

## BID COVER



Procurement Division

(352) 334-5021(main)

Issue Date: 7/19/24

## INVITATION TO BID: # PRCA-240048-WB

## Mowing and Grounds Maintenance of the City's Rail Trail

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

DATE: August 1, 2024

TIME: 8:30AM

LOCATION: 4044 NE 54<sup>th</sup> Ave., Gainesville FL 32609 (This meeting will include multiple stops – see Attachment A)

QUESTION SUBMITTAL DUE DATE: August 9, 2024

*All meetings and submittal deadlines are Eastern Time (ET).*DUE DATE FOR UPLOADING BID RESPONSE: August 19<sup>th</sup>, 2024 @ 3:00pm

## SUMMARY OF SCOPE OF WORK:

Perform mowing and grounds maintenance in various areas along the Rail Trail that belong to the City of Gainesville, Florida

For questions relating to this bid, contact: Wendy Byrne, byrnewm@cityofgainesville.org

Bidder is not in arrears to City upon any debt, fee, tax or contract:  Bidder is NOT in arrears  Bidder IS in arrearsBidder 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) # no addenda issuedLegal Name of Bidder: Kelly Klean LLCDBA: Kelly KleanAuthorized Representative Name/Title: Sharon DolbyE-mail Address: kellykutklean1@gmail.comFEIN: 47-2657543Street Address: 921 Red Fox Way Macclenny FL 32063

Mailing Address (if different): \_\_\_\_\_

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

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 DolbySIGNER'S PRINTED NAME: Sharon DolbyDATE: 8/16/2024

If a contract awarded for this solicitation will give Bidder access as stated above, then Bidder must sign, notarize and return the affidavit in order to be considered responsive for bid award.

### Bid Form, Mowing and Grounds Maintenance of the City of Gainesville's Rail Trail

THIS FORM MUST BE COMPLETED AND RETURNED WITH BID PROPOSAL. BID WILL NOT BE CONSIDERED FOR EVALUATION AND POSSIBLE AWARD WITHOUT COMPLETED FORM.

BIDDER LEGAL NAME: Kelly Klean, LLC

The undersigned hereby proposes and agrees, if this bid is accepted, to perform the work in accordance with the specifications for the lump sum of \$ ~~4500.00~~ 54,000 per month, which totals \$ 54,000 per year.

This contract is for two years, however, please provide the monthly and annual fee for this scope of service.

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.

The City reserves the right to consider award by single line-item, combination of line items or not at all, whichever may be in the City's best interest. The project may be awarded to one or more bidders.

The City reserves the right to add or delete locations, services, items, materials, or any other aspects of consideration from the contract, should it be in the best interest of the City. The contract prices will be adjusted accordingly upon mutual agreement of the parties, consistent with the Contractor's price proposal and the contract documents.

Sharon Dolby

Authorized Signature

Sharon Dolby

Printed Name

8/16/2024

Date

## 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.

Sharon Dolly  
Bidder's Signature

8/16/2024  
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 your City of Gainesville, Florida Business Tax Receipt should be included in your submission if you are requesting Local Preference.

**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 ServiceDisabled 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, 1.6, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (# L15000000008)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Kelly Klean Bidder's Name

Sharon Dolby, Owner/CEO Printed Name/Title of Authorized Representative

8/16/2024 Date of Authorized Representative Sharon Dolby Signature



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

### E-VERIFY CERTIFICATION FORM

If awarded:

The Contractor shall comply with all applicable requirements of Section 448.095, Florida Statutes, including but not limited to: 1) the Contractor shall register with and use the U.S. Department of Homeland Security's E-Verify system to verify the work authorization status of all new employees of the Contractor during the term of this Agreement; and 2) the Contractor shall expressly require any subcontractors performing work or providing services pursuant to this Agreement to likewise register with and use the U.S. Department of Homeland Security's E-Verify system to verify the work authorization status of all new employees of the subcontractor during the term of this Agreement. Section 448.095, Florida Statutes, states the statute must be construed in a manner that is fully consistent with any applicable federal laws or regulations, and therefore this section does not apply to this Agreement to the extent that this section would be inconsistent with any federal laws or regulations that are applicable to this Agreement.

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

*Kelly Klean*

Bidder's Name

*Sharon Dolby, Owner/CEO*

Printed Name/Title of Authorized Representative

*Sharon Dolby 8/16/2024*

of Authorized Representative Date

Signature

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. (Any price escalation must be based upon a numerical or established index and must identify the terms in which the escalation will operate.)

