2020	12/22/2021		\$	1,000,000
	ANY PROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A					1	E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS	S below						1	E.L. DISEASE - POLICY LIMIT	\$	1,000,000
								1			ì
		1									
DESC	CRIPTION OF OPERATIONS / LOG	CATIONS / VEHICL	ES (A	CORD	101, Additional Remarks Schedul	le, may b	e attached if mor	e space is requir	ed)		
CEF	RTIFICATE HOLDER					CANC	ELLATION				
					CITYGAI	CHO	III D ANV OF T	THE ABOVE O	ESCRIBED POLICIES BE CA	NCE:	ED REFORE
City of Gainesville 200 E University Ave							EREOF, NOTICE WILL B				
	Gainesville, F	L 32001				AUTHO	RIZED REPRESE	NTATIVE			
						/	M-	5	11		



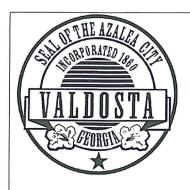
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/02/2021

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)

th	is certificate does not confer rights to	the c	ertifi	cate holder in lieu of such							
PRO	DUCER				CONTA NAME:	CT Michele L	ee				
Blanton & Griffin Insurance Agency					PHONE (A/C, No, Ext): (229) 247-6500 FAX (A/C, No): (229) 247-6507						
2314 N. Patterson Street					E-MAIL ADDRESS: mlee@blantongriffin.com						
P. O. Box 1689					ABBITE		SUPERIS) AFFOR	PDING COVERAGE		NAIC#	
Valo	losta	GA 31603-1689					INSURER(S) AFFORDING COVERAGE NAII INSURER A: Grange Insurance Company AMB A 140				
INSU	RED				INSURE	Cranga	nsurance Com	pany AMB A		14060	
	Proficient Pool & Lawn Service,	Inc.				Mastela		nes Ins Company AMB A		10172	
	1420 Gornto Rd				INSURE	in o .		nee me eempany , me	•		
					INSURER D:						
	Valdosta			GA 31602	INSURE	NAME OF TAXABLE PARTY.					
-	Tables of Section 2	TITIO	ATE		INSURE			DELVIOLON NUMBER			
_	/ERAGES CERTIFY THAT THE POLICIES OF I							REVISION NUMBER:	IOD		
IN CI	DICATED. NOTWITHSTANDING ANY REQUIRESTIFICATE MAY BE ISSUED OR MAY PERTA CCLUSIONS AND CONDITIONS OF SUCH PO	REME	NT, TE	ERM OR CONDITION OF ANY (SURANCE AFFORDED BY THE	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO WHICH TH	HIS		
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	5		
	COMMERCIAL GENERAL LIABILITY					,		EACH OCCURRENCE		0,000	
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,	000	
	BLKT Addl Insd w/CO by Contract							MED EXP (Any one person)	\$ 10,0	00	
Α	BLKT Waiver of Subro by Contract	Υ	Y	CPP2798398		12/16/2020	12/16/2021	PERSONAL & ADV INJURY	\$ 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		•		•		4	GENERAL AGGREGATE	\$ 2,00	0,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000	
	OTHER: Primary & NonContributory								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000	
	X ANY AUTO								\$		
Α	OWNED SCHEDULED AUTOS ONLY AUTOS	Υ	Υ	CA 2798399		12/16/2020	12/16/2021	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	Blkt AI Blkt WOS								\$ 5,00)	
	WMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$ 5,000	0,000	
В	EXCESS LIAB CLAIMS-MADE	Υ	Υ	CUP 2798401		12/16/2020	12/16/2021	AGGREGATE	_	0,000	
	DED RETENTION \$ 2,500							Follows Form	\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER	Ψ.		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								\$		
				gravite.				E.L. DISEASE - POLICY LIMIT Each Occurrence Limit:		00,000	
С	Pollution Liability-Al Incl CO-by Contract Blkt WOS, Primary & NonContributory			G71160920 004		07/17/2021	07/17/2022	General Aggregate Limit:		00,000	
	Bike WOO, 1 milary & Noncontributory			Produced the European Control		20.2 0.000 0.	AND THE PART OF TH	00 0		* A * C * C * C * C * C * C * C * C * C	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, i	may be a	ttached if more sp	ace is required)				
CEF	TIEICATE HOLDER				CANO	ELL ATION					
UEF	RTIFICATE HOLDER				CANC	ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 200 E. University Dr				BEFORE							
					AUTHO	RIZED REPRESEN					
	Gainesville			FL 32601			1.	de Many			



CITY OF VALDOSTA BUSINESS CERTIFICATE 2021

Expiration Date
12/31/2021
Certificate Number

17003342

PROFICIENT POOL & LAWN SERVICE DBA OUTDOOR LIVING 1420 GORNTO RD

VALDOSTA, GA 31602

NAICS TITLE & CODE	BUSINESS DESCRIPTION
56 - ADM SUPT WASTE REM SERV 561730	POOL AND LAWN SERVICE

The City of Valdosta appreciates your business.

Important information about this Business Occupational Tax Certificate

- * Before relocation your business, please contact the Business License Office and get a change of address form. The Zoning Office needs to review your new location before you move.
- Your business is associated with you and your tax filing information. If you sell your business, the new owner needs to apply for his/her own business license. They cannot continue operating under your business license.

OCCUPATIONAL TAX

REGISTRATION

Name:

PROFICIENT POOL & LAWN SERVICE, INC

Address:

1420 GORNTO RD

VALDOSTA, GA 31602

Expiration Date: 5/31/2022

Issued Date:

License #:

9/2/2021

O-006830

SIC CODE DESCRIPTION:

BUSINESS DESCRIPTION:

POOL & LAWN SERVICES

DBA: Address: **OUTDOOR LIVING**

1420 GORNTO RD

VALDOSTA, GA 31602

ATTN: BRENT MOORE

ST-2

THIS CERTIFICATE MUST BE PUBLICLY DISPLAYED AS PROVIDED BY LAW



SALES TAX CERTIFICATE OF REGISTRATION

STATE OF GEORGIA
DEPARTMENT OF REVENUE
Taxpayer Services Division

Issued Pursuant to the Retailers' and Consumers' Sales and Use Tax Act of 1951, as Amended Said Person Named Hereon is Authorized and Empowered to Collect Georgia Sales and Use Tax, Local Option, Special County, Motor Fuel, Homestead, Education, and MARTA.

PROFICIENT POOL & LAWN SERVICE INC

1704 AL BROOKS DR VALDOSTA, GA 31601-3043 IMPORTANT - This Certificate is NON TRANSFERABLE

COMMISSIONER OF REVENUE

EACH PLACE OF BUSINESS MUST BE REGISTERED SEPARATELY.

198221

THE FACE OF THIS DOCUMENT HAS A MULTICOLORED BACKGROUND ON WHITE PAPER • TRUE WATERMARK IN PAPER

Georgia Department of Agriculture

Gary W. Black, Commissioner
Pesticide Division
19 M.L.K. Jr. Drive, SW, Room 410
Atlanta, GA 30334
sle: (404) 656-4958 Fax: (404) 657-837

Tele: (404) 656-4958 Fax: (404) 657-8378 agr.georgia.gov/pesticides.aspx

PESTICIDE CONTRACTOR LICENSE

Expiration Date:

12/31/2022

License Number:

101136

Proficient Pool & Lawn Service

Inc.

1420 Gornto Road Valdosta GA 31602 Categories:

24;

This License Must Be Posted At All Times In A Prominent Location.

Georgia Department of Agriculture

Plant Protection Section 1109 Experiment Street, Redding Build, Room 213 Griffin, GA 30223

Tele: (404)-586-1140 Fax: (770) 228-7219 agr.georgia.gov/plant-protection.aspx

LIVE PLANT LICENSE

Expiration Date:

12/31/2022

License Number:

38371

Category:

LANDSCAPER

Proficient Pool & Lawn, Inc (Proficient Pool & Landscaping) 229-560-7421 1420 Gornto Road Valdosta GA 31602

This License Is Not Transferable and Must Be Posted At All Times In A Prominent Business Location



Addendum Publish Date:

October 28, 2021

Landscape Maintenance of Various City Owned Properties
RFP #: GCRA-220017-GD
ADDENDUM NO. 1

Bid Due Date:

November 3, 2021; 3:00pm (Local Time)

NOTE: The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary.

- 1. Please find attached:
 - a. A copy of the Cone of Silence period information (Financial Procedures Manual Section 41-424 Prohibition of lobbying in procurement matters) that was discussed.
- 2. Following are questions and answers that were received by the deadline:
 - a. Question:

Page 5 section 7 c.: Are the 52 inspections just a general overview upon arrival to the property looking for any OBVIOUS issues. Or physically turning the system on and looking for issues. Generally when we do maintenance we just look for obvious excessive wet areas, erosion from a broken line/head, or dry spots then report or run through system. Can you please specify what your exact expectations are the for the 52 inspections.

Answer:

The inspection is to verify that the work has been completed per the scope of work for each site. We typically ask the vendor to take a photo of the site and send it to us via text.

b. Question:

Page 6 section 9. Mulching: It is specified that pine straw is to be used unless directed otherwise. But on attachment A property 8, 9, and 10 have specific "yards". Is this yards of mulch or pine straw? Can you specify the type of mulch (cypress, colored cypress, pine bark etc.) you would like as well if pine straw is not used. (We do plan on visiting all of the properties next week and this may answer some of the questions on this topic but I do want to make sure its specified.

Answer:

Property 8: South Main - Pine Bark throughout

Property 9: Cornerstone – Pine Straw Property 10: Heartwood – Pine Straw



City of Gainesville

Budget and Finance Department Purchasing Division

c. Question:

Page 6 section 10. Annuals and Perennials: Does the city provide and plant the annuals and perennials or does the contractor? If the contractor is responsible for providing and planting can you provide a square footage or do we assume to plant the areas that are currently planted with annuals? It does ask for a price in Attachment A but does not give a square footage.

Answer:

Annuals and perennials are provided, planted, and maintained by the vendor. This is mostly the case for the Eastside Gateway (Property No. 4). On this property, these plants are located throughout, but mostly on the eastern side of the property. The square footage of the relevant area is unknown.

d. Question:

Page 6 section 12. Shrub Pruning: It says that shrubs will pruned as needed but Attachment A only asks for a price on 1x. Do we price it to prune only once or as needed?

Answer

Base the quote on the frequency prescribed in Exhibit B.

e. Question:

Page 6 section 13. Fertilization: It says "Fertilize plants three (2) times per year in March and July. Just want to clarify that is supposed to be 2 times per year and not 3.

Answer:

Yes 2 times per year is correct.

f. Question:

Page 6 section 13. Fertilization: There are not any requests for fertilization of the turf. Is that to be expected?

Answer:

Fertilization of turf is not a requirement of this solicitation.

g. Question:

Page 7 section 14. Lighting: this lighting low voltage or line voltage?

Answer:

Low voltage. They are spot lights to accent trees and plants.

h. Question:

What is the projected start date upon awarding.

Answer:

The start date of the contract is subject to the award and approval by the City Commission, if necessary. In addition, work cannot commence until the contract is fully executed and the City has issued a purchase order.

i. Question:

Will the payments be broken up into 12 monthly installments based on the annual contract?

Answer:

Vendor will invoice the GCRA each month for work performed.



City of Gainesville

Budget and Finance Department Purchasing Division

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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: Proficient Pool and Lawn Service, Inc
SIGNATURE: LESS MY
LEGIBLY PRINT NAME: Charles Brent Moore, Jr.
DATE: 11/3/21

City of Gainesville

Budget and Finance Department Purchasing Division

CITY OF GAINESVILLE

FINANCIAL SERVICES PROCEDURES MANUAL

41-424 Prohibition of lobbying in procurement matters

Except as expressly set forth in Resolution 170116, Section 9, during the Cone of Silence as defined herein no person may lobby, on behalf of a competing party in a particular procurement process, City Officials or employees, except the Procurement Division or the procurement designated staff contact person. Violation of this provision shall result in disqualification of the party on whose behalf the lobbying occurred.

Cone of Silence period means the period between the issue date which allows for immediate submittals to the City of Gainesville Procurement Division in response to an invitation to bid, or a request for proposal, or qualifications, or information, or an invitation to negotiate, as applicable, and the time that City Officials or the Procurement Division, or City Department awards the contract.

Lobbying means when a person seeks to influence or attempt to influence City Officials or employees with respect to a decision of the City, except as authorized by procurement procedures.