



4839 S.W. 148th Avenue Suite 516
Davie, FL 33330
Phone: (954) 214-8300
Email: Kevin@aperfectedge.net

October 25th 2023

INVITATION TO BID (ITB)
BID # FY 2022-2023-021

CITYWIDE GROUNDS MAINTENANCE



BID PRICE SHEET:

- I. Bidder must use the Bid Price Sheet below to submit Bidder’s price for this Project.
- II. Bidder shall hold the unit Bid Prices firm throughout the Contract period. Bidder guarantees response time necessary to have a crew return to correct unfinished or unsatisfactory services.
- III. The City reserves the right to increase, decrease, and/or choose the items and quantities below for the Project to meet its available budget using the unit prices provided below.
- IV. Bidder must completely fill out each column below, i.e., unit price and total.
- V. Not applicable or “N/A” is not acceptable and will cause Bidder to be determined non-responsive. An authorized officer per the Bidders Sunbiz, must sign the Total Bid Price Sheet.
- VI. The award will be to the lowest responsive responsible Bidder for Total Bid Amount.

| ZONE 1 | | | | | |
|---------------|--|--------------------|--------------------------|-------------------------|--------------------------|
| NO. | SERVICE LOCATION | TYPE | SERVICES PER YEAR | COST PER SERVICE | TOTAL ANNUAL COST |
| 1.1 | Hallandale Beach Boulevard from I-95 to A1A | Medians | 26 | \$1,417.00 | \$ 36,842.00 |
| 1.2 | A1A from Hallandale Beach Boulevard to County Line Road | Medians | 26 | \$970.00 | \$25,220.00 |
| 1.3 | NE 14 th Avenue from Hallandale Beach Boulevard to Atlantic Shores | Parking Swales/ROW | 26 | \$910.00 | \$ 23,660.00 |
| 1.4 | Layne Boulevard from Hallandale Beach Boulevard to Holiday Drive | Medians | 26 | \$810.00 | \$ 21,060.00 |
| 1.5 | Three Islands Boulevard from Hallandale Beach Boulevard to NE 11 Street | Medians | 26 | \$710.00 | \$18,460.00 |
| 1.6 | Golden Isles Drive from Hallandale Beach Boulevard to Dead End | Parking Swales | 26 | \$ 445.00 | \$11,570.00 |
| 1.7 | US1 from County Line to Pembroke Road | Medians | 26 | \$ 1335.00 | \$34,710.00 |
| 1.8 | Pembroke Road from US1 to NW 10 Avenue | Medians | 26 | \$ 312.00 | \$ 8,112.00 |
| 1.9 | NE 3 rd Street from Dixie Highway to US1 | Parking Swales | 26 | \$425.00 | \$ 11,050.00 |
| 1.10 | North Basin (SW corner of Hallandale Beach Blvd and I-95) | Lot | 26 | \$ 375.00 | \$ 9,750.00 |
| 1.11 | South Basin (NW corner of Hallandale Beach Blvd and I-95) | Lot | 26 | \$ 375.00 | \$ 9,750.00 |
| 1.12 | NE 1 Ave from Hallandale Beach Blvd to NE 3 rd Street (East side of Road) | Parking Swales | 26 | \$195.00 | \$ 5,070.00 |



| | | | | | |
|---|--|--------|----|-----------|----------------------|
| 1.13 | I-95 corridor South Hallandale Beach Blvd | ROW | 26 | \$465.00 | \$ 12,090.00 |
| 1.14 | I-95 corridor North Hallandale Beach Blvd | ROW | 26 | \$465.00 | \$ 12,090.00 |
| 1.15 | I-95 corridor South Pembroke Road | ROW | 26 | \$ 325.00 | \$8,450.00 |
| 1.16 | Public Works Compound | Lot | 26 | \$635.00 | \$ 16,510.00 |
| 1.17 | Foster Road Swales both sides of road | ROW | 26 | \$ 475.00 | \$ 12,350.00 |
| 1.18 | Ansin Blvd – West side road | ROW | 26 | \$ 225.00 | \$5,850.00 |
| 1.19 | Parkview Drive | Median | 26 | \$225.00 | \$ 5,850.00 |
| 1.20 | Leslie Drive | Median | 26 | \$ 125.00 | \$3,250.00 |
| 1.21 | Intercostal Bridge – south side and under | ROW | 26 | \$ 225.00 | \$ 5,850.00 |
| 1.22 | Diana Drive | Median | 26 | \$225.00 | \$5,850.00 |
| 1.23 | Access Road behind Publix | Median | 26 | \$75.00 | \$ 1,950.00 |
| 1.24 | Atlantic Shores between Diplomat Pkwy and Three Islands Blvd | Median | 26 | \$ 185.00 | \$4,810.00 |
| 1.25 | Triangle at fork in road Old Federal Highway and Federal Highway | Median | 26 | \$ 75.00 | \$1,950.00 |
| 1.26 | Triangle tip on north corner of SE 3rd St and SE 1 Ave | Median | 26 | \$75.00 | \$ 1,950.00 |
| 1.27 | Triangle tip at fork in road SE 1 Ave and Old Federal Highway | Median | 26 | \$ 75.00 | \$ 1,950.00 |
| 1.28 | Triangle tip at fork in road SE 8 St and SE 2 Ave | Median | 26 | \$75.00 | \$ 1,950.00 |
| 1.29 | NW 8th Ave between NW 5 Ct and Foster Road | Median | 26 | \$ 75.00 | \$ 1,950.00 |
| 1.30 | Layne Blvd and Holiday Drive West Side | Median | 26 | \$ 50.00 | \$1,300.00 |
| ZONE 1 SUBTOTAL (LINES 1.1 – 1.30) | | | | | \$ 321,204.00 |

| ZONE 2 | | | | | |
|-----------------------------------|--|------|-------------------|------------------|---------------------|
| NO. | SERVICE LOCATION | TYPE | SERVICES PER YEAR | COST PER SERVICE | TOTAL ANNUAL COST |
| 2.1 | FEC Corridor from County Line to Pembroke Road | ROW | 26 | \$ 2,000.00 | \$ 52,000.00 |
| ZONE 2 SUBTOTAL (LINE 2.1) | | | | | \$ 52,000.00 |

| ZONE 3 | | | | | |
|-----------------------------------|---------------------------|------|-------------------|------------------|---------------------|
| NO. | SERVICE LOCATION | TYPE | SERVICES PER YEAR | COST PER SERVICE | TOTAL ANNUAL COST |
| 3.1 | Hallandale Beach Cemetery | Lot | 40 | \$ 825.00 | \$ 33,000.00 |
| ZONE 3 SUBTOTAL (LINE 3.1) | | | | | \$ 33,000.00 |

| ZONE 4 | | | | | |
|-----------------------------------|----------------------|------|-------------------|------------------|--------------------|
| NO. | SERVICE LOCATION | TYPE | SERVICES PER YEAR | COST PER SERVICE | TOTAL ANNUAL COST |
| 4.1 | I-95 Bed Maintenance | Lot | 3 | \$ 1,550.00 | \$4,650.00 |
| ZONE 4 SUBTOTAL (LINE 4.1) | | | | | \$ 4,650.00 |



| TREE TRIMMING – PALMS | | | | |
|--|--|--------------------------|-------------------------|--------------------------|
| NO. | SERVICE LOCATION | SERVICES PER YEAR | COST PER SERVICE | TOTAL ANNUAL COST |
| 5.1 | A1A from Hallandale Beach Boulevard to County Line Road | 2 | \$ 1,845.00 | \$3,690.00 |
| 5.2 | Hallandale Beach Boulevard from I-95 to A1A | 2 | \$ 2,595.00 | \$ 5,190.00 |
| 5.3 | Layne Boulevard from Hallandale Beach Boulevard to Holiday Drive | 2 | \$ 2,650.00 | \$ 5,300.00 |
| 5.4 | Three Islands Boulevard from Hallandale Beach Boulevard to NE 11 Street | 2 | \$ 2,250.00 | \$ 4,500.00 |
| 5.5 | Parkview Drive | 2 | \$ 825.00 | \$ 1650.00 |
| 5.6 | Leslie Drive | 2 | \$ 156.00 | \$312.00 |
| 5.7 | NE 14 th Avenue from Hallandale Beach Boulevard to Atlantic Shores | 2 | \$ 680.00 | \$1,360.00 |
| 5.8 | US1 from County Line to Pembroke Road | 2 | \$ 3,125.00 | \$ 6,250.00 |
| 5.9 | NE 1 Ave from Hallandale Beach Blvd to NE 3 rd Street (East side of Road) | 2 | \$ 225.00 | \$ 450.00 |
| 5.10 | Access Road behind Publix | 2 | \$ 200.00 | \$ 400.00 |
| 5.11 | Triangle tip at fork in road SE 1 Ave and Old Federal Highway | 2 | \$ 125.00 | \$ 250.00 |
| 5.12 | Triangle tip on north corner of SE 3 rd St and SE 1 Ave | 2 | \$ 150.00 | \$ 300.00 |
| 5.13 | Atlantic Shores between Diplomat Pkwy and Three Islands Blvd | 2 | \$ 630.00 | \$ 1,260.00 |
| 5.14 | Ansin Boulevard | 2 | \$ 1,575.00 | \$3,150.00 |
| 5.15 | North and South Basin | 2 | \$ 1,895.00 | \$3,790.00 |
| 5.16 | Cemetery | 2 | \$ 1,250.00 | \$ 2,500.00 |
| TREE TRIMMING – PALMS SUBTOTAL (LINES 5.1 – 5.16) | | | | \$ 40,352.00 |

| TREE TRIMMING – HARD | | | | |
|--|---|--------------------------|-------------------------|--------------------------|
| NO. | SERVICE LOCATION | SERVICES PER YEAR | COST PER SERVICE | TOTAL ANNUAL COST |
| 6.1 | Hallandale Beach Boulevard from I-95 to A1A | 1 | \$ 2,925.00 | \$2,925.00 |
| 6.2 | Three Islands Boulevard from Hallandale Beach Boulevard to NE 11 Street | 1 | \$ 1,075.00 | \$ 1,075.00 |
| 6.3 | US1 from County Line to Pembroke Road | 1 | \$ 760.00 | \$ 760.00 |
| 6.4 | NE 3 rd Street from Dixie Highway to US1 | 1 | \$ 1,675.00 | \$ 1,675.00 |
| 6.5 | Diana Drive | 1 | \$ 2,350.00 | \$ 2,350.00 |
| 6.6 | NE 14 th Avenue from Hallandale Beach Boulevard to Atlantic Shores West Side Road Only | 1 | \$ 1,820.00 | \$ 1,820.00 |
| 6.7 | North and South Basin | 1 | \$ 1,025.00 | \$ 1,025.00 |
| 6.8 | Cemetery | 1 | \$ 2,100.00 | \$ 2,100.00 |
| TREE TRIMMING – HARD SUBTOTAL (LINES 6.1 – 6.8) | | | | \$ 13,750.00 |



| ALTERNATE BID- The City may or may not award the Alternate Bid Items. | | | | |
|--|---|------------------------|----------------------|--------------------|
| Additional Services as requested by the City. The following rates shall be all inclusive of labor, equipment, maintenance, fuel, delivery costs, travel time, per diem and any other travel or miscellaneous expenses. | | | | |
| ITEM | SERVICE | UNIT | ESTIMATED ANNUAL QTY | TOTAL COST |
| 7.1 | Fertilization | Per Bag Applied | 500 | \$ 38.20 |
| 7.2 | Mulching | Per Cubic Yard Applied | 300 | \$ 42.10 |
| 7.3 | Square Foot Rate - new properties | Per Square Foot | 1 | \$.05 |
| 7.4 | Additional Services: Ex: Replanting, Pesticide Application | Per Hour | 500 | \$ 50.00 |
| ALTERNATE SUBTOTAL (LINES 7.1 – 7.4) | | | | \$56,730.05 |

