



Required Submittals Packet

ITB-PW-SD-15-10 Citywide Pest Control Services

Revised per Addendum 3

1. All addenda (signed and dated).
2. Bid Bond, if applicable.
3. The following seventeen (17) pages.

All prospective Bidders are hereby instructed not to contact any member of the City of Palm Coast City Council, City Manager, or City of Palm Coast staff members, other than the noted contact person(s), regarding this bid at any time prior to the bid having been formally presented to, and voted on by, the City Council. Any such contact shall be cause for rejection of the bid.

Only the above mentioned items need to be submitted. Please be sure to include the bid name and number, as well as your firm's name, address and phone number, on the outermost envelope and please mark submittals as "original" and "copy". Failure to provide all of the required submittals may result in the bid to be considered non-responsive.

Confidential Materials: Any materials that qualify as "trade secrets" shall be segregated and clearly labeled in order not to be considered Public Record.



Submit Bid To: City of Palm Coast Purchasing & Contracts Management Division 160 Cypress Point Parkway, Suite B-106 Palm Coast, FL 32164	<p style="text-align: center;">INVITATION TO BID and Bidder Acknowledgment</p>
Contact: Brian Rothwell Purchasing Manager 386-986-3731 – Phone 386-986-3724 – Fax brothwell@palmcoastgov.com	<p style="text-align: center;">ITB-PW-SD-15-10 Citywide Pest Control Services</p>
Pre-Bid Date: N/A Pre-Bid Time: N/A Bid Due Date: August 7, 2015 Bid Due Time: 2:00pm	Location of Public Opening: City of Palm Coast Purchasing & Contracts Management Division 160 Cypress Point Parkway, Suite B-106 Palm Coast, FL 32164
Bidder's Name:	Federal Employer ID Number or SS Number:
Business Address: City: State: Zip:	If returning as “No Submittal”, please return only this page and state why:
Type of Entity: (Circle one) Corporation Partnership LLC Proprietorship Joint Venture Other	Name (printed): Title: Date:
Incorporated in the State of: Telephone Number: Toll Free Telephone Number: Fax Number: E-mail:	<p style="text-align: center;">X _____ Authorized Signature</p>

The Applicant is expected to completely analyze the information contained in this Invitation to Bid as guidance for the preparation of the submittal. The Applicant's submittal shall be sufficiently specific, detailed and complete to clearly and fully demonstrate the Applicant's understanding of the proposed work requirements.

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

**Section 4 –
Price Schedule**

Project: **Citywide Pest Control Services**

City Contract Number: **ITB-PW-SD-15-10**

Name of Bidder: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Phone Number: (_____) _____

FAX Number: (_____) _____

ALL PRICES F.O.B. PALM COAST

Pursuant to and in compliance with the Invitation To Bid, Instructions to Bidders, and the other documents relating thereto, the undersigned Bidder, having familiarized themselves with the terms of the Contract Documents, local conditions affecting the performance of the Work, and the cost of the Work at the places where the Work is to be done, hereby proposes and agrees to deliver materials/services in a workmanlike manner and in strict conformity with Contract Documents, including Addenda Nos. _____ through _____ **(which must be turned in with the bid)**, on file at the Purchasing & Contract Management Division for the amount hereinafter set forth. Prices shall include all applicable taxes.

The undersigned, as Bidder, declares that the only persons or parties interested in this bid as principals are those named herein; that this bid is made without collusion with any person, firm or corporation; and he/she proposes and agrees, if the bid is accepted, that he/she will execute an Agreement with the City in the form set forth in the Contract Documents and that he/she will furnish Insurance Certificates.

IN WITNESS WHEREOF, Bidder has hereunto executed this form this _____ day of _____, 20____.

(Name of Bidding Firm)

(Signature of person signing form)

(Printed name of person signing form)

(Title of person signing form)

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

ITB-PW-SD-15-10 - Citywide Pest Control Services

**Bid Form
Revised per Addendum 3**

Please note that the City may award this solicitation to multiple contractors.

