

## BID COVER

City of  
**Gainesville**

**Procurement Division**

(352) 334-5021(main)

Issue Date: March 1, 2022

**INVITATION TO BID: #RTSX-220045-DS**

**Grounds Maintenance for Regional Transit System Facilities**

**PRE-BID MEETING:** ☒ Non-Mandatory ☐ Mandatory ☐ N/A ☒ Includes Site Visit

**DATE:** March 17, 2022

**TIME:** 8:30 a.m.

**LOCATION:** Regional Transit System, Admin Building Lobby, 34 SE 13<sup>th</sup> Road, Gainesville, FL

**QUESTION SUBMITTAL DUE DATE:** March 23, 2022

*All meetings and submittal deadlines are Eastern Time (ET).*

**DUE DATE FOR UPLOADING BID RESPONSE:** April 4, 2022 by 3:00 p.m.

**SUMMARY OF SCOPE OF WORK:**

Grounds maintenance for Regional Transit System facilities.

For questions relating to this bid, contact: Daphne Sesco, Procurement Specialist 3, [sescoda@cityofgainesville.org](mailto:sescoda@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) # 2

Legal Name of Bidder: Kelly Klean, LLC

DBA: Kelly Klean

Authorized Representative Name/Title: Sharon Dolby, Owner

E-mail Address: kellykutklean1@gmail.com FEIN: 472657543

Street Address: 921 Red Fox Way Macclenny FL 32063

Mailing Address (if different): P.O. Box 1943 Macclenny FL 32063

Telephone: (904) 397-0760 Fax: ( )

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:** Sharon Dolby

**SIGNER'S PRINTED NAME:** Sharon Dolby **DATE:** 3/28/2022



## PART 4 – BID PRICES

### 4.1 BID PRICES

Pricing to remain firm for entire contract term.

Description - Location	Location		Monthly Cost
Main RTS Maintenance Facility	34 SE 13 <sup>th</sup> Rd, Gainesville, FL	Term: Contract Execution through 9/30/23	\$ 2,100 -
Rosa Parks Transfer Station	700 SE 3 <sup>rd</sup> Ave, Gainesville, FL		\$ 402.50
Butler Plaza	4231 SW 30 <sup>th</sup> Ave, Gainesville, FL		\$ 875 -
RTS Park and Ride Station	5700 NW 23 <sup>rd</sup> St, Gainesville, FL		\$ 402.50
Old RTS Maintenance Facility	100 SE 10 <sup>th</sup> Ave, Gainesville, FL		\$ 875 -
Old RTS Parking	99 SE 10 <sup>th</sup> Ave, Gainesville, FL		\$ 402.50

#### Main RTS Maintenance Facility

Initial Lawn and Landscaping Service (1 time) with re-mulching - \$14,810.00

Initial Lawn and Landscaping Service (1 time) NO mulching - \$5810

#### **Parking lot area:**

- Prune all ornamental trees
- Blow and bag/remove leaves
- Prune and reshape hedges
- Weed eating of all areas including cement islands and cracks/crevices
- Edge along all hard services
- Prep islands for new mulch
- Remove vines from fencing
- Mow
- Mulch installation not to exceed 20 pallets in parking lot areas

#### **Main Building with back lot and retention pond:**

- Prune all ornamental trees
- Blow and bag/remove leaves
- Prune and reshape all hedges
- Weeding of all areas including cement cracks/crevices
- Edge along all hard services
- Remove vines from fencing
- Weed eat/mow retention pond area
- Reclaim an approximate 5 ft area behind fencing
- Mow
- Mulch installation not to exceed 20 pallets in and around Main building

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



## DRUG-FREE WORKPLACE FORM

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

Kelly Klean, 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.