| | |
|--|----------------------|
| ZONE 1 SUBTOTAL (LINES 1.1 – 1.30) | \$ 321,204.00 |
| ZONE 2 SUBTOTAL (LINE 2.1) | \$ 52,000.00 |
| ZONE 3 SUBTOTAL (LINE 3.1) | \$ 39,000.00 |
| ZONE 4 SUBTOTAL (LINE 4.1) | \$ 4,650.00 |
| TREE TRIMMING – PALMS SUBTOTAL (LINES 5.1 – 5.16) | \$ 40,352.00 |
| TREE TRIMMING – HARD SUBTOTAL (LINES 6.1 – 6.8) | \$ 13,750.00 |
| MAIN TOTAL (LINES 1.1 – 6.8) | \$ 464,956.00 |

| | |
|---|---------------------|
| ALTERNATE SUBTOTAL (LINES 7.1 – 7.4) | \$ 56,730.05 |
| ALTERNATE TOTAL (LINES 7.1 – 7.4) | \$ 56,730.05 |

| | |
|---|----------------------|
| PROJECT TOTAL (MAIN TOTAL AND ALTERNATE TOTAL) | \$ 521,686.05 |
|---|----------------------|

I, Kevin J O'steen, Vice President
 Name of authorized Officer per Sunbiz and/or legal documentation Title

of A Perfect Edge, Inc.
 Name of Firm as it appears on Sunbiz and/or legal documentation

hereby attest that I have the authority to sign this notarized certification and certify that the above referenced information is true, complete and correct.

Kevin O'Steen
 Signature

Kevin J O'steen
 Print Name

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000073378

Entity Name: A PERFECT EDGE, INC.

Current Principal Place of Business:

4839 SW 148 AVE
SUITE 516
DAVIE, FL 33330

Current Mailing Address:

4839 SW 148 AVE
SUITE 516
DAVIE, FL 33330 US

FEI Number: 65-0530454

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

O'STEEN, CHARLES K
4839 SW 148 AVE
SUITE 516
DAVIE, FL 33330 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|------------------------------|-----------------|------------------------------|
| Title | S | Title | P |
| Name | O'STEEN, ANNE MARIE | Name | O'STEEN, CHARLES |
| Address | 4839 SW 148 AVE SUITE 516 | Address | 4839 SW 148 AVE SUITE 516 |
| City-State-Zip: | DAVIE FL 33330 | City-State-Zip: | DAVIE FL 33330 |
| | | | |
| Title | VP | | |
| Name | O'STEEN, KEVIN JONATHAN | | |
| Address | 4839 SW 148 AVE SUITE 516 | | |
| City-State-Zip: | DAVIE FL 33330 | | |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES O'STEEN

PRESIDENT

02/14/2023

Electronic Signature of Signing Officer/Director Detail

Date

Florida Department of Agriculture and Consumer Services

License Categories

| | | | |
|-----|-------------------------|----|----------------------------|
| 1A1 | Ag Row Crop | 5B | Organotin Paint |
| 1A2 | Ag Tree Crop | 6 | Right of Way |
| 1B | Ag Animal | 7A | Wood Treatment |
| 1C | Private Applicator Ag | 7B | Chlorine Gas Infusion |
| 1D | Soil and Greenhouse Fum | 7C | Sewer Root Control |
| 1E | Raw Ag Commodity Fum | 9 | Regulatory Pest Control |
| 2 | Forest Pest Control | 10 | Demonstration and Research |
| 3 | Ornamental and Turf | 11 | Aerial Application |
| 4 | Seed Treatment | 20 | Regulatory Insp. and Samp |
| 5A | Aquatic Pest Control | 21 | Natural Areas Weed Mgmt |

For information, call (850) 617-7870

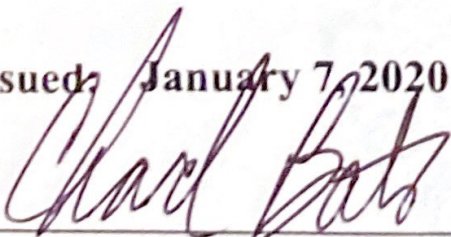
Florida Department of Agriculture and Consumer Services
Pesticide Certification Office
Commercial Applicator License
License # CM18792

BATES, CHAD MICHAEL
346 32ND AVE SW
VERO BEACH, FL 32968

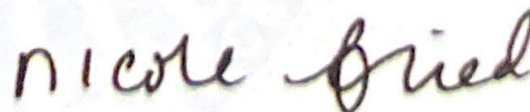
Categories
21, 5A, 3

Issued: January 7, 2020

Expires: November 30, 2023



Signature of Licensee



NICOLE "NIKKI" FRIED, COMMISSIONER

The above individual is licensed under the provisions of Chapter 487, F.S. to purchase and apply restricted use pesticides.

Certificate of Completion

DIEGO VELASQUEZ

**Has Completed a Florida Department of
Transportation Approved Temporary Traffic
Control (TTC) Intermediate (Refresher)**

05/06/2026

Date Expires

249

FDOT Provider #

Michael Hernandez

Instructor

85147

Certificate #

myTTConline

myTTCOnline
83 Geneva Dr. Ste. 621394
Oviedo, FL 32762
www.myttconline.com
support@myttconline.com



For more information about Temporary Traffic
Control (TTC) or to verify this certificate

www.motadmin.com



This Certifies that
DAVID J. PEARSON

**Has Completed a Florida Department of Transportation Approved
Temporary Traffic Control (TTC) Intermediate (Refresher) Course.**

Date Expires: 05/06/2026

Certificate # 85148

Instructor: Michael Hernandez **FDOT Provider #** 249

myTTOnline

Phone: 407-901-0206

83 Geneva Dr. Ste. 621394

Oviedo, FL 32762

www.myttconline.com

support@myttconline.com

myTTOnline



The International Society of Arboriculture

Hereby Announces That

Kevin O Steen

Has Earned the Credential

ISA Certified Arborist ®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

Caitlyn Pollihan
CEO & Executive Director

7 April 2021

Issue Date

30 June 2024

Expiration Date

FL-9737A

Certification Number





AIA Document A310™ – 2010

Bon No. OFB-83

Bid Bond

CONTRACTOR:

(Name, legal status and address)
A Perfect Edge, Inc.
4839 SW 148th Ave., Suite 516
Davie, FL 33330

SURETY:

(Name, legal status and principal place of business)
Old Republic Surety Company
P.O. Box 1635
Milwaukee, WI 53201

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

OWNER:

(Name, legal status and address)
City of Hallandale Beach
400 South Federal Highway
Hallandale Beach, FL 33009

BOND AMOUNT:

Ten Percent of Bid Amount -----(10% of Bid Amount)

PROJECT:

(Name, location or address, and Project number, if any)
Citywide Grounds Maintenance. Bid #FY 2022-2023-021

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 25th day of October, 2023.

| | | |
|-----------|--|--|
| (Witness) | A Perfect Edge, Inc. (Contractor as Principal) (Seal) | |
| | (Title) Charles Kevin O'Steen, President Old Republic Surety Company (Surety) (Seal) | |
| (Witness) | | (Title) Odalis Cabrera, Attorney-In-Fact |

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

Init.
/

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That OLD REPUBLIC SURETY COMPANY, a Wisconsin stock insurance corporation, does make, constitute and appoint:

MARINA MERCEDES RAMIL, CHRISTINE MARSHALL HARRIS, ODALIS CABRERA, OF MIAMI, FL

its true and lawful Attorney(s)-in-Fact, with full power and authority, for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto (if a seal is required), bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, mortgage guaranty bonds, guarantees of installment paper and note guaranty bonds, self-insurance workers compensation bonds guaranteeing payment of benefits or black lung bonds), as follows:

ALL WRITTEN INSTRUMENTS

and to bind OLD REPUBLIC SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the board of directors at a special meeting held on February 18, 1982. This Power of Attorney is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the board of directors of the OLD REPUBLIC SURETY COMPANY on February 18, 1982.

RESOLVED that, the president, any vice-president, or assistant vice president, in conjunction with the secretary or any assistant secretary, may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the company to execute and deliver and affix the seal of the company to bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any Power of Attorney previously granted to such person.

- RESOLVED FURTHER, that any bond, undertaking, recognizance, or suretyship obligation shall be valid and binding upon the Company
- (i) when signed by the president, any vice president or assistant vice president, and attested and sealed (if a seal be required) by any secretary or assistant secretary; or
 - (ii) when signed by the president, any vice president or assistant vice president, secretary or assistant secretary, and countersigned and sealed (if a seal be required) by a duly authorized attorney-in-fact or agent; or
 - (iii) when duly executed and sealed (if a seal be required) by one or more attorneys-in-fact or agents pursuant to and within the limits of the authority evidenced by the Power of Attorney issued by the company to such person or persons.

RESOLVED FURTHER, that the signature of any authorized officer and the seal of the company may be affixed by facsimile to any Power of Attorney or certification there of authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the company; and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, OLD REPUBLIC SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 9TH day of FEBRUARY, 2023.

OLD REPUBLIC SURETY COMPANY

Karen J. Haffner

Assistant Secretary



Alan Pavlic

President

STATE OF WISCONSIN, COUNTY OF WAUKESHA-SS

On this 9TH day of FEBRUARY, 2023, personally came before me, Alan Pavlic and Karen J Haffner, to me known to be the individuals and officers of the OLD REPUBLIC SURETY COMPANY who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say; that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



Kathryn R. Pearson
Notary Public

My commission expires: 9/28/2026

(Expiration of notary commission does not invalidate this instrument)

CERTIFICATE

I, the undersigned, assistant secretary of the OLD REPUBLIC SURETY COMPANY, a Wisconsin corporation, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

92-3637

Signed and sealed at the City of Brookfield, WI this 25th day of October, 2023.

Karen J. Haffner

Assistant Secretary



SECURITY BOND ASSOCIATES, INC.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2023

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 Automatic Data Processing Insurance Agency, Inc. 1 Adp Boulevard Roseland NJ 07068 | | CONTACT NAME: Automatic Data Processing Insurance Agency, Inc. PHONE (A/C, No. Ext): 1-800-524-7024 FAX (A/C, No): E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Insurance Company of the West | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED A PERFECT EDGE INC 4839 SW 148th Ave Suite 516 Fort Lauderdale FL 33330 | | NAIC # 27847 | |

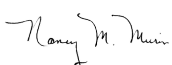
COVERAGES**CERTIFICATE NUMBER:** 3277039**REVISION NUMBER:**

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|---|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N Y | N/A | N | WMO506769201 | 09/29/2023 | 09/29/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| City of Hallandale Beach 400 South Federal Highway Hallandale Beach FL 33009 | 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  |
|--|--|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2023

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 Robert Gonzalez Insurance Agency, Inc 5220 South University Dr Suite 105C Davie FL 33328 | | CONTACT NAME: Gigi Rodriguez PHONE (A/C, No. Ext): 954-680-2805 E-MAIL ADDRESS: gigi.rodriguez@ffbic.com FAX (A/C, No): 954-680-9110 | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Florida Farm Bureau Casualty Insurance Company | |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED A Perfect Edge, Inc. 4839 SW 148th Avenue Fort Lauderdale FL 33330 | | | |

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 | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | CPP9526911 | 02/05/2023 | 02/05/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | ABF 1366532 | 02/05/2023 | 02/05/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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)

Landscape Maintenance Contractor

Certificate Holder Is listed as Additional Insured for general liability and commercial auto

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| City of Hallandale Beach 400 S Federal Highway Hallandale Beach, FL 33009 | 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  |
|---|--|

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FORM A: PROPOSAL SUBMITTED BY

| | |
|---|-------------|
| COMPANY: A Perfect Edge, Inc. | |
| ADDRESS: 4839 SW 148th Ave Suite 516 | |
| CITY, STATE, ZIP: Davie FL 33330 | |
| TELEPHONE: 954-214-8300 | FAX NUMBER: |
| DUE DATE OF BID: 10/26/2023 | |
| E-MAIL ADDRESS: Kevin@aperfectedge.net | |
| FEDERAL ID NUMBER: 650530454 | |
| NAME & TITLE PRINTED: Kevin J O'steen Vice President | |
| SIGNED BY: <i>Kevin O'Steen</i> | |

WE (I) the above signed hereby agree to furnish the item(s), service(s) and have read all attachments including specifications, terms and conditions and fully understand what is required.

