Meeting Date: 10/27/2015 Agenda Item 22

REQUESTED COMMISSION ACTION:

x Consent ____ Ordinance ____ Resolution ____ Consideration/Discussion ____ Presentation

SHORT TITLE Approval to purchase Fertilizer, as needed for the Public Works Grounds Maintenance Division, per the Town of Davie Cooperative Bid B-15-81 from the awarded vendors John Deere Landscapes, Diamond R Fertilizer Co., Inc., Howard Fertilizer and Chemical Co. and Sunniland Fertilizer Corp. in the estimated total amount of $60,000.00.

Summary of Purpose and Why:

The Town of Davie issued a bid to establish contracts for the purchase of fertilizer as lead agency for the Southeast Florida Governmental Purchasing Cooperative, on behalf of participating governmental agencies. Formal approval is required for the City to contract with the awarded vendors from the Town of Davie cooperative bid B-15-81 (vendors listed above.) The contract is valid through August 16, 2017. Based on estimated quantity of fertilizer to be purchased, and the unit prices submitted by the recommended Co-op low bidders, total expenditures for fertilizer over the life of the contract may total $60,000. City Commission approval of this contract award is requested.

(1) Origin of request for this action: Staff
(2) Primary staff contact: Robert A. McCaughan, Public Works Director 954 786-4097
(3) Expiration of contract, if applicable: August 16, 2017
(4) Fiscal impact and source of funding: As needed, from budgeted funds in account 001-3040-530.52-05, Operating Supplies / Chemicals / Horticultural

DEPARTMENTAL COORDINATION	DATE	DEPARTMENTAL RECOMMENDATION	DEPARTMENTAL HEAD SIGNATURE
Public Works	10/16/15	APPROVE	Robert McCaughan
General Services	10/15/15	APPROVE	[illegible]
Finance	10/16/15	Approval	R. Gibble
Budget	10/19/15	Approve	Diamondi for Ernesto Reyes

X City Manager

ACTION TAKEN BY COMMISSION:

Ordinance	Resolution	Consideration	Workshop
1st Reading	1st Reading	Results:	Results:
2nd Reading			

MEMORANDUM

Purchasing #16-006
October 15, 2015

To: Dennis W. Beach, City Manager

Through: Otis J. Thomas, General Services Director OT.

From: Cassandra LeMasurier, Purchasing Supervisor CL

Subject: Award Co-op Bid, "Fertilizer" Town of Davie Bid B-15-81

Contract Need/Background

The City of Pompano Beach Ground Maintenance Division uses fertilizer for landscaping maintenance and beautification throughout the City. Fertilizer is ordered on an as needed basis. The Town of Davie issued bid B-15-81 for "Fertilizer" as the lead agency for the Southeast Governmental Purchasing Cooperative, on behalf of (14) fourteen participating governmental agencies. This bid contains the combined estimated annual purchase requirements from all of the participating entities. The Town of Davie awarded the contract to the lowest bidders for each line item which include: John Deere Landscapes, Diamond R Fertilizer Co., Inc., Howard Fertilizer and Chemical Co., and Sunniland Fertilizer Corp. The contract is valid until August 16, 2017. This contract replaces the prior Cooperative contract B-13-50 which expired August 16, 2015.

Attached you will find copies of a memorandum from the Public Works Department and copies of the contract and bid documents from the Town of Davie.

Funding
Fertilizer will be ordered as needed, to be paid for from the Ground Maintenance Division account 001-3040-530.52-05 Operating Supplies / Chemicals / Horticultural. Based upon the FY2015 expenditures and anticipated FY2016 expenditures for fertilizer it is estimated the City will spend $30,000.00 per fiscal year on fertilizer. The estimated total expenditure over the life of the contract may be $60,000.00.

Award Recommendation

After a review of the Town of Davie bid results with the Public Works Department it is recommended that John Deere Landscapes, Diamond R Fertilizer Co., Inc., Howard Fertilizer and Chemical Co. and Sunniland Fertilizer Corp. be awarded a contract for the purchase of fertilizer, as needed, at the unit prices bid, based upon the Town of Davie bid B-15-81, through August 16, 2017.

Enclosures
cc: file

pompano beach
Florida's Warmest Welcome

Memorandum

To: Otis Thomas, General Services Director

From: Hal Beard, Assistant Public Works Director

Cc: Robert McCaughan, Public Works Director

Subject: New Co-op Bid for Fertilizer

Date: October 15, 2015

Fertilizer for Landscaping:

The Grounds Maintenance Division uses fertilizer for City wide landscaping maintenance and beatification. An example of the different types of fertilizer used would be for turf, palms, shrubs and trees.

Procurement Background:

The Town of Davie, as the lead agency for the Southeast Florida Governmental Purchasing Cooperative has a new contract Bid# B-15-81 effective August 17, 2015 for fertilizer. This contract is for two years and the Grounds Maintenance Division approximate annual expenditure for fertilizer is $30,000 for a two year total of $60,000 from account 001-3040-530-5205.

Recommendation:

Public Works Department recommends approving the purchase of fertilizer from the Southeastern Florida Governmental Purchasing Cooperative at an approximate annual cost of $30,000 for fertilizer.

Cc: Grounds Maintenance Supervisors

Southeast Florida Governmental Purchasing Cooperative Group

CONTRACT AWARD

Please complete each of the applicable boxes and submit with bid documents, award notices and tabulations to lpiper@myboca.us for placement on the NIGP SEFL website Cooperative contract page.

BID/RFP No. B-15-81

Description/Title: Fertilizer

Initial Contract Term: Start Date: 8/17/2015 End Date: 8/16/2017

Renewal Terms of the Contract: None (No. of Renewals) Renewal Options for n/a (Period of Time)

Renewal No. ____ Start Date: _____ End Date: _____

Renewal No. ____ Start Date: _____ End Date: _____

Renewal No. ____ Start Date: _____ End Date: _____

SECTION #1 **VENDOR AWARD**

Vendor Name: John Deere Landscapes

Vendor Address: 1385 East 36 Street, Cleveland, OH 44114

Contact: Molly Vorous

Phone: 800-321-5325 ext. 2550 Fax: 248-581-1433

Cell/Pager: _____ Email Address: bids@johndeerelandscapes.com

Website: _____ FEIN: _____

VENDOR AWARD

Vendor Name: Diamond R Fertilizer Co., Inc.

Vendor Address: 4100 Glades Cutoff Road, Ft. Pierce, FL 34981

Contact: Thom Chester

Phone: 772-201-0099 Fax: 772-464-9308

Cell/Pager: _____ Email Address: thomchester@comcast.net

Website: _____ FEIN: _____

VENDOR AWARD

Vendor Name: Howard Fertilizer & Chemical Co.
Vendor Address: 8306 S. Orange Ave., Orlando, FL 32862
Contact: Dale Anderson
Phone: 954-444-7857 Fax: 954-893-9361
Cell/Pager: Email Address: danderson@howardfert.com
Website: FEIN:

VENDOR AWARD

Vendor Name: Sunniland Fertilizer Corp.
Vendor Address: P.O. Box 8001, Sanford, FL 32772
Contact: Erik Thor
Phone: 954-383-5638 Fax: 407-330-0122
Cell/Pager: Email Address: eriksusan@bellsouth.net
Website: FEIN:

VENDOR AWARD

Vendor Name:
Vendor Address:
Contact:
Phone: Fax:
Cell/Pager: Email Address:
Website: FEIN:

SECTION #2 **AWARD/BACKGROUND INFORMATION**

Award Date: July 29, 2015 Resolution/Agenda Item No.: R-2015-168
Insurance Required: Yes Yes No
Performance Bond Required: Yes No No

SECTION #3 **LEAD AGENCY**

Agency Name: Town of Davie
Agency Address: 6591 Orange Drive, Davie, FL 33314
Agency Contact: Angie Salinas Email asalinas@davie-fl.gov
Telephone: 954-797-1062 Fax: 954-797-1049

RESOLUTION NO. R-2015-168

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BIDS FOR FERTILIZER AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town is in need of fertilizer for various projects; and

WHEREAS, the Town, acting as lead agency for the Southeast Florida Cooperative Purchasing Group, solicited sealed bids for such fertilizer; and

WHEREAS, Town of Davie purchases will be limited to those products that do not include more than 5% phosphorus; and

WHEREAS, after review, the Town Council wishes to accept the bid from the lowest responsive and responsible bidder for each item.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council hereby accepts the bid from the lowest responsive and responsible bidder for each item for the supply of fertilizer in accordance with unit prices identified in Attachment "A".

SECTION 2. The Town Council hereby authorizes the expenditure from the operating budget of each using department.

SECTION 3. The initial contract term is two (2) years.

SECTION 4. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS 29th DAY OF July, 2015.

Judy Paul
MAYOR/COUNCILMEMBER

ATTEST:

TOWN CLERK

APPROVED THIS 29th DAY OF July, 2015.

Attachment "A"

MEMORANDUM

Department of Budget and Finance

To: Bid Specification Committee

From: Herb Hyman, CPPB, FCPM, FCPA, Procurement Manager

Through: William Ackerman, Budget and Finance Director

Subject: Fertilizer

Date: June 18, 2015

This is a Southeast Florida Governmental Co-operative Purchasing Group bid with the Town of Davie acting as lead agency. The technical requirements of this bid were reviewed by a committee of Parks and Recreation personnel headed by Deanna McAtamney, City of Ft. Lauderdale.

After reviewing the bids submitted and the recommendations from the Parks and Recreation committee for the above referenced subject, it is my recommendation that the bid be awarded to the lowest responsive bidder for each item as identified below.

Item 1 6-2-0 The product offered by Diamond R Fertilizer is 5-3-0 is considered to be equivalent to the product specified.
Recommendation - Bulk (1 ton and greater) – Diamond R Fertilizer -.114/lb.
Less than 1 ton – Diamond R - .114/lb.

Item 2 24-2-11 . The product offered by Sunniland and Howard Fertilizer is the specified product.
Recommendation - Bulk – Sunniland - .312/lb.
Less than 1 ton – Howard Fertilizer - .353/lb.

Item 3 15-2-15 The product offered by Sunniland is the specified product. The product offered by John Deere Landscapes 15-0-15 is considered to be equivalent to the product specified.
Recommendation - Bulk – Sunniland - .35/lb.
Less than 1 ton – John Deere Landscapes - .402/lb.

Item 4 15-0-15 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland - .31/lb.
Less than 1 ton – John Deere Landscapes - .311/lb.

Item 5 21-0-0 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland - .22/lb.
Less than 1 ton – Diamond R-.258/lb.

Item 6 21-0-0 (Greens Grade) The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland - .18/lb.
Less than 1 ton – John Deere Landscapes-.264/lb.

Item 7 0-0-50-17s The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland - .48/lb.
Less than 1 ton – John Deere Landscapes - .50/lb.

Item 8 0-0-21 The product offered by Diamond R is 0-0-22 and is considered to be equivalent to the product specified.
Recommendation - Bulk-Diamond R - .341/lb.
Less than 1 ton-Diamond R - .349/lb

Item 9 0-0-21 (Greens Grade) The product offered by Diamond R is 0-0-22 and is considered to be equivalent to the product specified.
Recommendation - Bulk-Diamond R Fertilizer - .354/lb.
Less than 1 ton-Diamond R Fertilizer - .358/lb

Item 10 Liquid Micronutrients- The lowest responsive bidder meets all the requirements of the specification.
Recommendation - 2 ½ gal container – Howard Fertilizer - $8.22/gal.
55 gal. drum – Howard Fertilizer - $7.08/gal.

Item 11 13-3-13 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .424/lb.
Less than 1 ton-John Deere Landscapes - .42/lb.

Item 12 8-2-12 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland- .395/lb.
Less than 1 ton – Howard Fertilizer- .43/lb.

Item 13 Techmangam The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .636/lb.
Less than 1 ton-Howard Fertilizer - .725/lb.

Item 14 20-0-10 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland – .334/lb.
Less than 1 ton-Howard Fertilizer – .372/lb.

Item 15 20-2-10 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk Sunniland - .292/lb.
Less than 1 ton – Howard Fertilizer - .347/lb.

Item 16 9-2-24 The product offered by John Deere Landscapes 9-0-24 is considered to be equivalent to the product specified. The product offered by Sunniland is the specified product.
Recommendation - Bulk-Sunniland - .371/lb.
Less than 1 ton-John Deere Landscapes- .41/lb.

Item 17 15-0-22 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland- .364/lb.
Less than 1 ton-Howard Fertilizer - .393/lb.

Item 18 16-2-8 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .249/lb.
Less than 1 ton-Diamond R - .299/lb.

Item 19 18-24-12 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .306/lb.
Less than 1 ton-Howard Fertilizer- .402/lb.

Item 20 20-20-20 The lowest responsive bidder meets all the requirements of the specification
Recommendation - Bulk-Howard Fertilizer – .986/lb.
Less than 1 ton-Howard Fertilizer – .986/lb.

Item 21 14-14-14 The lowest responsive bidders meet all the requirements of the specification
Recommendation - Bulk-Diamond R Fertilizer - .47/lb.
Less than 1 ton-Howard Fertilizer- .615/lb.

Item 22 19-0-19 with Pre-M. The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Howard Fertilizer - .584/lb.
Less than 1 ton-John Deere Landscapes - .56/lb.

Items 23 24-2-11 Talstar. The product offered by John Deere Landscapes 24-0-11 is considered to be equivalent to the product specified. The product offered by Sunniland is the specified product.
Recommendation - Bulk-Sunniland - .377/lb.
Less than 1 ton-John Deere Landscapes - .412/lb

Items 24 24-2-11 Talstar Granular. The product offered by John Deere Landscapes 18-0-10 is considered to be equivalent to the product specified. The product offered by Sunniland is the specified product.
Recommendation - Bulk-Sunniland - .36/lb.
Less than 1 ton-John Deere Landscapes - .39/lb

Items 25 22-2-11 Atrazine. The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .309/lb.
Less than 1 ton-Howard Fertilizer- .398/lb

Items 26 High Manganese Combo. The lowest responsive bidder meets all the requirements of the specification.
Recommendation - Bulk-John Deere Landscapes - $6.84/gal.