Sham Dolly  
Bidder's Signature

3/29/2022  
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.*



## 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 (# 617000043690)  
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.*

Bidder's Name

Printed Name/Title of Authorized Representative

Signature of Authorized Representative

Date



# CUSTOMER HISTORY FORM

Name of Bidder: Kelly Klean

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

Customer Name:	Baker County Administration, County Commission		
Address:	55 N 3 <sup>rd</sup> St (17 Locations)		
City, State, Zip:	Macclenny FL 32063		
Point of Contact:	Sara Little	Phone Number:	904-259-3613
E-mail:			

Customer Name:	Hale Trailer (Complex Facility)		
Address:	271 Halsema Road S.		
City, State, Zip:	Jacksonville FL 32221		
Point of Contact:	Rich Garcia	Phone Number:	904-378-1900
E-mail:	rgarcia@haletrailer.com		

Customer Name:	St. Augustine National Marine Center *Homeland Security Facility		
Address:	150 Westpark Way, Suite 200		
City, State, Zip:	Eulless, TX 76040		
Point of Contact:	Roger Empie	Phone Number:	214-869-2478
E-mail:	214-869-2478		

Customer Name:	Life Storage - (11 locations)		
Address:	6767 main st		
City, State, Zip:	Williamsville, NY 14221		
Point of Contact:	Rob Faught	Phone Number:	716-341-6009
E-mail:	rfaught@lifestorage.com		

Customer Name:	West Fraser (National Lumber facility)		
Address:	109 Halsema Road S.		
City, State, Zip:	Jacksonville, FL 32221		
Point of Contact:	Jerome Worthy	Phone Number:	904-695-3800
E-mail:	jerome.worthy@westfraser.com		



## 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. <b>SHARON DOLBY</b>	
	2 Business name/disregarded entity name, if different from above <b>KELLY KLEAN, LLC</b>	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> 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 <b>not</b> 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. <input type="checkbox"/> 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. <b>921 RED FOX WAY</b>	
	6 City, state, and ZIP code <b>MACCLENNY FL 32063</b>	
	7 List account number(s) here (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										
4	7		-	2	6	5	7	5	4	3

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	<i>Sharon Dolby</i>	Date	<i>3/25/2022</i>
	06/02/2021			

### 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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/10/2021

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 Wells Insurance Agency, Inc PO Box 427  Macclenny INSURED  Kelly Klean Llc P.O. BOX 1943  Macclenny	CONTACT NAME: Trey Sinclair PHONE (A/C, No, Ext): (904) 259-6296 E-MAIL ADDRESS: trey@wellsmac.com  INSURER(S) AFFORDING COVERAGE INSURER A: SOUTHERN OWNERS INS CO INSURER B: OWNERS INS CO INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): (904) 259-3987  NAIC # 10190 32700
FL 32063		
FL 32063-1764		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Each occurrence) \$ 300,000
A			78418338	06/10/2021	06/10/2022	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY PRO-JECT LOC					GENERAL AGGREGATE \$ 2,000,000
	OTHER					PRODUCTS - COM/OP AGG \$ 2,000,000
						\$
	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000
B	OWNED AUTOS ONLY SCHEDULED AUTOS		5287041100	06/10/2021	06/10/2022	BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<input checked="" type="checkbox"/> UMBRELLA LIAB					
A	EXCESS LIAB	OCCUR	5287041101	06/10/2021	06/10/2022	EACH OCCURRENCE \$ 1,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000	CLAIMS-MADE				AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

Lawn maintenance

Life Storage LP and Life Storage Solutions LLC is an Additional Insured on a Primary and Non Contributory basis with regard to General Liability, auto Liability and Umbrella as required by written agreement

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# *State of Florida*

## *Department of State*

I certify from the records of this office that KELLY KLEAN, LC is a Fictitious Name registered with the Department of State on April 22, 2017.

The Registration Number of this Fictitious Name is G17000043690.

I further certify that said Fictitious Name Registration is active.

I further certify that said Fictitious Name Registration filed a renewal on January 20, 2022, and expires on December 31, 2027.

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the Third  
day of March, 2022*



*Randy Rye*  

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*Secretary of State*





THE NATIONAL HEALTH SERVICE  
FOR ENGLAND

CONFIDENTIAL  
NATIONAL HEALTH SERVICE  
FOR ENGLAND



ALWAYS  
USE  
THE  
NHS

HEALTH  
SERVICE

FOR  
ENGLAND

FOR  
ENGLAND

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## TECHNICAL EXPERTISE AND EXPERIENCE FORM

Bidder: Kelly Klean

Bidder must demonstrate, at a minimum, the following experience levels for staff that will be working on site or supervising the work at RTS' facilities: A minimum of 5 years in commercial landscape maintenance for personnel in a supervisory role, including field supervisory staff. Field and labor force must have at least 1-year experience in commercial landscape maintenance.