The Invitation to Bid, Specifications, Proposal Forms, and/or any other pertinent document form a part of this proposal and by reference made a part hereof. Signature indicates acceptance of all terms and conditions of the BID.



FORM B: VARIANCE FORM

The Proposer must provide and state all variances to this Bid, specifications, the Terms and Conditions on this variance form (provide additional pages if necessary).

After award of Contract through City Commission, via Resolution, the awarded Firm's Variance Form will be reviewed by appropriate City Staff, the City Attorney, and the Risk Manager. If the Variances presented by Firm are acceptable to the City a City Agreement will be routed to the awarded Firm for execution by the authorized officer per Sunbiz. The Project Manager will manage the execution of the agreement process.

Variances requested to either the ITB, Terms and Conditions and Agreement may result in the City rescinding award of Contract.

If Firm has no Variances, Firm must state "None" below. This form must be provided back in Firm's response.

| |
|------|
| None |
|------|



FORM C: LEGAL PROCEEDINGS FORM

Proposing Firm **must** provide items a - e with response. Provide all applicable documents per category checked as an attachment. Firm must ensure response is addressing by title for each item a-e below. If an item(s) is not applicable, Firm must check off as applicable stating "N/A" and authorized officer per Sunbiz to provide signature.

- a. Arbitrations: List all arbitration demands filed by or against your Firm in the last five (5) years, and identify the nature of the claim, the amount in dispute, the parties, and the ultimate resolution of the proceeding.

Check here and provide documentation Check here if Not Applicable (N/A)

- b. Lawsuits: List all lawsuits filed by or against, your Firm in the last five (5) years, and identify the nature of the claim, the amount in dispute, the parties, and the ultimate resolution of the lawsuit.

Check here and provide documentation Check here if Not Applicable (N/A)

- c. Other Proceedings: Identify any lawsuits, administrative proceedings, or hearings initiated by the National Labor Relations Board, Occupational Safety and Health or similar state agencies in the past five (5) years concerning any labor practices or project safety practices by your Firm. Identify the nature of any proceeding and its ultimate resolution.

Check here and provide documentation Check here if Not Applicable (N/A)

- d. Bankruptcies: Has your Firm or its parents or any subsidiaries ever had a Bankruptcy Petition filed in its name, voluntarily or involuntarily? (If yes, specify date, circumstances, and resolution).

Check here and provide documentation Check here if Not Applicable (N/A)

- e. Settlements: Identify all settlements for your Firm in detail in the last five (5) years.

Check here and provide documentation Check here if Not Applicable (N/A)

I, Kevin J O'steen, Vice President
Name of Authorized Officer per Sunbiz Title

of A Perfect Edge, Inc.
Name of Firm as it appears on Sunbiz

I hereby attest that I have the authority to sign this notarized certification and certify that the above referenced information is true, complete, and correct.

Kevin O'Steen
Signature of Authorized Officer per SunBiz

Kevin J O'steen
Print Name of Authorized Officer per SunBiz



FORM D: PUBLIC ENTITY CRIME FORM

**SWORN STATEMENT PURSUANT TO SECTION 287.133(2) (a),
FLORIDA STATUTES,
PUBLIC ENTITY CRIME INFORMATION**

“A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies 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 any 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 36 months following the date of being placed on the convicted vendor list.”

By: Kevin J O'steen

Title: Vice President

Signed and Sealed 25th day of October, 2023

Kevin O'Steen



FORM M: AMERICANS WITH DISABILITIES ACT AFFIDAVIT

The undersigned swears that the information herein contained is true and correct and that none of the information supplied was for the purpose of defrauding the City of Hallandale Beach, Florida.

The Contractor shall not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The Contractor agrees to comply with the rules, regulations and relevant orders issued pursuant to the Americans with Disabilities Act (ADA), 42 USC s. 12101 et seq. It is understood that in no event shall the City of Hallandale Beach be held liable for the actions or omissions of the Contractor or any other party or parties to the Agreement for failure to comply with the ADA. The Contractor agrees to hold harmless and indemnify the City of Hallandale Beach, its agents, officers or employees from any and all claims, demands, debts, liabilities or causes of action of every kind or character, whether in law or equity, resulting from the Contractor's acts or omissions in connection with the ADA.

By: Kevin O'Steen
Signature of Authorized Officer per Sunbiz

Kevin J O'steen
Print Name of Authorized Officer per Sunbiz

Vice President
Title of Authorized Officer per Sunbiz

Sworn and subscribed before me this 25th day of October, 2023.

NOTARY PUBLIC

State of Florida at Large

My Commission Expires: 09/13/2027





FORM H: ANTI-KICKBACK AFFIDAVIT

STATE OF Florida)
COUNTY OF Broward) SS:

I, the undersigned hereby duly sworn, depose and say that no portion of the sum herein Bid/RFP will be paid to any employees of the City of Hallandale Beach and its elected officials, as a commission, kickback, reward, or gift, directly or indirectly by me or any member of my Firm or by an officer of the corporation.

By: Kevin O'Steen
Signature of Authorized Officer per Sunbiz

Kevin J O'steen
Print Name of Authorized Officer per Sunbiz

Vice President
Title of Authorized Officer per Sunbiz

Sworn and subscribed before me this 25th day of October, 20 23.