Items 27 13-2-13. The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .369/lb.
Less than 1 ton-Howard Fertilizer - .408/lb

Items 28 14-2-14. The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .341/lb.
Less than 1 ton-Howard Fertilizer - .372/lb

Items 29 14-2-14 (Greens Grade). The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .48/lb.
Less than 1 ton-Howard Fertilizer - .549/lb

Items 30 24-0-11. The lowest responsive bidder meets all the requirements of the specification.
Recommendation - Bulk-Howard Fertilizer - .315/lb.
Less than 1 ton-Howard Fertilizer - .315/lb

Items 31 Superthrive. The lowest responsive bidder meets all the requirements of the specification.
Recommendation - Less than 1 ton-Diamond R -$116.00/gal.

Items 32 21-0-7 The lowest responsive bidders meet all the requirements of the specification.

Recommendation - Bulk-Sunniland - .33/lb.
Less than 1 ton-Howard Fertilizer - .419/lb

	A	B	C	D	E
1					
2			FERTILIZER		
3					
4		JOHN	HOWARD	SUNNILAND	DIAMOND
5		DEERE	FERTILIZER	CORPORATION	R
6					
7	6-2-0 (BULK)		.2568/lb		.114/lb
8	6-2-0	.192/lb	.2568/lb	.199/lb	.114/lb
9	24-2-11 (BULK)		.353/lb	0312/lb	.394/lb
10	24-2-11	.41/lb	.353/lb		.43/lb
11	15-2-15 (BULK)		.407/lb	.35/lb	.419/lb
12	15-2-15	.402/lb	.407/lb		.45/lb
13	15-0-15 (BULK)		.408/lb	.31/lb	
14	15-0-15	.311/lb	.408/lb		
15	21-0-0 (BULK)			.22/lb	.258/lb
16	21-0-0	.32/lb	.262/lb		.258/lb
17	21-0-0 (GREENS GRADE-BULK)			.18/lb	.298/lb
18	21-0-0 (GREENS GRADE-NON-BULK)	.264/lb	.389/lb		.298/lb
19	0-0-52-17s (TURF GRADE-BULK)		.544/lb	.48/lb	.59/lb
20	0-0-52-17s (TURF GRADE)	.50/lb	.544/lb		
21	0-0-21 (BULK)			.41/lb	.341/lb
22	0-0-21	.35/lb			.349/lb
23	0-0-21 (GREENS GRADE-BULK)			.37/lb	.354/lb
24	0-0-21 (GREENS GRADE-NON-BULK)	.43/lb			.358/lb
25	LIQ. MICRO -2 1/2 GAL	17.09/gal	8.22/gal		
26	LIQ. MICRO -55 GAL	299.41/gal	7.08/gal		
27	13-3-13 (BULK)		.488/lb	.424/lb	.45/lb
28	13-3-13	.42/lb	.488/lb		.49/lb
29	8-2-12 (BULK)		.430/lb	.395/lb	.481/lb
30	8-2-12	.56/lb	.430/lb		.481/lb
31	TECHMANGAM (BULK)		.725/lb	.636/lb	.72/lb
32	TECHMANGAM	.79/lb	.725/lb		.73/lb
33	20-0-10 (BULK)		.372/lb	.334/lb	.387/lb
34	20-0-10		.372/lb		.40/lb
35	20-2-10 (BULK)		.347/lb	.292/lb	.352/lb
36	20-2-10	.35/lb	.347/lb		.352/lb
37	9-2-24 (BULK)		.417/lb	.37/lb	.432/lb
38	9-2-24	.41/lb	.417/lb		.46/lb
39	15-0-22 (BULK)		.393/lb	.364/lb	.374/lb
40	15-0-22	.411/lb	.393/lb		.395/lb
41					

	A	B	C	D	E
42					
43					
44					
45					
46		JOHN	HOWARD	SUNNILND	DAIMOND
47		DEERE	FERTILIZER	CORPORATION	R
48					
49	16-2-8 (BULK)		.315/lb	.249/lb	.299/lb
50	16-2-8	.30/lb	.315/lb		.299/lb
51	18-24-12 (BULK)		.402/lb	.306/lb	.39/lb
52	18-24-12	.42/lb	.402/lb		.42/lb
53	20-20-20 (BULK)		.986/lb		1.07/lb
54	20-20-20	1.32/lb	.986/lb		1.07/lb
55	14-14-14 (BULK)		.615/lb		.47/lb
56	14-14-14	.66/lb	.615/lb		.90/lb
57	19-0-19 W/PRE-M(BULK)		.584/lb		.724/lb
58	19-0-19 W/PRE-M	.56/lb	.584/lb		.724/lb
59	24-2-11 TALSTAR(BULK)		.425/lb	.377/lb	.48/lb
60	24-2-11 TALSTAR	.412/lb	.425/lb		.52/lb
61	24-2-11 TALSTAR GRAN. (BULK)		.426/lb	.36/lb	
62	24-2-11 TALSTAR GRAN.	.39/lb	.426/lb		
63	22-2-11 ATRAZINE (BULK)		.398/lb	.309/lb	
64	22-2-11 ATRAZINE	.47/lb	.398/lb		
65	HIGH MANGANESE COMBO	6.84/gal	8.22/gal		
66	13-2-13 (BULK)		.408/lb	.369/lb	.418/lb
67	13-2-13	.77/lb	.408/lb		.45/lb
68	14-2-14 (BULK)		.372/lb	.341/lb	.39/lb
69	14-2-14	.65/lb	.372/lb		.42/lb
70	14-2-14 (GREENS GRADE-BULK)		.549/lb	.48/lb	.555/lb
71	14-2-14 (GREENS GRADE-NON-BULK)	.65/lb	.549/lb		.59/lb
72	24-0-11 (BULK)		.315/lb	.321/lb	.395/lb
73	24-0-11	.38/lb	.315/lb		.40/lb
74	SUPERTHRIVE				116.00/gal
75	21-0-7 (BULK)		.419/lb	.33/lb	
76	21-0-7	.45/lb	.419/lb		

Herb Hyman

From: Deanna McAtamney [DMcAtamney@fortlauderdale.gov]
Sent: Monday, June 15, 2015 9:44 AM
To: Herb Hyman
Cc: AnnDebra Diaz; Barry Sageman
Subject: RE: Fertilizer Bid (co-op)

I have looked at all and we can move forward to award.