Location	Square Footage	Montly Cost	Annual	Total
City Hall , 160 Lake Avenue, Palm Coast, FL 32164	40,000	\$	x 12	\$
Public Works , 1 Wellfield Grade, Palm Coast, FL 32137	3,000	\$	x 12	\$
Community Center , 305 Palm Coast Parkway, Palm Coast, FL 32137	15,446	\$	x 12	\$
Utility , 2 Utility Drive Palm Coast, FL 32137	11,000	\$	x 12	\$
Frieda Zamba Swimming Pool (building facility) , 339 Parkview Drive, Palm Coast, FL 32164	3,000	\$	x 12	\$
Water Treatment Plant # 3 , 9957 US Highway 1 North, Palm Coast, FL 32137	2,516	\$	x 12	\$
Holland Park (building facility) , 18 Florida Park Drive, Palm Coast, FL 32137	2,000	\$	x 12	\$
Fire Station 21 , 9 Corporate Drive, Palm Coast, FL 32164	750	\$	x 12	\$
Fire Station 22 , 307 Palm Coast Parkway, Palm Coast, FL 32164	3,766	\$	x 12	\$
Fire Station 23 , 5750 Belle Terre Parkway, Palm Coast, FL 32137	247	\$	x 12	\$
Fire Station 24 , 1505 Palm HarborParkway, Palm Coast, FL 32164	792	\$	x 12	\$
Fire Station 25 , 1250 Belle Terre Parkwaym Palm Coast, FL 32164	2,140	\$	x 12	\$
Indian Trails Sports Complex (three building facilities) , 5455 Belle Terre Parkway, Palm Coast, FL 32137	7,886	\$	x 12	\$
Linear Park (building facility) , 31 Greenway Court, Palm Coast, FL 32164	2,590	\$	x 12	\$
Seminole Woods Neighborhood Park (building facility) , 350 Sesame Boulevard, Palm Coast, FL 32164	1,089	\$	x 12	\$
Grand Total:				\$

Grand Total (Wrtitten): \$ _____

If your company is awarded the entire contract, please provide the percentage of discount off the Grand Total, if applicable: _____%.

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

Attachment A
Conflict of Interest Statement

STATE OF FLORIDA)

) ss

CITY OF _____)

Before me, the undersigned authority, personally appeared _____, who was duly sworn, deposes, and states:

1. I am the _____ of _____ with a local office in _____ and principal office in _____.

2. The above named entity is submitting an Expression of Interest for the City of Palm Coast project described as *ITB-PW-SD-15-10 - Citywide Pest Control Services*.

3. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his own knowledge.

4. The Affiant states that only one submittal for the above project is being submitted and that the above named entity has no financial interest in other entities submitting Proposals for the same project.

5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.

6. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participating in contract lettings by any local, state, or federal agency.

7. Neither the entity, nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.

8. I certify that no member of the entity's ownership, management, or staff has a vested interest in any aspect of or Department of City of Palm Coast.

9. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with City of Palm Coast.

Continued on next page.

**Attachment A
Conflict of Interest Statement (Continued)**

10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify City of Palm Coast in writing.

DATED this _____ day of _____, 20____.

Signature of Affiant

Typed/Printed Name of Affiant

Title

Sworn to and subscribed before me this _____ day of _____, 20____.

Personally known _____ or produced identification _____ (type of identification).

Notary Public - State of _____

My commission expires _____

(Printed typed or stamped commissioned name of notary public)

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

Attachment B
Compliance with the Public Records Law

Upon award recommendation or ten (10) days after opening, submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Bidders must invoke the exemptions to disclosure provided by law in the response to the solicitation, and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary. The submission of a bid authorizes release of your firm's credit data to the City of Palm Coast.

If the company submits information exempt from public disclosure, the company must identify with specify which pages/paragraphs of their bid/bid package are exempt from the Public Records Act, identifying the specific exemption section that applies to each. The protected information must be submitted to the County in a separate envelope marked accordingly.

By submitting a response to this solicitation, the company agrees to defend the City of Palm Coast in the event we are forced to litigate the public records status of the company's documents.

The City shall make final determinations as to Public Records Law Compliance.

Company Name: _____

Authorized representative (printed): _____

Authorized representative (signature): _____

Date: _____

Project: **ITB-PW-SD-15-10 - Citywide Pest Control Services**

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

**Attachment C
Bidder's Certification**

I have carefully examined the Invitation To Bid, Instructions to Bidders, General and/or Special Conditions, Vendor's Notes, Specifications, proposed agreement and any other documents accompanying or made a part of these Bid Documents.

I hereby propose to furnish the goods or services specified in the Invitation To Bid at the prices, rates or discounts quoted in my bid. I agree that my submittal will remain firm for a period of up to one hundred twenty (120) days in order to allow the City adequate time to evaluate the bids.

I agree to abide by all conditions of this proposal and understand that a background investigation may be conducted by the Purchasing & Contracts Division prior to award.

I certify that all information contained in this bid is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this bid on behalf of the vendor/contractor as its act and deed and that the vendor/contractor is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this bid is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service; no officer, employee or agent of the CITY of Palm Coast or of any other Bidder interested in said proposal; and that the undersigned executed this Bidder's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

Name of Business: _____

By:

Signature

Name & Title, Typed or Printed

Mailing Address

City, State, Zip Code

Telephone Number

Sworn to and subscribed before me

This _____ day of _____ 20____.

Signature of Notary (& Stamp)

Notary Public, State of _____

Personally Known _____ or

Produced Identification _____
(type of identification)

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

Attachment D
Drug-Free Work Place Form

The undersigned vendor in accordance with Section 287.087, Florida Statutes hereby certifies that _____ does:

(Name of Business)

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 drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed 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 proposal, the employee will propose 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.