NOTARY PUBLIC

State of Florida at Large

My Commission Expires: 09/13/2027





FORM L: NON-COLLUSION AFFIDAVIT

STATE OF Florida)
) SS:
COUNTY OF Browad)

I, the undersigned hereby duly sworn, depose and say that:

1. He/she is the Bidder that has submitted the attached bid proposal.
2. He/she is fully informed respecting the preparation and contents of the attached bid proposal and of all pertinent circumstances respecting such bid proposal.
3. Such bid proposal is genuine and is not a collusive or sham bid proposal.
4. Neither the said Bidder nor any of its officers, partners, owners, agent representatives, employees or parties in interest including this affiant, has in any way, colluded, conspired, or agreed, directly or indirectly, with any other bidder, firm or person, to submit a collusive or sham proposal in connection with the Agreement for which the attached bid proposal has been submitted or to refrain from proposing in connection with such Agreement, or has in any manner, directly or indirectly, sought by Agreement or collusion or communication or conference with any other bidder, firm or person to fix the price or prices in the attached bid proposal or of any other bidder, or to fix any overhead, profit or cost element of the bid proposal price or the bid proposal price of any other bidder, or to secure through any collusion, conspiracy, connivance or unlawful Agreement any advantage against the City of Hallandale Beach, Florida, or any person interested in the proposed Agreement.
5. The price or prices quoted in the attached bid proposal are fair and proper and are not tainted by any collusion, conspiracy, or unlawful Agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties of interest, including affiant.

By: Kevin O'Steen
Signature of Authorized Officer per Sunbiz

Kevin J O'steen
Print Name of Authorized Officer per Sunbiz

Vice President
Title of Authorized Officer per Sunbiz

Sworn and subscribed before me this 25th day of October, 2023

NOTARY PUBLIC

State of Florida at Large
My Commission Expires: 09/13/2027





- The provision of Ordinance 2013-03, Section 23-3 Definition, of the City of Hallandale Beach, would violate grant requirements, the laws, rules or regulations of federal or state law.

I, Kevin J O'steen, Vice President
 Name of authorized Officer per Sunbiz Title

of A Perfect Edge, Inc.
 Name of Firm as it appears on Sunbiz

hereby attest that I have the authority to sign this notarized certification and certify that the above referenced information is true, complete, and correct.

Kevin O'Steen Kevin J O'steen
 Signature Print Name

STATE OF Florida

COUNTY OF Broward

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF
October, 2023 BY Kevin J O'steen Kevin O'Steen

TO ME PERSONALLY KNOWN OR PRODUCED IDENTIFICATION:

FL. D. L.
 (type of ID)

[Signature]
 Signature of Notary
Lauren Lehoux
 Print Name of Notary Public

09/13/2027
 Commission expires





FORM P: REFERENCE FORM

Please note that the three (3) references provided below must be the same as the projects/contracts provided for response to MQR # 4. **THE BELOW FORM MUST BE COMPLETED BY YOUR REFERENCE AND PROVIDED WITH YOUR PROPOSAL SUBMISSION.**

| | |
|--|--|
| BID # FY 2022-2023-021 CITYWIDE GROUNDS MAINTENANCE | |
| PROPOSING FIRM'S NAME(S): A Perfect Edge, Inc. | |
| PROJECT NAME: Country Walk Country Villas Tree Trimming, Stoneybrook HOA, Estate Homes HOA, Lakeside HOA | |
| NAME OF FIRM THAT WAS AWARDED THE AGREEMENT: A Perfect Edge, Inc. | |
| WAS THE FIRM THE PRIME CONTRACTOR FOR THE PROJECT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

| | | | |
|----------------------------|---------------------------------|------------------------|-----------------------------|
| Name of reference: | Maylee Ayala | Phone: | 305-218-2316 |
| Title of reference: | Property Manager | E-mail Address: | cwsubmgr@countrywalkhoa.org |
| Company/Employer: | Harbor Management Services Inc. | | |

Please answer the following questions regarding services provided by the Proposer named above.

1. Provide detailed information about the level of commitment of the Firm to your Project. Did the Firm devote the time, and personnel necessary to successfully complete the entities needs?

The Firm "A Perfect Edge" provided adequate amount of personnel, time and knowledge for the tree trimming project. The firm is reliable, and trustworthy and has been contracted to provide this service numerous times throughout the years.



2. Provide detailed information about the competence, accessibility, and responsiveness of the Firm's personnel supervising and performing the work on the Project.

The firm ensures there is a competent supervisor onsite while the project is underway at all times.
Communicating with the supervisor and/or owner is agreeable. The firm is efficient and organized.

3. Provide detailed information about the Firm's response time as required by your Agreement. Were there ever any issues and why.

The firm is punctual and has been on-site as agreed upon. Any changes to scheduling is always discussed and addressed in a timely manner. Management has not experienced any issues whatsoever with the firm.

4. Provide detailed information about the Firm's success at minimizing any issues.

Communication is key. The firm communicates any potential issue and provides solutions. Management works very well with this firm.

5. Provide details on what type of service the Firm provided? How satisfied are you with the end result?

Tree Trimming, Tree Installation, Tree Removals
Management is extremely satisfied with the service provided.

6. What was the value of the Project?

\$96,378.00



7. Would you consider this Firm for this type of work in the future?

Yes

ADDITIONAL COMMENTS:

| | |
|---|------------------|
| PERSON PROVIDING REFERENCE (PRINT NAME): | Maylee Ayala |
| PRINT TITLE: | Property Manager |

SIGNATURE: Maylee Ayala Date: October 25th, 2023



FORM P: REFERENCE FORM

Please note that the three (3) references provided below must be the same as the projects/contracts provided for response to MQR # 4. **THE BELOW FORM MUST BE COMPLETED BY YOUR REFERENCE AND PROVIDED WITH YOUR PROPOSAL SUBMISSION.**

| | |
|--|--|
| BID # FY 2022-2023-021 CITYWIDE GROUNDS MAINTENANCE | |
| PROPOSING FIRM'S NAME(S): A Perfect Edge, Inc. | |
| PROJECT NAME: | |
| NAME OF FIRM THAT WAS AWARDED THE AGREEMENT: A Perfect Edge, Inc. | |
| WAS THE FIRM THE PRIME CONTRACTOR FOR THE PROJECT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

| | | | |
|----------------------------|--------------------------|------------------------|-----------------------|
| Name of reference: | Daniel Mell | Phone: | 954.967.4665 |
| Title of reference: | Assistant Parks Manager | E-mail Address: | dmell@hollywoodfl.org |
| Company/Employer: | City of Hollywood / PRCA | | |

Please answer the following questions regarding services provided by the Proposer named above.

