

FORMAL WRITTEN QUOTE (FWQ) REQUEST

FWQ Number: 22-033-AV

Project: Property Clean-up: 224 Sunnybrook Lane, Lake Placid, Florida 33852

The Highlands County Board of County Commissioners (HCBCC, County) is seeking quotations for the following products and/or services:

Property Clean-up: Mow all High grass and weeds, weed eat anything not able to get with the mower, blow off driveway and road, remove any associated debris, trash/debris and all accumulation taking to an authorized landfill.

Property Address: 224 Sunnybrook Lane, Lake Placid, Florida 33852

PARCEL ID: C-22-37-30-030-00R0-0160

Insurance requirements:

GENERAL INFORMATION:

1.7

1.1	Requesting/End-User Department:	Code Enforcement Division
1.2	Project Manager:	Ryan McNew
1.3	Submittal deadline:	4 P.M. on July 27, 2022
1.4	Submit via:	Email to purchase@highlandsfl.gov Submission is to be one all-inclusive adobe file titled FWQ 22-033-AV - Quoter's Name
1.5	Contact for questions:	Amanda Valentine 863-402-6526 or purchase@highlandsfl.gov Prior to 4 P.M., July 20, 2022
1.6	License requirement:	

Vendors may submit a certificate of insurance (Acord form showing the Highlands County Board of County Commissioners as the certificate holder) with their response to this Request or may submit with that Response a letter from a licensed insurance agent confirming that the vendor can be insured for the amounts required by paragraph 2.11 of this Request upon award. The awarded vendor must supply a certificate of insurance (Acord form showing the Highlands County Board of County Commissioners as the additionally insured) for the work to be performed or goods to be delivered pursuant to the purchase order issued pursuant to this Request before that purchase order will be issued.

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2. GENERAL TERMS AND CONDITIONS:

By submitting a response to this Request for FWQ, the vendor agrees to the following requirements, which shall be included in any purchase order issued pursuant to this Request:

- 2.1 The vendor shall hold all licenses and certifications and comply with all laws, ordinances, and regulations applicable to the work required to perform this purchase order. Any of the vendor's personnel who perform services shall be lawfully licensed and certified. Damages, penalties, and fines imposed on County or vendor resulting from vendor's failure to obtain and maintain required licenses and certifications shall be borne by vendor. All fees, permits, certifications, and licenses are the responsibility of the vendor and are included in the quoted price.
- 2.2 All reports, specifications, documents, plans, analyses, and other data and work product developed by vendor under this purchase order shall be delivered to County at any time upon its request and shall become the property of County upon payment of the agreed upon price without restrictions or limitations.
- 2.3 The vendor shall coordinate with the Requesting/User Department prior to commencing any and all work required to perform this purchase order.
- 2.4 Unless otherwise provided in this purchase order, upon satisfactory completion and delivery of all work or goods to the County pursuant to this purchase order, the County shall pay the amount of the purchase order to the vendor in accordance with Board's Prompt Payment Policy and the Local Government Prompt Payment Act, Section 218.70 et. seq., Florida Statutes. Satisfactory completion shall be determined by Project Manager.
- 2.5 If any litigation is commenced between the parties concerning the work to be performed or goods to be delivered pursuant to this purchase order or the parties' respective rights and duties under this purchase order, the prevailing party may recover reasonable attorney's fees and costs of litigation, in addition to other relief granted. Venue for any legal action shall lie in Highlands County, Florida, and any proceedings to enforce or interpret any provision of this purchase order shall be brought exclusively in a court of competent jurisdiction in Highlands County, Florida.
- 2.6 No delay or failure by either party to exercise any right, and no partial or single exercise of any right, shall constitute a waiver of that or any other right.
- 2.7 Rights and obligations shall be construed in accordance with and governed by the laws of the State of Florida.
- 2.8 Failure of the vendor to comply with the requirements of this purchase order shall constitute a breach of contract. A purchase order may be issued to the vendor that submitted the next lowest/available FWQ with the difference in price being paid by the vendor issued this purchase order.

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- 2.9 The vendor shall not assign, transfer, convey, sublet or sell any portion of this purchase order or the performance thereof unless written consent is given, in advance, by the Project Manager.
- 2.10 The vendor shall be responsible for disposal of all material requiring disposal and shall show proof of disposal at an authorized landfill prior to submitting an invoice or other request for payment, if applicable.
- 2.11 Until final payment is received by the vendor from the County pursuant to this purchase order, the vendor shall maintain in force and effect the following insurance for the work to be performed or goods to be delivered pursuant to this purchase order:
 - Workers' Compensation coverage must meet statutory limits in compliance with the Workers' Compensation Law of Florida. This policy must include Employer Liability with a limit \$1,000,000 for each accident.
 - Commercial General Liability coverage shall provide minimum limits of liability of \$1,000,000 per occurrence Combined Single Limit for Bodily Injury and Property Damage, including coverage for:
 - * Premises/Operations
- * Products/Completed Operations
- * Broad Form Contractual Liability * Independent Contractors
- Business Auto Liability, if applicable coverage shall provide minimum limits of (c) liability of \$500,000 combined single limit per occurrence for bodily injury and property damage, including coverage for liability arising out of any auto, including owned, hired, and non-owned autos.
- 2.12 The vendor shall deliver a completed W-9 form to the County, within ten (10) days after the purchase order is issued, unless it already done so.
- 2.13 The vendor shall be prepared to start providing services within the time stated in this purchase order. Failure to complete the work or deliver goods as scheduled may result in written notice to the vendor terminating its right to proceed. Should the vendor be unable to complete the services or deliver the goods within the scheduled time, the County may use the services or goods provided by another vendor. The difference in the contracted price for the services or delivery of the goods and that paid the new vendor for the services or goods shall be charged to and paid by vendor to whom this purchase order was issued by set-off against any amount owed by the County to that vendor or, if none, shall be paid by that vendor to the County within twenty (20) days after being invoiced by the County.
- 2.14 The County is a political subdivision of the State of Florida and is not subject to federal excise tax or state sales or use tax. The vendor shall not add taxes of any kind to the cost of services or goods or invoice to or collect from the County any federal excise tax or state sales or use tax.
- 2.15 If by providing services to the County pursuant to this purchase order the vendor is a contractor, as defined by Section 119.0701, Florida Statutes, the vendor shall:
 - Keep and maintain public records required by the County to perform the (a) services.

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- (b) Upon request of the County's custodian of public records, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at the cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law.
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this contract and following competition of this contract if vendor does not transfer the records to the County.
- (d) Upon competition of performance of services required by this purchase order, transfer to the County, at no cost, all public records in possession of vendor or keep and maintain public records required by the County to perform the services. If the vendor transfers all public records to the County upon competition of the performance of services required by this purchase order, the vendor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the vendor keeps and maintains public records upon completion of performance of services required by this purchase order, the vendor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County upon request from the County's custodian of public records, in a format that is compatible with the information technology systems of the County.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

Gloria Rybinski
County Public Information Officer
Telephone Number: 863-402-6836

E-mail Address: grybinski@highlandsfl.gov
Mailing Address: 600 South Commerce Avenue
Sebring, FL 33870

3. SPECIFICATIONS:

- 3.1 TERM: The period of the service shall begin upon the date of the Purchase Order and shall be complete no later than thirty (30) calendar days.
- 3.2 INVOICING / COMPENSATION: Contractor will hold pricing for up to 120 days from date of award while project is approved. Contractor shall submit detailed invoices identifying the Purchase Order number, location, and work completed. The invoice must be submitted to the department identified on the Purchase Order. If there are any apparent defects in the work or material, County will promptly notify Contractor. Without limiting any other rights to which it may be entitled, County may require Contractor, at Contractor's expense, to correct any nonconforming workmanship.
- 3.3 AWARD: Shall be based on the "Cost of Project" from lowest responsive and responsible quote.

3.4 SCOPE OF WORK

- (i) Mow all High grass and weeds, weed eat anything not able to get with the mower, blow off driveway and road, remove any associated debris, trash/debris and all accumulation taking to an authorized landfill.
- (ii) Property Address: 224 Sunnybrook Lane, Lake Placid, Florida 33852
- (iii) Parcel: C-22-37-30-030-00R0-0160

4. FORMS

- (a) Formal Written Quote Form
- (b) Local Preference Affidavit

The Local Preference Policy can be viewed on the County's website:

https://www.highlandsfl.gov/departments/business services/purchasing/local prefrence policy.php

Women/Minority Business Enterprise Certification (If applicable)

- (c) Certificate of Insurance
- (d) W-9
- (e) Licenses (if applicable)

FORMAL WRITTEN QUOTE SUBMITTED BY:

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IN RESPONSE TO: FWQ 22-033-AV
VENDOR NAME: (The name entered here will be used to confirm the number of years in business on the Florida Department of State, Division of Corporation's website (sunbiz.org). Please print the exact name of your business entity as it appears on its annual report filed with the Department of State or, if none, your name.)
ADDRESS:
PHONE NUMBER:
FEIN or SOCIAL SECURITY NUMBER:
EMAIL:
DOCUMENTATION INCLUDED (Check if included):
W-9 FORM
ACCORD LIABILITY INSURANCE or CONFIRMATION LETTER (See Item 2.11 of the GENERAL Terms and Conditions for the required minimum coverage)
LOCAL PREFERENCE AFFIDAVIT (If applicable)
WOMEN/MINORITY BUSINESS ENTERPRISE CERTIFICATION (If applicable)
COPY OF LICENSE (If applicable)
COST OF PROJECT: \$
I HEREBY CERTIFY THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE TERMS AND CONDITIONS OF FWQ 22-033-AV.
AUTHORIZED REPRESENTATIVE'S SIGNATURE:
AUTHORIZED REPRESENTATIVE'S NAME (Print):
AUTHORIZED REPRESENTATIVE'S TITLE (Print):

THIS "OFFICIAL" FORMS MUST BE COMPLETED AND USED IN SUBMITTING YOUR WRITTEN QUOTE. THE BOARD RESERVES THE RIGHT TO ACCEPT OR REJECT ANY OR ALL WRITTEN QUOTES OR ANY PARTS THEREOF.

LOCAL PREFERENCE AFFIDAVIT OF ELIGIBILITY

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

	HIG	HLANDS COUNTY BOARD (OF COUNTY COMM	ISSIONE	RS			
	by							
	_	[Print individual	s name and title]					
_	for [I	Print name of Company/Individ	lual submitting swor	n stateme	ent]			
W	hose business ad	dress is						
		deral Employer Identification N						
`	,	FEIN, include the Social Secu	, ,					
,	•	. Ziri, molado ale occidi occid	•					
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	A. Vendor/Individual has had a fixed office or distribution point located in and having a street address within Highlands County for at least twelve (12) months immediately prior to the issuance of the request for quotation, competitive bids or request for proposals by the County. YES NO							
В.	B. Vendor/Individual holds business license required by the County, and/or if applicable, the Municipalities: YES NO							
C.	primary residen	al employs at least one full-tim ce is in Highlands County, or, 50) percent owned by one or i ty.	if the business has r more persons whose	e primary i	ees, the business			
PARAGR <i>A</i>		E SUBMISSION OF THIS FOR DVE IS FOR THAT PUBLIC E CORD.	RM TO THE PUBLIC	ENTITY	IDENTIFIED IN	. BE		
		[Signature and	Date]					
STATE O	F	, COUNTY OF						
Subscribe 20	ed and sworn be	ore me, the undersigned no	tary public on this	day	of	,		
NOTARY	PUBLIC	- SEAL	Commissi	on Expira	ation Date			

1.

This sworn statement is submitted to

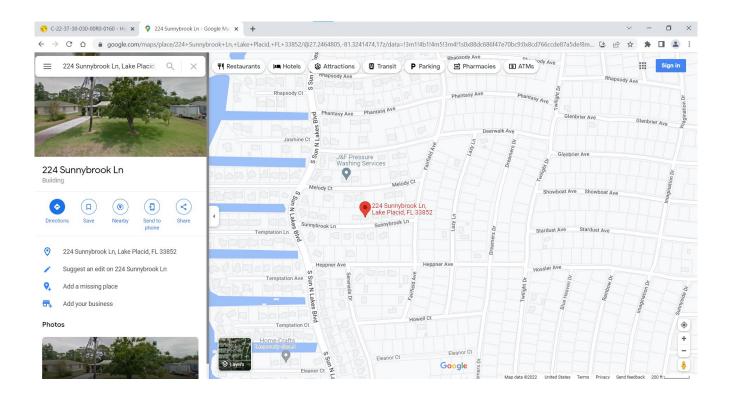
Request for Taxpayer Identification Number and Certification

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

Internal	Revenue Service	▶ Go to www.irs.gov/FormW9 for inst	tructions and the late	st inform	mati	on.								
	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
	2 Business nam	e/disregarded entity name, if different from above												
Deg.	following seven boxes.						cer	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
e o	alaska araska 110							Exempt payee code (if any)						
Print or type. Specific Instructions on	LLC P the LLC is alreading as a sheets member LLC that is disconnected from the owner unless the owner of the LLC is							Exemption from FATCA reporting code (if any)						
2	Other (see	Instructions) ►					Pinn	les for	scoonin	maint	sined excit	ide ti	w (0.6)	
	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name an							nd address (optional)						
See		ATT				County Commissioners								
	6 City, state, and ZIP code Sebring, FL 338													
	7 List account number(s) here (optional)													
Par	Taxp	ayer Identification Number (TIN)												
Entery	your TIN in the	appropriate box. The TIN provided must match the name	ne given on line 1 to av	oid	Soc	cial se	ecurity	curity number						
backup withholding. For individuals, this is generally your social security number (SSN). He				or a		П	\neg	Г	Т		П	Т	Т	
		oprietor, or disregarded entity, see the instructions for I loyer identification number (EIN). If you do not have a r		ta				-		-				
TIN, la		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			or									
		in more than one name, see the instructions for line 1.	. Also see What Name	and'	Em	ploye	r iden	r identification number						
rvumo	er ro Give me r	Requester for guidelines on whose number to enter.					-			Ш				
Part	Cert	fication						_				_		
		rjury, 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 														
		or other U.S. person (defined below); and												
		entered on this form (if any) indicating that I am exemp	ot from FATCA reportin	g is con	ect.									
Certifi you ha acquis other t	cation instructi ve failed to repo ition or abandon	ons. You must cross out item 2 above if you have been nort all interest and dividends on your tax return. For real est ment of secured property, cancellation of debt, contribution dividends, you are not required to sign the certification, b	ptified by the IRS that yo tate transactions, item 2 ons to an individual retir	ou are ou does no ement ar	meni it ap	tly sui ply. F	or mo	riga (), ar	ge int nd ger	erest noral	paid, ly, pay	mer	nts	
Sign Here	Signature U.S. perso		ı	Date ►										
Ger	neral Ins	tructions	Form 1099-DIV (dir funds)	vidends,	inc	ludin	g thos	e fre	am st	ocks	or m	utua	d	
Section references are to the Internal Revenue Code unless otherwise noted.			 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 											
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted			Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)											
after they were published, go to www.irs.gov/FormW9.			Form 1099-S (proceeds from real estate transactions)											
Purpose of Form			 Form 1099-K (merchant card and third party network transactions) 											
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.			 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 											
	ication number individual taxp	Form 1099-C (canceled debt)												
taxpay	er identification	• Form 1099-A (acqu												
(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information			alien), to provide you	Use Form W-9 only if you are a U.S. person (including a resident lier), to provide your correct TIN.										
	s include, but a n 1099-INT (inte		return Form W-9 to the requester with a TIN, you might ackup withholding. See What is backup withholding,											

Form W-9 (Rev. 10-2018) Gat. No. 10231X

224 Sunnybrook Lane, Lake Placid, Florida 33852



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https://www.hcpao.org/Search/Parcel/30372203000R00160C

Parcel ID: C-22-37-30-030-00R0-0160

Address: 224 Sunnybrook Lane, Lake Placid, Florida 33852









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