Please describe your company's experience in landscape maintenance services.

2 Crew Leaders with a combined 25+ years  
experience in Commercial Property Lawn  
and Landscaping. Fully experienced in all  
commercial lawn equipment operation.

1 full time small engine repair and maintenance  
staff

7 Lawn/Landscaper Helpers with combined  
20+ or more years of experience in  
large and commercial property  
experience.

Senior Crew Leader holds the Green  
Industries Best Management Practices.  
Certification

Senior Crew Leaders resume is  
enclosed.



## EQUIPMENT LIST FORM

Bidder: Kelly Klean

Bidder must list all equipment that is to be used in maintaining the grounds of RTS' Facilities. The Contractor shall maintain and own appropriate equipment. Equipment used shall have the capacity required to manage the grounds of RTS' facilities to the highest quality. Examples of the equipment, at a minimum, are Zero Turn Radius (ZTR) type mowers, string trimmers, edgers, blowers, hedge trimmers, and other small equipment used for landscape maintenance work.

All mowing equipment to be used on this project must be commercial grade and less than 10 years old. All hand held equipment such as string trimmers, blowers, edgers and other machines must be less than 5 years old. Transportation vehicles must be less than 15 years old and trailering equipment must be less than 15 years old.

	Make/Model	Year (age)	Use of Equipment
1)	FORD F250	2015	pulls Equip. trailer
2)	FORD F250	2009	pulls Equip. trailer
3)	TORO zero turn	2021	mower
4)	TORO zero turn	2011	mower
5)	TORO zero turn	2016	mower
6)	TORO zero turn	2015	mower
7)	Gravely Stander	2019	mower
8)	TORO Turfmaster (push)	2020	mower
9)	Honda Commercial Pushmower	2019	mower
10)	7 - Echo Weed eaters	<3 yrs	Weed eat
11)	4 - Echo Edgers	<3 yrs	edger
12)	6 - Echo trimmers	<3 yrs	trimmer
13)	6 - Echo Backpack Blowers	<3 yrs	blower
	1 Hydraulic Dump Trailer	2021	large debris hauler
	2 Diamond Enclosed Trailers	2020/2019	Haul Equipment
	4 Various other trailers		Haul Equipment



**T. Benjamin Kelly**  
**921 Red Fox Way, MacClenny FL 32063**  
**(904) 923-6604 tbenjaminkelly@gmail.com**

**Summary:** Highly skilled with 30+ years of supervisory experience in the Lawn and Landscaping and property maintenance industries. Possess strong attention to detail and an excellent customer service record.

### **Skills**

- Strong knowledge of property preservation and all lawn maintenance operations.
- Extensive Supervisory and Project Management experience.
- Outstanding knowledge of all power and maintenance equipment
- Certified Forklift Operator.
- Excellent knowledge and vast experience with property rehabilitation and repair.
- Proficient in carpentry, painting, plumbing, electrical work and lawn maintenance.
- Extensive knowledge in home repairs, remodeling and renovations.
- Highly dedicated team player with excellent attendance record and supervisory skills.

### **Work Experience**

**Kelly Klean, LLC - June 2005 to Present**

- Supervise Crew(s) in the performance of contracted Lawn and Landscaping for large commercial, federal, municipal, educational, medical facilities.
- Certified in Green Industry Best Management Practices
- Certified in Pest Control and Fertilizer Application
- Performed lawn maintenance and lawn rehabilitations including landscaping packages and sod installs.
- Contractor of property preservation and lawn rehabilitation projects with HUD, Fannie Mae and Freddie Mac specializing in rehabilitation of abandoned property grounds.
- Extensive Project Management of large properties and landscaping projects.

**TTX — Acorn Division - May 1988 to January 2010**

- Assisted the Production Department in applying parts and components to railcars that were undergoing repairs.
- Supervised the shipping of parts for railcar repairs and reconditions.
- Maintained the multi—milliondollar inventory using SAP software.

### **Volunteer Work**

- Trinity Lutheran Church – assisted in launching the food share program.
- HabiJax - assisted in new home builds.
- United Way – Various Community Projects.
- Project Jax - playground rehab volunteer..





## ADDENDUM NO. 1

**Date:** March 1, 2022  
**Bid Due Date:** April 4, 2022, 3:00 P.M. (Local Time)  
**Bid Name:** Grounds Maintenance for Regional Transit System Facilities  
**Bid Number:** RTSX-220045-DS

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**NOTE:** This Addendum has been issued to the holders of record of the specifications.

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. Clarification regarding the pre-bid/site visit on March 17th, 8:30 a.m.:

The pre-bid/site visit is only for RTS' main bus fleet facility grounds, located at 34 SE 13<sup>th</sup> Road, Gainesville, FL at it is fenced in. All other locations are not fenced, so interested bidders may visit those sites at their convenience.

**ACKNOWLEDGMENT:** Each Proposer shall acknowledge receipt of this Addendum No. 1 by his or her signature below, and shall attach a copy of this Addendum to its 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:** Kelly Klean  
**BY:** Sham Dolly  
**DATE:** 3/25/2022





## ADDENDUM NO. 2

**Date:** March 21, 2022

**Bid Due Date:** April 4, 2022, 3:00 P.M. (Local Time)

**Bid Name:** Grounds Maintenance for Regional Transit System Facilities

**Bid Number:** RTSX-220045-DS

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NOTE: This Addendum has been issued to the holders of record of the specifications and the attendees of the non-mandatory pre-bid meeting/site visit.

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. The following information was shared with attendees at today's pre-bid/site visit meeting:
  - This is a non-mandatory meeting.
  - The cone of silence (blackout period) began once the bid was released and continues until contract award. No lobbying or discussions can occur between bidder and any representative of the City or GRU, except the designated purchasing staff contact; otherwise your bid will be disqualified.
  - Verbal instruction does not change the terms of the solicitation – changes can only be made via written addenda. Questions/Answers and topics of discussion addressed at this pre-bid will be available in an addendum for download through DemandStar.
  - Send questions in writing via email only to me. Any contact with staff other than the Procurement representative may be basis for disqualification of your bid. Final questions must be submitted by March 23<sup>rd</sup>.
  - Upload your response in pdf format before the due date and time.
  - Responses must be uploaded to DemandStar by April 4<sup>th</sup>, 3pm (local time). The platform does not accept late submittals.
  - 1.5 Minimum Qualifications, page 3: Failure to meet minimum qualifications will deem bidder as non-responsive and not considered for award.
  - Bid Information Form - If not bidding, please complete the form to let us know why you are not bidding, then upload into DemandStar or email directly to me.
2. Walking tour of main facility grounds by Steve Mayes, Assistant Maintenance Manager, and Ken Kirkpatrick, Transit Facilities Supervisor. These services have always been handled internally, so this is the first bid to outsource the services.



3. Question & Answer:

Question1: A lot of catch-up maintenance is needed, i.e., piles of leaves in the old RTS parking lot, clearing vines on fence, pruning of trees, mulching in parking lot, around pond, area outside fence line, etc. Is the bid to include a one-time catch up price or will this be handled outside of this bid?

**Answer1:** *The bid must include a one-time cost to bring the RTS grounds locations up to a level where it will be maintained therefrom, i.e, mulch at 3 inches of depth, hedges trimmed, trees pruned, excess weeds and vines removed, and debris removed. Include the total amount for One-Time Grounds Maintenance Catch Up Cost on the Bid Prices page below the matrix box.*

Question2: How far out from fence line would maintenance be required (does the distance differ around fence perimeter)?

**Answer2:** *Maintenance area from outside fence is up to 10' on [east, south, west] and up to 20' on [north].*

Question3: Are we to maintain area around pond?

**Answer3:** *Yes, the area around the pond is to be maintained.*

Question4: Are hedges to be maintained at a specific height?

**Answer4:** *The hedges should be maintained at their current area's established height.*

4. Maintenance of the retention areas (next to old RTS parking lot and outside the east fence of the new parking lot) require mowing, trimming and debris removal.

5. Find attached:

- Prohibition of Lobbying in Procurement Matters
- Pre-Bid/Site Visit Meeting Sign-In Sheets (2 pages)
- Aerial Views of RTS Facilities (handed out to site visit attendees)
- Graphics detailing the grounds maintenance areas, including the parking lot mulch (6 pages)

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 2 by his or her signature below, and shall attach a copy of this Addendum to its proposal.

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 2 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER:

Kelly Klean

BY:

Shawn Welby

DATE:

3/25/2022