From: Herb Hyman [mailto:Herb_Hyman@davie-fl.gov]
Sent: Friday, June 12, 2015 1:53 PM
To: Deanna McAtamney
Cc: AnnDebra Diaz; Barry Sageman
Subject: Fertilizer Bid (co-op)

Hi Dee,
Hope all is well with you. Attached are all the bids we received and my bid tabulation. I highlighted all the low bids from a commercial standpoint. Please review the technical side and tell me if we have to disqualify anyone for not meeting spec or if we can move forward with an award to the low bidder for each item. Thanks.

Herb Hyman, CPPO, CPPB, FCPM, FCPA, FCCN

TOWN OF DAVIE
PROCUREMENT AUTHORIZATION FORM

SENT TO RICK 4/23/15

PROCUREMENT AUTHORIZATION FORM

ITEM DESCRIPTION (include what the item is used for, reason for bidding, expiration date of existing contract, etc.)

FERTILIZER - THE TOWN IS LEAD AGENCY FOR THE SE FLORIDA CO-OP PURCHASING GROUP FOR THIS COMMODITY. THIS IS A CONTRACT THAT WILL BE USED ON AN AS NEEDED BASIS

METHOD OF PROCUREMENT (mark the one that applies)

☒ Open Competitive Bidding ☐ Sole Source ☐ Single Source ☐ Co-Op Bid Number _____

☐ Piggyback on Contract Number (including name of entity) _____

☐ Request for Proposal/Qualification ☐ Reverse Bid

ACCOUNT NUMBER USING DEPT. OPERATING BUDGET APPROXIMATE COST DEPENDENT ON NEED

Signed and Date: [signature]
Department Director

TOWN ADMINISTRATOR AND BUDGET/FINANCE DEPT. USE ONLY. DO NOT WRITE BELOW THIS LINE.

Funds to be encumbered by requisition number N/A [illegible] Sign and Date [illegible] 4/23/15
Procurement Manager

Approved for Availability of Funds Sign and Date [signature]
Budget/Finance Director or Designee

Sign and Date by Town Administrator

BIDS SUBMITTED

Vendor	Cost/Ranking
JOHN DEERE LANDSCAPES	SEE
DIAMOND R. FERTILIZER	ATTACHED
HOWARD FERTILIZER	BID
SUNNILAND CORPORATION	TABULATION

Signed [signature]
Procurement Manager

STAFF RECOMMENDATION/COMMENTS

LOWEST BIDDER FOR EACH PRODUCT — PER ATTACHED BID TABULATION

Vendor — Cost

BID OPENING REPORT

BID NAME: Fertilizer

TIME: 2:07pm

BID NUMBER: B-15-81

DATE: 6·11·15

ESTIMATED COST: _____

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	John Deere Land	See Attached Bid Tabulation	
2.	Diamond R Fert.		
3.	Howard Fertilizer		
4.	Sunniland Fertilizer		
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

SPECS SENT TO ELEVEN (11) PROSPECTIVE BIDDERS
TOWN REC'D FOUR (4) BIDS

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: [signature] DATE: 6/11/15

WITNESS: Angela Saldias DATE: 6·11·15

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
John Deere Landscapes

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C

☐ Exempt payee

☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
1385 East 36th Street

Requester's name and address (optional)

City, state, and ZIP code
Cleveland, OH 44114

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
36 - 4485550

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 06-10-15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Town of Davie
Vendor/Bidder Disclosure

I, Molly Vorous, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: John Deere Landscapes -Bids Dept.

Address: 1385 East 36th Street
Cleveland, Ohio 44114

FEIN 36-4485550

State and date of incorporation Delaware, 05/11/01

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
		%
		%
		%
		%

*Please see attached list of local branches.

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name Address

_____

_____

_____

_____

By: Molly M. Vorous Date: 06-10-15

Signature of Affiant

Molly Vorous

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 10th day of June 2015, by Molly Vorous, he/she is personally known to me or has presented _____ as identification.

Rosalin Santiago

Notary Public, ~~State of Florida at Large~~ State of Ohio

ROSALIN SANTIAGO
Notary Public - State of Ohio
Recorded in Cuyahoga County
My Commission Expires 12-25-19

Print or Stamp Name of Notary

_____

Serial Number

My Commission Expires : 12-25-19

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Limited Liability Company

JOHN DEERE LANDSCAPES LLC

Filing Information

Document Number	M13000007176
FEI/EIN Number	36-4485550
Date Filed	11/07/2013
State	DE
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	11/19/2014
Event Effective Date	NONE

Principal Address

1060 Windard Ridge Pkwy
Ste. 170
Alpharetta, GA 30005

Changed: 04/16/2015

Mailing Address

1060 Windard Ridge Pkwy
Ste. 170
Alpharetta, GA 30005

Changed: 04/16/2015

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title Manager

JDA Holding LLC
1060 Windard Ridge Pkwy
Ste. 170
Alpharetta, GA 30005

Annual Reports

Report Year	Filed Date
2014	06/12/2014
2015	04/16/2015

Document Images

04/16/2015 -- ANNUAL REPORT	View image in PDF format
11/19/2014 -- LC Amendment	View image in PDF format
06/12/2014 -- ANNUAL REPORT	View image in PDF format
11/07/2013 -- Foreign Limited	View image in PDF format

Copyright © and Privacy Policies
State of Florida, Department of State

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Diamond R Fertilizer Co., Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
4100 Glades Cutoff Road

Requester's name and address (optional)

City, state, and ZIP code
Ft. Pierce, FL 34981

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number
59 ☐ – 0593514 ☐☐☐☐

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 6-9-15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Town of Davie
Vendor/Bidder Disclosure

I, Thom Chester, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:	Diamond R Fertilizer Co., Inc.
Address:	4100 Glades Cutoff Road
	Fort Pierce, FL 34981
FEIN	59-0593514
State and date of incorporation	Florida 07-1943

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
See attached		%
		%
		%
		%

Diamond R Fertilizer Co., Inc.
4100 Glades Cut-off Road
Fort Pierce, FL 34981
FEIN: 59-0593514

Name	Title/position	Address	City	State	Zip	> than 5% owner?
John Minton	Chairman	PO Box 670	Fort Pierce	FL	34950	yes
Bert Roper	Vice Chairman	PO Box 218	Winter Garden	FL	34777	yes
Wayne Carlton	Director	3782 McCarty Road	Fort Pierce	FL	34945	yes
Roy Childs	Director	2715 S. Indian River Drive	Fort Pierce	FL	34950	yes
Jim Russakis	Director	8801 Indrio Road	Fort Pierce	FL	34951	no
Cal Streetmen	Director	PO Box 1904	Vero Beach	FL	32960	no
Steve Cassens	Treasurer	PO Box 593	Fort Pierce	FL	34954	no
Ken Scott	Secretary	PO Box 576	Fort Pierce	FL	34954	yes
Wes Williamson	Director	PO Box 248	Okeechobee	FL	34973	no
Mike Hudson	President/CEO	18203 Bridle Way	Port St Lucie	FL	34987	no
Tracy Kay	Vice-President	1542 SW Lexington Drive	Port St Lucie	FL	34953	no

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name Address

_____

_____

_____

_____

By:_____ Date:_____

Signature of Affiant

_____

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 11 day of June 2015, by Thom Chester, he/she is personally known to me or has presented _____ as identification.