Signature

Print Name & Title

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

Attachment F References

Proposer shall provide a minimum of three references for which they are currently providing, or have provided, this type of service/commodity.

1. Company Name _____
Contact Name and Title _____
Address _____
Phone Number _____ FAX Number _____
Duration of Contract or business relationship _____

2. Company Name _____
Contact Name and Title _____
Address _____
Phone Number _____ FAX Number _____
Duration of Contract or business relationship _____

3. Company Name _____
Contact Name and Title _____
Address _____
Phone Number _____ FAX Number _____
Duration of Contract or business relationship _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

Attachment G Identical Tie Proposals

In accordance with Section 287.087, Florida State Statutes, preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals that are equal with respect to price, quality, and service, are received by the State or any political subdivision for the procurement of commodities or contractual services, a proposal received from a business that certifies that has completed a drug-free workplace program shall be given preference in the award process. Established procedure for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

- 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 prohibitions.
- 2) Inform employees about the dangers of drug abuse in the workplace the business 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 drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under Proposal a copy of the statement
- 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 Proposal, 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 Florida Statutes or of any controlled substance law(s) of the United States or any state five (5) days after such conviction or plea.
- 5) Impose sanctions on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, 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.

AUTHORIZED SIGNATURE

COMPANY

DATE

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

Attachment H
Summary of Litigation and License Sanctions

*If not applicable, please state so.

Litigation: Provide a summary of all litigation, claim(s), or contract dispute(s) filed by or against the Bidder in the past five (5) years that are related to the services the Bidder provides in the regular course of business. The summary shall state the nature of the litigation, claim or contract dispute, a brief description of the case, the outcome or projected outcome, and monetary amounts involved.

License Sanctions: List any regulatory or license agency sanctions within the past five (5) years.

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

Attachment I
Certification Regarding Debarment, Suspension Ineligibility and Voluntary Exclusion –
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510 Participants responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722 – 4733)

****** BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON NEXT PAGE ******

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by and Federal department of agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attached an explanation to this proposal.

ITB-PW-SD-15-10 - Citywide Pest Control Services

Organization Name

Name and Title of Authorized Representative

Signature

Date

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

INSTRUCTIONS FOR DEBARMENT CERTIFICATION

1. By signing and submitting this form, the prospective lower tier participant is providing the certification set out herein in accordance with these instructions.
2. The Certification in this clause is material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department of agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction”, “debarred”, “suspended”, ineligible, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, “voluntarily exclude”, as used this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining copy of these regulations.
5. The prospective lower tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this form that it will include this clause titles “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions”, without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a perspective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to required establishment of a system of records in order to render in good faith and certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction may pursue available remedies, including suspension and/or debarment.

Attachment J
Certificate of Corporation

*Dates Not Required Until Award of Contract.

Please include a copy of your Certificate of Corporation from the State of Florida with this attachment.

STATE OF FLORIDA

COUNTY OF _____

FEI NUMBER _____

I HEREBY CERTIFY that a meeting of the Board of Directors of _____, a corporation under the laws of the State of _____, was held on _____, 20____. The following resolution was duly passed and adopted:

“RESOLVED, that _____ as President of the corporation is hereby authorized to execute the Contract dated _____, 20____, between The City of Palm Coast, a municipal corporation and this corporation, and that execution thereof, attested by the Secretary of the corporation and with corporate seal affixed, shall be the official act and deed of this corporation.”

I further certify that said resolution is now in full force and effect.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the official seal of the corporation

This _____ day of _____, 20____ .

Corporate Secretary (printed)

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

**Attachment K
Public Entity Crime Form**

Any person or affiliate who has been placed on the convicted vendor list following a conviction to a public entity may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor supplier, subcontractor or consultant under a contract with a public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.

_____ Authorized Agent or Official for _____
by signing below hereby certifies that neither he/she nor the firm of _____
is or has been placed on the convicted vendor list, now or within the period of thirty six (36) months.

Signed By: _____
President/Authorized Agent or Official

Witnessed By: _____

State Of: _____

County Of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, President, Authorized Agent or Official of _____, a Florida Company, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

Notary Public, State of Florida
Commission No. _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.

Attachment L

Vendor Certification Regarding Scrutinized Companies List

*If bid amount is **less** than one million dollars (\$1,000,000), this form is **not** required.

Respondent Vendor's Name: _____

Vendor FEIN: _____

Authorized Representative's Name: _____

Authorized Representative's Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies for goods or services of one million dollars (\$1,000,000) or more that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both Lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor's Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs.

Certified By: _____,
who is authorized to sign on behalf of the above referenced company.

Authorized Signature: _____

Print Name & Title: _____

Date: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID.