

REQUIRED FORM A

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RESPONDENT VERIFICATION FORM

ITB# FMGT-240013-GD
GROUNDS MAINTENANCE FOR THE GAINESVILLE
EMPOWERMENT CENTER

1. RESPONDENT CONTACT INFORMATIONLegal Name of Respondent's Company (as reported to IRS): Tillmer CarterDBA: E-TEC LAWN CARE LLCAuthorized Representative Name/Title: Tillmer Carter /ownerE-mail Address: eteclawn@yahoo.comStreet Address: 613 nw 192 aveCity, State, Zip: Gainesville fl 32609Mailing Address (if different): 13510 nw 1st lane apt 201City, State, Zip: newberry fl 32669Telephone: (352) 5143571 Fax: () **2. DECLARATIONS OF DEBT AND DEFAULT**a. Respondent is not in arrears to City upon any debt, fee, tax or contract:☒ Respondent is NOT in arrears☐ Respondent IS in arrears

b. Respondent is not a defaulter, as surety or otherwise, upon any obligation to City:

☒ Respondent is NOT in default☐ Respondent IS in default

Type text here

3. ACKNOWLEDGEMENT OF ADDENDA

Respondents who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar.com 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 this offer, I have verified that all addenda issued to date are considered as part of my offer.

Addenda received (list all) # 1, 2

REQUIRED FORM B
DRUG-FREE WORKPLACE
GROUNDS MAINTENANCE FOR THE GAINESVILLE
EMPOWERMENT CENTER

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

E T EC LAW N CEALPC does:
Respondent Company Name

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 firm complies fully with the above requirements.

Tilmer Carter

Respondent's Signature

Ti ImerCarter

Signatory's Name (print or type)

11/6/23

Date

If awarded:

As the person authorized to sign the statement, I certify that this bidder complies fully with the above requirement.

Tilmer Carter

Printed Name/Title of Authorized Representative

<i>Tilmer Carter</i>	11/6/23
Signature of Authorized Representative	Date

REQUIRED FORM D
CUSTOMER HISTORY FORM
GROUNDS MAINTENANCE FOR THE GAINESVILLE
EMPOWERMENT CENTER

NAME OF RESPONDENT: E-TEC LAWN CARE LLC

Provide information for three (3) references of similar scope performed within the past three (3) years. You may include photos or other pertinent information. Please verify that the contact information you are providing is current.

#1 Year(s) services provided (i.e. 1/2015 to 12/2018): /2018-CURRENT

Company Name: Cedar Park Apartments

Address: 377 nw bascom norris drive

City, State Zip: Lake City FL 32055

Contact Name: Dani property Manager

Phone Number: 386-7527525

Fax Number: _____

Email Address: cdamgr@amcllc.net

#2 Year(s) services provided (i.e. 1/2015 to 12/2018): 8 2022-current

Company Name: Majestic Oaks Apartments

Address: 5800 SW 20th AVE

City, State Zip: Gainesville fl 32607

Contact Name: Amy Woller

Phone Number: 352-332-5800

Fax Number: _____

Email Address: majmgr@amcllc.net

#3 Year(s) services provided (i.e. 1/2015 to 12/2018): 1/2017 to current

Company Name: Cowvins INC

Address: 417 Nw 7th Ave

City, State Zip: Gainesville fl 32601

Contact Name: John Cowvin

Phone Number: 352-682-5599

Fax Number: _____

Email Address: thebuzz72@gmail.com

REQUIRED FORM E

PRICING PAGE

GROUND MAINTENANCE FOR THE GAINESVILLE EMPOWERMENT CENTER
FMGT-240013-GD

The undersigned hereby proposes and agrees, if this bid is accepted, to perform the work in accordance with the specifications and scope of work for a monthly rate of _____ Dollars (\$_____).

NOTE: THE PRICES SET FORTH ABOVE SHALL BE CONSIDERED FIRM BIDS NOT SUBJECT TO PRICE ADJUSTMENT UNLESS BIDDER'S PROVISIONS FOR PRICE ESCALATION ARE STATED ON A SEPARATE SHEET ATTACHED TO THE BID.

NOTE: THE CITY RESERVES THE RIGHT TO ADD OR DELETE LOCATIONS, SERVICES, ITEMS, OR MATERIALS FROM THIS CONTRACT SHOULD IT BE IN THE BEST INTEREST OF THE CITY. THE CONTRACT PRICE MAY BE ADJUSTED UPON AGREEMENT OF THE CONTRACTOR AND THE CITY'S REPRESENTATIVE AND BASED UPON BID PRICES.

Tillmer Carter

Authorized Signature

Title: owner

Print Name: Tillmer Carter

Name of Company: E-TEC LAWN CARE LLC

Date: 11/6/23



City of Gainesville

Budget and Finance Department
Purchasing Division

REQUIRED FORM E

REVISED PRICING PAGE

GROUNDS MAINTENANCE FOR THE GAINESVILLE EMPOWERMENT CENTER

FMGT-240013-GD

The undersigned hereby proposes and agrees, if this bid is accepted, to perform the work in accordance with the specifications and scope of work for a monthly rate of Dollars (\$^{3412.50}).

Price for one-time clearing of the property located in Section C, as described above in Addendum 1 above.
\$ 2200

NOTE: THE PRICES SET FORTH ABOVE SHALL BE CONSIDERED FIRM BIDS NOT SUBJECT TO PRICE ADJUSTMENT UNLESS BIDDER'S PROVISIONS FOR PRICE ESCALATION ARE STATED ON A SEPARATE SHEET ATTACHED TO THE BID.

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Authorized Signature: Tilmer Carter

Title: OWNER

Print Name: Tilmer Carter

Name of Company: E-TEC LAWN CARE LLC

Date: 11/16/2023



City of Gainesville

Budget and Finance Department
Purchasing Division

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: E-TEC LAWN CARE LLC

SIGNATURE: Tillmer Carter

LEGIBLY PRINT NAME: Tillmer Carter

DATE: 11/16/2023

REQUIRED FORM A

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4. LOCAL PREFERENCE (Refer to 6.6 for qualifying information)

Local Preference requested:

☒ YES☐ NO

A copy of your *Business Tax Receipt* should be included in your submission if you are requesting Local Preference:

5. QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS

(Refer to 6.7 for qualifying information)

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

b. 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

6. FEDERAL EMPLOYMENT IDENTIFICATION NUMBER: 26-3739857**7. REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA**

Is Respondent registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida? ☒ YES ☐ NO (refer to Part 1, 1.6, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (#L08000108317)

If the answer is "NO", please state reason why:

8. DIVERSITY AND INCLUSION

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.

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

☒ Proposal is in full compliance with the Specifications.☐ Proposal is in full compliance with the Specifications except as specifically stated and attached hereto.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: Tillmer Carter

SIGNER'S PRINTED NAME: Tillmer Carter

DATE: 11/6/23