Note: THE CITY RESERVES THE RIGHT TO AWARD THIS BID ON THE BASIS OF EACH LINE INDIVIDUALLY, ANY COMBINATION OF LINE ITEMS OR ALL LINE ITEMS COMBINED AS IT DETERMINES TO BE IN ITS BEST INTEREST. THE CITY RESERVES THE RIGHT TO NOT AWARD ANY LINE ITEM AS IT DETERMINES TO BE IN ITS BEST INTEREST.

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.

**[THE REMAINDER OF THIS PAGE IS INTENTIONALLY BLANK]**

*Sharon Kelly*

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

In order to be considered for bid award (responsive), Bidder must sign and return this certification.

## PROHIBITION REGARDING FOREIGN COUNTRIES OF CONCERN

In accordance with Section 287.138, Florida Statutes, beginning January 1, 2024, the City of Gainesville (City) may not accept a bid on, a proposal for, or a reply to, or enter into, a contract with an entity (Bidder) which would grant the Bidder access to an individual's personal identifying information unless the Bidder provides the City with an affidavit signed by an officer or representative of the Bidder under penalty of perjury attesting that the Bidder does not meet any of the criteria in paragraphs (2)(a)-(c):

- (a) The Bidder is owned by the government of a "foreign country of concern" (People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern);
- (b) The government of a "foreign country of concern" (listed above) has a controlling interest in the Bidder; or
- (c) The Bidder is organized under the laws of or has its principal place of business in a "foreign country of concern" (listed above).

### AFFIDAVIT

State of Florida  
County of Baker

Before me, the undersigned authority, personally appeared Sharon Dolby, who, after being first duly sworn, deposes and says of their personal knowledge the following:

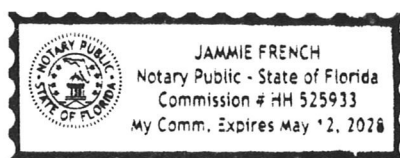
- 1. I am the Owner/CEO (title) of Kelly Klean (Bidder).
- 2. I attest under penalty of perjury that the Bidder does not meet any of the criteria in Section 287.138(2)(a)-(c), Florida Statutes, stated above.

Sworn to and subscribed before me this 18 day of August, 2024, by Sharon Dolby (name of affiant), who is personally known to me or produced D410-793-62-901-0 as identification, and did take an oath.

Jammie French (name of notary)

Notary Public

My Commission Expires: May 12, 2028



Reference Form

BIDDER: Kelly Klean

Number of years your company has been doing this type of work: 12 years

List at least **three (3)** references of similar landscaping or mowing jobs performed over the past two years. You may use additional pages.

1) Job Location: Baker County Date(s) of Work: ongoing contract 3+ years  
 Client Name: Baker County Administration Telephone No.: 904-259-5123  
 Contact Name: Sara Little, County Manager Email: sara.little@bakercountyfl.org  
 Project Description: Provide grounds maintenance services for 17 county locations.

2) Job Location: Nassau County Date(s) of Work: ongoing contract Client Name: Nassau County  
 Telephone No.: 904- Contact Name: simquire@nassaucountyfl.com Email: County Commission  
 Project Description: provide grounds maintenance services for 26 public properties and government locations

3) Job Location: St. Johns County Date(s) of Work: current contract 2+ years Client Name: St. Johns County  
 Telephone No.: 904-209-0190 Contact Name: Paul Thiek Email: p.thiek@sjcfl.us  
 Project Description: provide grounds maintenance for 13 public works and government locations

4) Job Location: \_\_\_\_\_ Date(s) of Work: \_\_\_\_\_ Client Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Description: \_\_\_\_\_

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

## Technical Experience and Expertise Form

BIDDER: Kelly Klean

Minimum Experience Levels for Staff working on site or supervising work at the Rail Trail:

- Supervisors must have at least five (5) years' experience in commercial landscape maintenance.
- Field and Labor force must have one (1) year experience in commercial landscape maintenance.
- A supervisor must be on-site at the park whenever work is being conducted.

Please describe below your company and staff's experience in commercial landscape maintenance services. Additional pages may be used.

### Staff and Qualifications

#### **4 Crew Leaders**

Combined experience of 35+ years in Grounds Maintenance and 35+ years in commercial grade equipment operation.

- Senior Crew Supervisor holds the Pest Control Certification and the Green Industries Best Management Practices Certification.
- Senior Crew Supervisor: Ben Kelly, resume is attached.

#### **14 lawn and landscaping helpers**

Combined experience of 20+ years in Lawn and Landscaping and the use of commercial grade equipment.

#### **1 small engine repair and maintenance person on staff.**

- E-Verify is preformed on all employees before hiring.
- Background criminal checks are performed on all employees.
- Level 2 background checks are performed on employees being assigned to facilities that require it.
- All employees are required to wear the Kelly Klean uniform while working.
- All trucks/trailers/and large equipment is identifiable with Kelly Klean graphics.