Edna H. Vachon

Notary Public, State of Florida at Large

Edna H. Vachon

Print or Stamp of Notary

FF117626

Serial Number

My Commission Expires : 4/29/18

EDNA H. VACHON
MY COMMISSION EXPIRES
April 29, 2018
#FF 117626
Bonded thru
Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Profit Corporation

DIAMOND R FERTILIZER CO., INC.

Filing Information

Document Number	142303
FEI/EIN Number	590593514
Date Filed	07/12/1943
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	09/01/2010
Event Effective Date	NONE

Principal Address

4100 GLADES CUT-OFF ROAD
FT. PIERCE, FL 34981

Changed: 04/14/2011

Mailing Address

4100 GLADES CUT-OFF ROAD
FT. PIERCE, FL 34981-4711

Changed: 03/13/2008

Registered Agent Name & Address

HUDSON, Michael
4100 GLADES CUT-OFF ROAD
FT PIERCE, FL 34981

Name Changed: 04/21/2014

Address Changed: 03/13/2008

Officer/Director Detail

Name & Address

Title S

SCOTT, KEN

PO BOX 2457
FORT PIERCE, FL 34954

Title P

HUDSON, Michael
4100 GLADES CUT-OFF ROAD
FORT PIERCE, FL 34981

Title C

MINTON, JOHN
P O BOX 670
FORT PIERCE, FL 34954

Title T

CASSENS, STEVE
P.O. BOX 770218
FT. PIERCE, FL 34954

Title V, CFO

KAY, TRACY
4100 GLADES CUT-OFF RD.
FT. PIERCE, FL 34981

Annual Reports

Report Year	Filed Date
2013	04/15/2013
2014	04/21/2014
2015	04/28/2015

Document Images

04/28/2015 -- ANNUAL REPORT	View image in PDF format
04/21/2014 -- ANNUAL REPORT	View image in PDF format
04/15/2013 -- ANNUAL REPORT	View image in PDF format
04/11/2012 -- ANNUAL REPORT	View image in PDF format
04/14/2011 -- ANNUAL REPORT	View image in PDF format
09/01/2010 -- Amendment	View image in PDF format
04/12/2010 -- ANNUAL REPORT	View image in PDF format
04/14/2009 -- ANNUAL REPORT	View image in PDF format
03/13/2008 -- ANNUAL REPORT	View image in PDF format
03/19/2007 -- ANNUAL REPORT	View image in PDF format
02/27/2006 -- ANNUAL REPORT	View image in PDF format
10/14/2005 -- Amendment	

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Howard Fertilizer & Chemical Co Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
8306 S. Orange Ave

Requester's name and address (optional)

City, state, and ZIP code
Orlando, FL 32809

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
5 9 - 0 7 8 8 1 3 1

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 on page 3.

Sign Here Signature of U.S. person ▶ Sarah Goodwin Date ▶ 6/11/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Client#: 140597 7 131HOWARFER

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/03/2015

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 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
BB&T-J. Rolfe Davis Insurance
PO Box 4927
Orlando, FL 32802-4927
407 691-9600

CONTACT NAME:
PHONE (A/C, No, Ext): 407 691-9600 FAX (A/C, No): 888-635-4183
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: AIG Specialty Insurance Company	26883
INSURER B: Commerce & Industry Insurance C	19410
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Howard Fertilizer & Chemical Company Inc
PO Box 628202
Orlando, FL 32862-8202

COVERAGES CERTIFICATE NUMBER: 15/16 BAIBWSPNCVENMG 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		X	EG1230843	02/01/2015	03/31/2016	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$25,000
	X BI/PD Ded:$25,000						PERSONAL & ADV INJURY	$1,000,000
	X Pollution-Clms Made						GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$2,000,000
								$
B	AUTOMOBILE LIABILITY		X	CA5677821	02/01/2015	03/31/2016	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			EGU1230872	02/01/2015	03/31/2016	EACH OCCURRENCE	$10,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WC035808759	11/22/2014	11/22/2015	X WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

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

Additional Insured status is granted with respect to General Liability if required by written contract or agreement per Commercial General Liability & Pollution Legal Liability Coverage Form #103124 (11/13); with respects to General Liability Additional Insured Primary & Non-Contributory-Owners, Lessees or Contractors Endorsement-Your Work Form #103393 (10/09); Additional Insured Vendors Endorsement Primary & Non Contributory Form #103388 (10/09); Additional Insured - Managers or Lessors of Premises Endorsement Form (See Attached Descriptions)

CERTIFICATE HOLDER

Proof of Insurance
FOR INFORMATIONAL PURPOSES ONLY
-, XX

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

Jeffrey L. Johnson

© 1988-2010 ACORD CORPORATION. All rights reserved.

Town of Davie
Vendor/Bidder Disclosure

I, Dale Anderson, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Howard Fertilizer Chemical Co.

Address: 8306 S. Orange Ave
Orlando, Fl. 32862

FEIN 59-0788131

State and date of incorporation Florida December 27, 1956

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
Robert M. Howard Jr.	Same as above	100 %
		%
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
None	

By: _____ Date: 6/11/15

Signature of Affiant

Dale Anderson

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 11 day of June 2015, by Dale W. Anderson, he/she is personally known to me or has presented FL DL as identification.

_____

Notary Public, State of Florida at Large

Raphael Lopez

Print or Stamp of Notary

Raphael Lopez
State of Florida
MY COMMISSION # FF 220169
Expires: May 1, 2019

FF 220169

Serial Number

My Commission Expires: May 1, 2019

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Profit Corporation

HOWARD FERTILIZER & CHEMICAL COMPANY, INC.

Filing Information

Document Number	198590
FEI/EIN Number	590788131
Date Filed	12/27/1956
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	01/05/2011
Event Effective Date	NONE

Principal Address

8306 S ORANGE AVE
ORLANDO, FL 32809

Changed: 09/10/2002

Mailing Address

P O BOX 628202
ORLANDO, FL 32862-8202

Changed: 09/10/2002

Registered Agent Name & Address

HOWARD JR,ROBERT M
8306 S ORANGE AVE
ORLANDO, FL 32809

Address Changed: 06/15/2010

Officer/Director Detail

Name & Address

Title DCS

HOWARD JR,ROBERT M
5554 JESSAMINE LANE
ORLANDO, FL

Title V

PALMER, CHARLES
28971 KIRANICOLA CT.
BONITA SPRINGS, FL 34135

Title T

GRABHORN, DANIEL D.
6516 THE LANDINGS DR
ORLANDO, FL 32812

Title P

HOWARD JR., ROBERT M.
5554 JESSAMINE LANE
ORLANDO, FL

Annual Reports

Report Year	Filed Date
2013	01/07/2013
2014	01/08/2014
2015	02/10/2015

Document Images

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06/15/2010 -- Reg. Agent Change	View image in PDF format
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04/23/2004 -- ANNUAL REPORT	View image in PDF format
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09/10/2002 -- ANNUAL REPORT	View image in PDF format
06/11/2001 -- Name Change	View image in PDF format

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Sunriland Corporation

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
P.O. Box 8001

Requester's name and address (optional)

City, state, and ZIP code
Sanford, FL 32772-8001

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number
59 - 1937683

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 6/5/2015

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Town of Davie
Vendor/Bidder Disclosure

I, Erik Thor, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Sunniland Corporation

Address: P.O. Box 8001
Sanford, FL 32772

FEIN 59-1937683

State and date of incorporation Delaware - 1979

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
Tom Moore	P.O. Box 8001, Sanford FL 32772	93 %
Lee Moore	" " "	2 %
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name | Address

NONE

By: _____ Date: 6/05/2015
Signature of Affiant

ERIK S. THOR
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 5 day of JUNE 2015, by ERIK THOR, he/she is personally known to me or has presented FL DRIVERS LICENSE as identification.