1. Provide detailed information about the level of commitment of the Firm to your Project. Did the Firm devote the time, and personnel necessary to successfully complete the entities needs?

A Perfect Edge is responsible for providing landscape maintenance for the Parks and Recreation Department. A Perfect Edge completes assigned work in a timely manner while maintaining City expectations. APE has shown reliability when asked to complete assign tasked on a deadline while providing the appropriate level of staffing.



2. Provide detailed information about the competence, accessibility, and responsiveness of the Firm's personnel supervising and performing the work on the Project.

APE management has shown competence and accesibility at any time in rergards to supervising personnel. APE has demonstrated quick response times to address any asks and or specific needs from the Parks Department.

3. Provide detailed information about the Firm's response time as required by your Agreement. Were there ever any issues and why.

APE provides an above average response time when asked to expedite services when requested by staff. No issues.

4. Provide detailed information about the Firm's success at minimizing any issues.

APE has demonstrated success while assisting the City minimize issues and complaints regarding landscape services at City parks. APE has shown responsiveness when asked to address complaints. APE management spends time onsite and has regular walk-throughs with City staff.

5. Provide details on what type of service the Firm provided? How satisfied are you with the end result?

APE provides turf mowing edging, weed eating / weed control, debris & litter removal, shrub / hedge maintenance, limited tree / palm canopy care, hardscapes, irrigation maintenance, tree & palm trimming

6. What was the value of the Project?

FY2024 - \$227,000.00



7. Would you consider this Firm for this type of work in the future?

Yes.

ADDITIONAL COMMENTS:

| | |
|---|-------------------------|
| PERSON PROVIDING REFERENCE (PRINT NAME): | Daniel Mell |
| PRINT TITLE: | Assistant Parks Manager |

SIGNATURE:  Date: 10-26-23



FORM P: REFERENCE FORM

Please note that the three (3) references provided below must be the same as the projects/contracts provided for response to MQR # 4. THE BELOW FORM MUST BE COMPLETED BY YOUR REFERENCE AND PROVIDED WITH YOUR PROPOSAL SUBMISSION.

| | |
|--|--|
| BID # FY 2022-2023-021 CITYWIDE GROUNDS MAINTENANCE | |
| PROPOSING FIRM'S NAME(S): A Perfect Edge, Inc. | |
| PROJECT NAME: | |
| NAME OF FIRM THAT WAS AWARDED THE AGREEMENT: A Perfect Edge, Inc. | |
| WAS THE FIRM THE PRIME CONTRACTOR FOR THE PROJECT: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |

| | | | |
|----------------------------|-----------------------------|------------------------|--------------------------|
| Name of reference: | Joshua Collazo | Phone: | 954-249-8857 |
| Title of reference: | Public Works Superintendent | E-mail Address: | Jcollazo@HollywoodFl.org |
| Company/Employer: | City of Hollywood | | |

Please answer the following questions regarding services provided by the Proposer named above.

1. Provide detailed information about the level of commitment of the Firm to your Project. Did the Firm devote the time, and personnel necessary to successfully complete the entities needs?

| |
|---|
| Firm has always devoted enough time & personnel to the City of Hollywood. |
|---|



2. Provide detailed information about the competence, accessibility, and responsiveness of the Firm's personnel supervising and performing the work on the Project.

Firm is always available & responsive to our department needs.

3. Provide detailed information about the Firm's response time as required by your Agreement. Were there ever any issues and why.

Firm has provided emergency response within two hours.

4. Provide detailed information about the Firm's success at minimizing any issues.

Firm is always resolves issues that come up.

5. Provide details on what type of service the Firm provided? How satisfied are you with the end result?

Landscape Maintenance services - Excellent
Irrigation services - Excellent
Plant supply & Install - Excellent

6. What was the value of the Project?

Agreements
PA 600662 - Irrigation Services \$100,000 Annually
PA 600440 - Plant supply & Installation \$855,000. 3 year term
PA 600406 - Landscape Maintenance Services - \$1,500,000 Annually



7. Would you consider this Firm for this type of work in the future?

yes

ADDITIONAL COMMENTS:

Great Contractor.

| | |
|---|-----------------------------|
| PERSON PROVIDING REFERENCE (PRINT NAME): | Joshua Cellazo |
| PRINT TITLE: | Public Works Superintendent |

SIGNATURE:  **Date:** 10/26/23



FORM F: CONFLICT OF INTEREST NOTIFICATION REQUIREMENT QUESTIONNAIRE

If you are an employee, board member, elected official(s) or an immediate family member of any such person, please indicate the relationship below. Pursuant to the City of Hallandale Beach Standards of ethics any potential conflict of interest must be disclosed and if requested, obtain a conflict-of-interest opinion or waiver from the Board of Directors prior to entering into a contract with the City.

_____ N/A _____

1. Name of Firm submitting a response to this BID.

_____ N/A _____

2. Describe each affiliation or business relationship with an employee, board member, elected official(s) or an immediate family member of any such person of the City of Hallandale Beach or Hallandale Beach Community Redevelopment Agency; if none so state.

_____ N/A _____

3. Name of City of Hallandale Beach or Hallandale Beach Community Redevelopment Agency employee, board member, elected official(s) or immediate family member with whom filer/respondent/Firm has affiliation or business relationship; if none so state.

_____ N/A _____

4. Describe any other affiliation or business relationship that might cause a conflict of interest; if none so state.

_____ N/A _____

Kevin O'Steen

Signature of person/Firm

10/25/2023

Date



FORM I: CONFIDENTIALITY FORM

Sealed bids/proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from Chapter 119, Florida Statutes. The Proposer must include any materials it asserts to be exempted from public disclosure under Chapter 119, Florida Statutes, in a separate bound document labeled "Attachment to Invitation to Bid, BID Number and Name - Confidential Material".