#### **Sufficient Staff Assurance:**

If awarded this contract, Kelly Klean will put in place a dedicated crew assigned specifically to this contract to perform the Scope of Work as described in the Contract. We have the capability to add on additional staff as needed through a

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

# T. Benjamin Kelly

921 Red Fox way, MacClenny FL 32063  
(904) 923-6604 [kellykutklean1@gmail.com](mailto:kellykutklean1@gmail.com)

Summary: Highly skilled in Grounds Maintenance, Landscaping and Property Preservation. Project Supervisory skills and experience with highly visible projects in Municipality and County locations.

## Skills

- Excellent knowledge of property preservation and ground maintenance operations.
- Licensed Commercial Landscape Maintenance – State of Florida
- Certified in Green Industry Best Management Practices
- Excellent knowledge and vast experience with property rehabilitation and repair.
- Outstanding knowledge of all Commercial grade power and maintenance equipment
- Certified Forklift Operator
- Project Supervisor

## Work Experience

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

- Prime Contractor of Grounds Maintenance, Landscaping, and Property Preservation
- Supervise all Field Operations
- Maintain all properties according to the contracted Scope of Work

**TTX — Acorn Division**  
**May 1988 -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-million-dollar inventory using SAP software.

## Volunteer Work

- Assisted in running the food pantry at Trinity Lutheran Church — ordering, receiving, and stocking food.
- Habijax — assisted in new home builds
- Various United Way Projects
- Project Jax — playground rehabs

References Upon Request

## Resources Form

Bidders must list all equipment that is to be used in maintaining the Rail Trail and ROW outlined for this project. The Contractor shall maintain and own appropriate equipment. Equipment used shall have the capacity required to manage the grounds at Evergreen Cemetery 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 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 10 years old and trailering equipment must be less than 15 years old.

**BIDDER:** Kelly Klean

### EQUIPMENT

|     | Make/Model                  | Year (age) | Use of Equipment    |
|-----|-----------------------------|------------|---------------------|
| 1)  | 96" Batwing Toro zero       | 2023       | mow                 |
| 2)  | 72" Toro zero turn          | 2023       | mow                 |
| 3)  | 60" Toro Zero turn          | 2021       | mow                 |
| 4)  | 60" Toro Zero turn          | 2021       | mow                 |
| 5)  | 48" Toro Zero turn          | 2020       | mow                 |
| 6)  | 48" Toro Stander            | 2022       | mow                 |
| 7)  | 48" Toro Stander            | 2021       | mow                 |
| 8)  |                             |            |                     |
| 9)  | 3 Diamond Enclosed TRAILERS | 1-2022     | store equipment     |
| 10) |                             | 2-2023     | store equipment     |
| 11) | Open trailers - 2           | 2020       | transport equipment |

### TRANSPORTATION EQUIPMENT

(i.e., truck, trailer, etc.)

|     | Make/Model | Year (age) | Qty | Use of Equipment |
|-----|------------|------------|-----|------------------|
| 12) | FORD F350  | 2023       | 1   | pull trailers    |
| 13) | FORD F250  | 2023       | 1   | pull trailers    |
| 14) | FORD F250  | 2022       | 1   | pull trailers    |
| 15) | FORD F250  | 2015       | 1   | pull trailers    |

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

## Resources (continued)

**BIDDER:** Kelly Klean

### HANDHELD EQUIPMENT

(i.e., String trimmers, edgers, blowers, chain saw, etc.)

|     | <u>Make/Model</u>            | <u>Year (age)</u> | <u>Qty</u> | <u>Use of Equipment</u> |
|-----|------------------------------|-------------------|------------|-------------------------|
| 16) | <u>ECHO Trimmers</u>         | <u>2021-24</u>    | <u>12</u>  | <u>weed eat</u>         |
| 17) | <u>ECHO Edgers</u>           | <u>2021-23</u>    | <u>12</u>  | <u>trim</u>             |
| 18) | <u>ECHO Backpack Blowers</u> | <u>2022-24</u>    | <u>12</u>  | <u>Blowers</u>          |
| 19) | _____                        | _____             | _____      | _____                   |
| 20) | _____                        | _____             | _____      | _____                   |
| 21) | _____                        | _____             | _____      | _____                   |
| 22) | _____                        | _____             | _____      | _____                   |
| 23) | _____                        | _____             | _____      | _____                   |
| 24) | _____                        | _____             | _____      | _____                   |

### MISCELLANEOUS EQUIPMENT

(i.e., fertilization, spraying, etc.)

|     | <u>Make/Model</u>      | <u>Year (age)</u> | <u>Qty</u> | <u>Use of Equipment</u> |
|-----|------------------------|-------------------|------------|-------------------------|
| 25) | <u>ECHO Sprayer</u>    | <u>2023</u>       | <u>3</u>   | <u>spray herbicide</u>  |
| 26) | <u>Scott Spreaders</u> | <u>2024</u>       | <u>2</u>   | <u>fertilizer</u>       |
| 27) | <u>ECHO Pole Saw</u>   | <u>2023</u>       | <u>3</u>   | <u>trim limbs</u>       |
| 28) | <u>ECHO Chainsaw</u>   | <u>2023/24</u>    | <u>2</u>   | <u>cut limbs/trees</u>  |
| 29) | _____                  | _____             | _____      | _____                   |
| 30) | _____                  | _____             | _____      | _____                   |
| 31) | _____                  | _____             | _____      | _____                   |
| 32) | _____                  | _____             | _____      | _____                   |

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# *State of Florida*

## *Department of State*

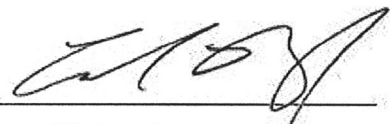
I certify from the records of this office that KELLY KLEAN LLC is a limited liability company organized under the laws of the State of Florida, filed on December 31, 2014.

The document number of this limited liability company is L15000000008.

I further certify that said limited liability company has paid all fees due this office through December 31, 2024, that its most recent annual report was filed on January 15, 2024, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Fifteenth day of January, 2024*



  
*Secretary of State*

Tracking Number: 3513940503CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

# Request for Taxpayer Identification Number and Certification

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

**Give form to the requester. Do not send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

See Specific Instructions on page 3.

**1** Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

SHARON DOLBY

**2** Business name/disregarded entity name, if different from above.

KELLY KLEAN

**3a** Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

- Individual/sole proprietor   
  C corporation   
  S corporation   
  Partnership   
  Trust/estate  
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . **C**  
**Note:** Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  
 Other (see instructions) \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) \_\_\_\_\_

*(Applies to accounts maintained outside the United States.)*

**3b** If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . .

**5** Address (number, street, and apt. or suite no.). See instructions.

921 RED FOX WAY

Requester's name and address (optional)

**6** City, state, and ZIP code

Macclenny FL 32063

**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.

| Social security number |  |  |  |  |   |  |  |  |  |
|------------------------|--|--|--|--|---|--|--|--|--|
|                        |  |  |  |  |   |  |  |  |  |
| -                      |  |  |  |  | - |  |  |  |  |

or

| Employer identification number |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| 4                              | 7 | - | 2 | 6 | 5 | 7 | 5 | 4 | 3 |

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
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 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.

|                  |  |                       |
|------------------|--|-----------------------|
| <b>Sign Here</b> | Signature of U.S. person <i>Sharon Dolby</i> | Date <i>8-16-2024</i> |
|------------------|--|-----------------------|

## 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).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



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

Lawn Maintenance

Alachua County Board of County Commissioners its officials, employees & volunteers are named as additional insureds on a primary & noncontributory basis with respect to general liability and auto liability. 30-day cancellation applies.

**CERTIFICATE HOLDER**

Alachua County Board of County Commissioners  
12 SE 1st St, 2nd Floor  
Gainesville, FL 32601

**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

*Cieara Robinson*

ACORD 25 (2016/03)

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STATE OF FLORIDA  
Department of Agriculture and Consumer Services  
BUREAU OF LICENSING AND ENFORCEMENT

|                  |          |                  |
|------------------|----------|------------------|
| Date             | File No. | Expires          |
| January 20, 2024 | LC333119 | October 31, 2024 |

THE COMMERCIAL LANDSCAPE MAINT. HOLDER NAMED BELOW  
HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR  
THE PERIOD EXPIRING: October 31, 2024

TISON B KELLY JR  
921 RED FOX WAY  
MACCLENNY, FL 32063



WILTON SIMPSON, COMMISSIONER

STATE OF FLORIDA  
Department of Agriculture and Consumer Services  
BUREAU OF LICENSING AND ENFORCEMENT

TISON B KELLY JR  
COMMERCIAL LANDSCAPE MAINT. HOLDER

LC333119

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD  
EXPIRING October 31, 2024



WILTON SIMPSON  
COMMISSIONER

Signature

Wallet Card  
Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT  
3125 CONNER BLVD, BLDG. 8  
TALLAHASSEE, FLORIDA 32399-1650

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# State of Florida

## Woman Business Certification

KELLY KLEAN, LLC

Is certified under the provisions of  
287 and 295.187, Florida Statutes, for a period from:

March 20, 2024

to

March 20, 2026



J. Todd Inman

Florida Department of Management Services