The Proposer must identify the specific Statute that authorizes exemption from the Public Records Law. Any claim of confidentiality on materials the Proposer asserts to be exempt from public disclosure and placed elsewhere in the proposal will be considered waived by the Proposer upon submission, effective after opening.

Proposer should take special note of this as it relates to proprietary information that might be included in this solicitation.

If N/A please circle:

N/A

I, Kevin J O'steen, Vice President
Name of authorized Officer per Sunbiz and/or legal documentation Title

of A Perfect Edge, Inc.
Name of Firm as it appears on Sunbiz and/or legal documentation hereby, attest that I have the authority to sign this notarized certification and certify that the Firm complies with the above requirements.

Kevin O'Steen 10/25/2023
Signature Title



FORM J: SCRUTINIZED COMPANIES

A Perfect Edge, Inc. (Name of Vendor) hereby certifies that it has not been placed on the discriminatory vendor list as provided in Section 287.134, Florida Statutes, and that it is not a “scrutinized company” pursuant to Sections 215.473 or 215.4725, Florida Statutes. Contractor further represents that it is not, and for the duration of the Contract will not be, ineligible to contract with the City on any of the grounds stated in Section 287.135, Florida Statutes. Contractor represents that it is, and for the duration of this Contract will remain, in compliance with Section 286.101, Florida Statutes

Affirm



FORM G: DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087

Hereby certified that A Perfectedge, Inc. 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 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 1893 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 I implementation of this section.

As a person authorized to sign the statement, I certify that this Firm complies fully with the above requirements.

10/25/2023
DATE

Kevin O'Steen
FIRM'S SIGNATURE



FORM K: BYRD ANTI-LOBBYING AMENDMENT CERTIFICATION

The undersigned [CONTRACTOR] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the CONTRACTOR shall complete and submit Standard Form- LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The CONTRACTOR certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

A Perfect Edge, Inc.

COMPANY NAME:

Kevin J O'steen

NAME OF AUTHORIZED OFFICIAL

Vice President

TITLE

Kevin O'Steen

SIGNATURE OF AUTHORIZED OFFICIAL

10/25/2023

DATE



STATE OF Florida

COUNTY OF Broward

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25th DAY OF

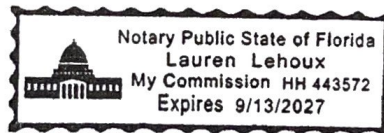
October, 2023 BY Kevin J O'steen

TO ME PERSONALLY KNOWN OR PRODUCED IDENTIFICATION:

FL D.I.
(Type of ID)

Lauren Lehoux
Signature of Notary
Lauren Lehoux
Print Name of Notary Public

09/13/2027
Commission expires





FORM E: DOMESTIC PARTNERSHIP CERTIFICATION FORM

This form must be completed and submitted with Firm’s submittal.

Equal Benefits Requirements As part of the competitive solicitation and procurement process a Contractor seeking a Contract shall certify that upon award of a Contract it will provide benefits to Domestic Partners of its employees on the same basis as it provides benefits to employees' spouses. Failure to provide such certification shall result in a Contractor being deemed non-responsive.

Domestic Partner Benefits Requirement means a requirement for City Contractors to provide equal benefits for domestic partners. Contractors with five (5) or more employees contracting with City, in an amount valued over \$50,000, provide benefits to employees’ spouses and the children of spouses.

The Firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of City of Hallandale Beach Ordinance 2013-03 Domestic Partnership Benefits Requirement, and certifies the following:

Check only one box below:

- 1.** The Contractor certifies and represents that it will comply during the entire term of the Contract with the conditions of the Ordinance 2013-03, Section 23-3, Domestic Partner Benefits Requirement of the City of Hallandale Beach, or
- 2.** The Firm does not need to comply with the conditions of Ordinance 2013-03, Section 23-3, Domestic Partner Benefits Requirement of the City of Hallandale Beach, because of allowable exemption: **(Check only one box below):**
 - The Firm’s price for the contract term awarded is \$50,000 or less.
 - The Firm employs less than five (5) employees.
 - The Firm does not provide benefits to employees’ spouses nor spouse’s dependents.
 - The Firm is a religious organization, association, society, or non-profit charitable or educational institution or organization operated, supervised, or controlled by or in conjunction with a religious organization, association or society.
 - The Firm is a government entity.
 - The contract is for the sale or lease of property.
 - The covered contract is necessary to respond to an emergency.



FORM N: CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

1. Contractor Covered Transactions

- a. The prospective contractor certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any State or Federal department or agency.
- b. Has not within a three (3) year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Is not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph 1(b) of this certification; and
- d. Has not within a three (3) year period preceding this application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

2. Where the prospective contractor is unable to certify to the above statement, the prospective contractor shall attach an explanation to this form.

I, Kevin J O'steen, Vice President
Name of authorized Officer per Sunbiz Title

of A Perfect Edge, Inc.
Name of Firm as it appears on Sunbiz

hereby attest that I have the authority to sign this notarized certification and certify that the above referenced information is true, complete and correct.

Kevin O'Steen
Signature

Kevin J O'steen
Print Name



FORM O: ACKNOWLEDGEMENT OF ADDENDA

Instructions: Complete Part I or Part II, whichever is applicable.

The Proposer shall indicate below each Addendum received. The Proposer may contact the Procurement Division at 954-457-1331 or visit the City of Hallandale Beach website at <https://www.hallandalebeachfl.gov/417/Solicitation-Notifications> to confirm the number of addenda (if any) that have been issued.

PART I: Please list below each of the Addendum received in connection with this solicitation. Please include the Addendum number, the title is not required.

| Addendum # |
|------------|
| 1 |
| 2 |
| 3 |
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PART II:

3 No Addendum was received in connection with this solicitation.

Authorized Signature: Kevin O'Steen Date: 10/25/2023

Print Name: Kevin J O'steen Title: Vice President

Firm Name: A Perfect Edge, Inc.