JASON OGDEN
Notary Public, State of Florida
Commission# FF 109988
My comm. expires Apr. 06, 2018

Notary Public, State of Florida at Large

J. OGDEN
Print or Stamp of Notary

FF 109988
Serial Number

My Commission Expires : 4/6/18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Profit Corporation

SUNNILAND CORPORATION

Filing Information

Document Number	844615
FEI/EIN Number	591937683
Date Filed	11/15/1979
State	DE
Status	ACTIVE

Principal Address

1735 SR 419
LONGWOOD, FL 32750

Changed: 04/06/2005

Mailing Address

P.O. BOX 8001
SANFORD, FL 32772

Changed: 04/06/2005

Registered Agent Name & Address

MOORE, THOMAS W
1735 SR 419
LONGWOOD, FL 32750

Name Changed: 02/10/2003

Address Changed: 04/06/2005

Officer/Director Detail

Name & Address

Title PDC

MOORE, THOMAS W.
1735 SR 419
LONGWOOD, FL 32750

Title SD

CAHILL, JOHN F
1735 SR 419
LONGWOOD, FL 32750

Title TD

FRANK, RICHARD T
1735 SR 419
LONGWOOD, FL 32750

Title D

MOORE, LEE P
1735 SR 419
LONGWOOD, FL 32750

Annual Reports

Report Year	Filed Date
2013	02/25/2013
2014	02/20/2014
2015	02/13/2015

Document Images

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04/18/2011 -- ANNUAL REPORT	View image in PDF format
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01/12/2000 -- ANNUAL REPORT	View image in PDF format
01/21/1999 -- ANNUAL REPORT	View image in PDF format
01/21/1998 -- ANNUAL REPORT	View image in PDF format

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

Item Number: 20.

To:	Mayor and Councilmembers
From:	Herb Hyman
Prepared By:	Herb Hyman - Purchasing
Subject:	Resolution
Affected District:	Town Wide
Item Request:	Schedule for Council Meeting
Title of Agenda Item:	**BID SELECTION** - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BIDS FOR FERTILIZER AND PROVIDING FOR AN EFFECTIVE DATE.
Executive Summary:	A competitive bid was conducted for the supply of fertilizer which may be needed by the Public Works Department, Parks, Recreation & Cultural Arts Department, and/or the Utilities Department. The Town acted as lead agency for the Southeast Florida Cooperative Purchasing Group for this bid. In addition to the Town of Davie, twenty-four (24) other co-op agencies participated in this bid. The bid opportunity was publicized in the Sun-Sentinel and also posted on the Town's website. The Town sent out specifications to eleven (11) prospective bidders and received four (4) bids. All bids were evaluated with regard to compliance with the specifications. The recommendation is for the lowest bidder for each item as identified in Attachment "A". The initial contract period is two (2) years.
Key Points:	• This is a cooperative bid for the supply of fertilizer on an as need basis with the Town acting as lead agency for the twenty-five (25) participating agencies. • The Town received four (4) bids. • The recommendation is for the lowest bidder for each item. • This is a two (2) year agreement.
Previous Actions:	None
Concurrences:	The Town's Procurement Manager reviewed all the bids for commercial compliance. Bids were reviewed for technical compliance by Deanna McAtamney from the City of Fort Lauderdale who is a technical consultant to the co-op.

Fiscal Impact:

Has request been budgeted?	N/A
If yes expected cost:	
Account name and number:	
If no, amount needed:	
Account name funds will be appropriated from	
Additional Comments	The contract, once awarded, will be used on an as needed basis by any department of the Town. The associated cost will come for the operating budget of the using department.

Recommendation: Motion to approve

Strategic Goals This Item Supports:
Commitment to Customer Satisfaction, Dedication to Excellence in Service Delivery, Nurturing the health, safety, and welfare of the community

ATTACHMENTS:

File Name	Description
RES_BID_fertilizer_2015.docx	Resolution
backup for fertilizer (2015).pdf	Backup

RESOLUTION NO. R-2015-168

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BIDS FOR FERTILIZER AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the Town is in need of fertilizer for various projects; and

WHEREAS, the Town, acting as lead agency for the Southeast Florida Cooperative Purchasing Group, solicited sealed bids for such fertilizer; and

WHEREAS, Town of Davie purchases will be limited to those products that do not include more than 5% phosphorus; and

WHEREAS, after review, the Town Council wishes to accept the bid from the lowest responsive and responsible bidder for each item.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA.

SECTION 1. The Town Council hereby accepts the bid from the lowest responsive and responsible bidder for each item for the supply of fertilizer in accordance with unit prices identified in Attachment "A".

SECTION 2. The Town Council hereby authorizes the expenditure from the operating budget of each using department.

SECTION 3. The initial contract term is two (2) years.

SECTION 4. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS 29th DAY OF July, 2015.

Judy Paul

MAYOR/COUNCILMEMBER

ATTEST:

TOWN CLERK

APPROVED THIS 29th DAY OF July, 2015.

Attachment "A"

MEMORANDUM

Department of Budget and Finance

To: Bid Specification Committee

From: Herb Hyman, CPPB, FCPM, FCPA, Procurement Manager

Through: William Ackerman, Budget and Finance Director

Subject: Fertilizer

Date: June 18, 2015

This is a Southeast Florida Governmental Co-operative Purchasing Group bid with the Town of Davie acting as lead agency. The technical requirements of this bid were reviewed by a committee of Parks and Recreation personnel headed by Deanna McAtamney, City of Ft. Lauderdale.

After reviewing the bids submitted and the recommendations from the Parks and Recreation committee for the above referenced subject, it is my recommendation that the bid be awarded to the lowest responsive bidder for each item as identified below.

Item 1 6-2-0 The product offered by Diamond R Fertilizer is 5-3-0 is considered to be equivalent to the product specified.
Recommendation - Bulk (1 ton and greater) – Diamond R Fertilizer -.114/lb.
Less than 1 ton – Diamond R - .114/lb.

Item 2 24-2-11 . The product offered by Sunniland and Howard Fertilizer is the specified product.
Recommendation - Bulk – Sunniland - .312/lb.
Less than 1 ton – Howard Fertilizer - .353/lb.

Item 3 15-2-15 The product offered by Sunniland is the specified product. The product offered by John Deere Landscapes 15-0-15 is considered to be equivalent to the product specified.
Recommendation - Bulk – Sunniland - .35/lb.
Less than 1 ton – John Deere Landscapes - .402/lb.

Item 4 15-0-15 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland - .31/lb.
Less than 1 ton – John Deere Landscapes - .311/lb.

Item 5 21-0-0 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland - .22/lb.
Less than 1 ton – Diamond R-.258/lb.

Item 6 21-0-0 (Greens Grade) The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland - .18/lb.
Less than 1 ton – John Deere Landscapes-.264/lb.

Item 7 0-0-50-17s The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland - .48/lb.
Less than 1 ton – John Deere Landscapes - .50/lb.

Item 8 0-0-21 The product offered by Diamond R is 0-0-22 and is considered to be equivalent to the product specified.
Recommendation - Bulk-Diamond R - .341/lb.
Less than 1 ton-Diamond R - .349/lb

Item 9 0-0-21 (Greens Grade) The product offered by Diamond R is 0-0-22 and is considered to be equivalent to the product specified.
Recommendation - Bulk-Diamond R Fertilizer - .354/lb.
Less than 1 ton-Diamond R Fertilizer - .358/lb

Item 10 Liquid Micronutrients- The lowest responsive bidder meets all the requirements of the specification.
Recommendation - 2 ½ gal container – Howard Fertilizer - $8.22/gal.
55 gal. drum – Howard Fertilizer - $7.08/gal.

Item 11 13-3-13 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .424/lb.
Less than 1 ton-John Deere Landscapes - .42/lb.

Item 12 8-2-12 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk – Sunniland- .395/lb.
Less than 1 ton – Howard Fertilizer- .43/lb.

Item 13 Techmangam The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .636/lb.
Less than 1 ton-Howard Fertilizer - .725/lb.

Item 14 20-0-10 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland – .334/lb.
Less than 1 ton-Howard Fertilizer – .372/lb.

Item 15 20-2-10 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk Sunniland - .292/lb.
Less than 1 ton – Howard Fertilizer - .347/lb.

Item 16 9-2-24 The product offered by John Deere Landscapes 9-0-24 is considered to be equivalent to the product specified. The product offered by Sunniland is the specified product.
Recommendation - Bulk-Sunniland - .371/lb.
Less than 1 ton-John Deere Landscapes- .41/lb.

Item 17 15-0-22 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland- .364/lb.
Less than 1 ton-Howard Fertilizer - .393/lb.

Item 18 16-2-8 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .249/lb.
Less than 1 ton-Diamond R - .299/lb.

Item 19 18-24-12 The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .306/lb.
Less than 1 ton-Howard Fertilizer- .402/lb.

Item 20 20-20-20 The lowest responsive bidder meets all the requirements of the specification
Recommendation - Bulk-Howard Fertilizer – .986/lb.
Less than 1 ton-Howard Fertilizer – .986/lb.

Item 21 14-14-14 The lowest responsive bidders meet all the requirements of the specification
Recommendation - Bulk-Diamond R Fertilizer - .47/lb.
Less than 1 ton-Howard Fertilizer- .615/lb.

Item 22 19-0-19 with Pre-M. The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Howard Fertilizer - .584/lb.
Less than 1 ton-John Deere Landscapes - .56/lb.

Items 23 24-2-11 Talstar. The product offered by John Deere Landscapes 24-0-11 is considered to be equivalent to the product specified. The product offered by Sunniland is the specified product.
Recommendation - Bulk-Sunniland - .377/lb.
Less than 1 ton-John Deere Landscapes - .412/lb

Items 24 24-2-11 Talstar Granular. The product offered by John Deere Landscapes 18-0-10 is considered to be equivalent to the product specified. The product offered by Sunniland is the specified product.
Recommendation - Bulk-Sunniland - .36/lb.
Less than 1 ton-John Deere Landscapes - .39/lb

Items 25 22-2-11 Atrazine. The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .309/lb.
Less than 1 ton-Howard Fertilizer- .398/lb

Items 26 High Manganese Combo. The lowest responsive bidder meets all the requirements of the specification.
Recommendation - Bulk-John Deere Landscapes - $6.84/gal.

Items 27 13-2-13. The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .369/lb.
Less than 1 ton-Howard Fertilizer - .408/lb

Items 28 14-2-14. The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .341/lb.
Less than 1 ton-Howard Fertilizer - .372/lb

Items 29 14-2-14 (Greens Grade). The lowest responsive bidders meet all the requirements of the specification.
Recommendation - Bulk-Sunniland - .48/lb.
Less than 1 ton-Howard Fertilizer - .549/lb

Items 30 24-0-11. The lowest responsive bidder meets all the requirements of the specification.
Recommendation - Bulk-Howard Fertilizer - .315/lb.
Less than 1 ton-Howard Fertilizer - .315/lb

Items 31 Superthrive. The lowest responsive bidder meets all the requirements of the specification.
Recommendation - Less than 1 ton-Diamond R -$116.00/gal.

Items 32 21-0-7 The lowest responsive bidders meet all the requirements of the specification.

Recommendation - Bulk-Sunniland - .33/lb.
Less than 1 ton-Howard Fertilizer - .419/lb

	A	B	C	D	E
1					
2			FERTILIZER		
3					
4		JOHN	HOWARD	SUNNILAND	DIAMOND
5		DEERE	FERTILIZER	CORPORATION	R
6					
7	6-2-0 (BULK)		.2568/lb		.114/lb
8	6-2-0	.192/lb	.2568/lb	.199/lb	.114/lb
9	24-2-11 (BULK)		.353/lb	0312/lb	.394/lb
10	24-2-11	.41/lb	.353/lb		.43/lb
11	15-2-15 (BULK)		.407/lb	.35/lb	.419/lb
12	15-2-15	.402/lb	.407/lb		.45/lb
13	15-0-15 (BULK)		.408/lb	.31/lb	
14	15-0-15	.311/lb	.408/lb		
15	21-0-0 (BULK)			.22/lb	.258/lb
16	21-0-0	.32/lb	.262/lb		.258/lb
17	21-0-0 (GREENS GRADE-BULK)			.18/lb	.298/lb
18	21-0-0 (GREENS GRADE-NON-BULK)	.264/lb	.389/lb		.298/lb
19	0-0-52-17s (TURF GRADE-BULK)		.544/lb	.48/lb	.59/lb
20	0-0-52-17s (TURF GRADE)	.50/lb	.544/lb		
21	0-0-21 (BULK)			.41/lb	.341/lb
22	0-0-21	.35/lb			.349/lb
23	0-0-21 (GREENS GRADE-BULK)			.37/lb	.354/lb
24	0-0-21 (GREENS GRADE-NON-BULK)	.43/lb			.358/lb
25	LIQ. MICRO -2 1/2 GAL	17.09/gal	8.22/gal		
26	LIQ. MICRO -55 GAL	299.41/gal	7.08/gal		
27	13-3-13 (BULK)		.488/lb	.424/lb	.45/lb
28	13-3-13	.42/lb	.488/lb		.49/lb
29	8-2-12 (BULK)		.430/lb	.395/lb	.481/lb
30	8-2-12	.56/lb	.430/lb		.481/lb
31	TECHMANGAM (BULK)		.725/lb	.636/lb	.72/lb
32	TECHMANGAM	.79/lb	.725/lb		.73/lb
33	20-0-10 (BULK)		.372/lb	.334/lb	.387/lb
34	20-0-10		.372/lb		.40/lb
35	20-2-10 (BULK)		.347/lb	.292/lb	.352/lb
36	20-2-10	.35/lb	.347/lb		.352/lb
37	9-2-24 (BULK)		.417/lb	.37/lb	.432/lb
38	9-2-24	.41/lb	.417/lb		.46/lb
39	15-0-22 (BULK)		.393/lb	.364/lb	.374/lb
40	15-0-22	.411/lb	.393/lb		.395/lb
41					

	A	B	C	D	E
42					
43					
44					
45					
46		JOHN	HOWARD	SUNNILND	DAIMOND
47		DEERE	FERTILIZER	CORPORATION	R
48					
49	16-2-8 (BULK)		.315/lb	.249/lb	.299/lb
50	16-2-8	.30/lb	.315/lb		.299/lb
51	18-24-12 (BULK)		.402/lb	.306/lb	.39/lb
52	18-24-12	.42/lb	.402/lb		.42/lb
53	20-20-20 (BULK)		.986/lb		1.07/lb
54	20-20-20	1.32/lb	.986/lb		1.07/lb
55	14-14-14 (BULK)		.615/lb		.47/lb
56	14-14-14	.66/lb	.615/lb		.90/lb
57	19-0-19 W/PRE-M(BULK)		.584/lb		.724/lb
58	19-0-19 W/PRE-M	.56/lb	.584/lb		.724/lb
59	24-2-11 TALSTAR(BULK)		.425/lb	.377/lb	.48/lb
60	24-2-11 TALSTAR	.412/lb	.425/lb		.52/lb
61	24-2-11 TALSTAR GRAN. (BULK)		.426/lb	.36/lb	
62	24-2-11 TALSTAR GRAN.	.39/lb	.426/lb		
63	22-2-11 ATRAZINE (BULK)		.398/lb	.309/lb	
64	22-2-11 ATRAZINE	.47/lb	.398/lb		
65	HIGH MANGANESE COMBO	6.84/gal	8.22/gal		
66	13-2-13 (BULK)		.408/lb	.369/lb	.418/lb
67	13-2-13	.77/lb	.408/lb		.45/lb
68	14-2-14 (BULK)		.372/lb	.341/lb	.39/lb
69	14-2-14	.65/lb	.372/lb		.42/lb
70	14-2-14 (GREENS GRADE-BULK)		.549/lb	.48/lb	.555/lb
71	14-2-14 (GREENS GRADE-NON-BULK)	.65/lb	.549/lb		.59/lb
72	24-0-11 (BULK)		.315/lb	.321/lb	.395/lb
73	24-0-11	.38/lb	.315/lb		.40/lb
74	SUPERTHRIVE				116.00/gal
75	21-0-7 (BULK)		.419/lb	.33/lb	
76	21-0-7	.45/lb	.419/lb		

Herb Hyman

From: Deanna McAtamney [DMcAtamney@fortlauderdale.gov]
Sent: Monday, June 15, 2015 9:44 AM
To: Herb Hyman
Cc: AnnDebra Diaz; Barry Sageman
Subject: RE: Fertilizer Bid (co-op)

I have looked at all and we can move forward to award.

From: Herb Hyman [mailto:Herb_Hyman@davie-fl.gov]
Sent: Friday, June 12, 2015 1:53 PM
To: Deanna McAtamney
Cc: AnnDebra Diaz; Barry Sageman
Subject: Fertilizer Bid (co-op)

Hi Dee,
Hope all is well with you. Attached are all the bids we received and my bid tabulation. I highlighted all the low bids from a commercial standpoint. Please review the technical side and tell me if we have to disqualify anyone for not meeting spec or if we can move forward with an award to the low bidder for each item. Thanks.

Herb Hyman, CPPO, CPPB, FCPM, FCPA, FCCN

TOWN OF DAVIE
PROCUREMENT AUTHORIZATION FORM

SENT TO RICK 4/23/15

PROCUREMENT AUTHORIZATION FORM

ITEM DESCRIPTION (include what the item is used for, reason for bidding, expiration date of existing contract, etc.)

FERTILIZER - THE TOWN IS LEAD AGENCY FOR THE SE FLORIDA CO-OP PURCHASING GROUP FOR THIS COMMODITY. THIS IS A CONTRACT THAT WILL BE USED ON AN AS NEEDED BASIS

METHOD OF PROCUREMENT (mark the one that applies)

☒ Open Competitive Bidding ☐ Sole Source ☐ Single Source ☐ Co-Op Bid Number _____

☐ Piggyback on Contract Number (including name of entity) _____

☐ Request for Proposal/Qualification ☐ Reverse Bid

ACCOUNT NUMBER USING DEPT. OPERATING BUDGET APPROXIMATE COST DEPENDENT ON NEED

Signed and Date: [signature]
Department Director

TOWN ADMINISTRATOR AND BUDGET/FINANCE DEPT. USE ONLY. DO NOT WRITE BELOW THIS LINE.

Funds [illegible] Sign and Date [signature] 4/23/15
Procurement Manager

Approved for Availability of Funds Sign and Date [signature]
Budget/Finance Director [illegible]

Sign and Date by Town Administrator

BIDS SUBMITTED

Vendor	Cost/Ranking
JOHN DEERE LANDSCAPES	SEE ATTACHED BID TABULATION
DIAMOND R. FERTILIZER	
HOWARD FERTILIZER	
SUNNILAND CORPORATION	

Signed [signature]
Procurement Manager

STAFF RECOMMENDATION/COMMENTS

LOWEST BIDDER FOR EACH PRODUCT — PER ATTACHED BID TABULATION

Vendor — Cost

BID OPENING REPORT

BID NAME: Fertilizer

TIME: 2:07pm

BID NUMBER: B-15-81

DATE: 6·11·15

ESTIMATED COST: _____

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	John Deere Land	See Attached Bid Tabulation	
2.	Diamond R Fert.		
3.	Howard Fertilizer		
4.	Sunniland Fertilizer		
5.			
6.			
7.			
8.			
9.			
10.			

REMARKS

SPECS SENT TO ELEVEN (11) PROSPECTIVE BIDDERS
TOWN REC'D FOUR (4) BIDS

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: [signature] DATE: 6/11/15

WITNESS: Angela Salvias DATE: 6·11·15

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
John Deere Landscapes

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
1385 East 36th Street

Requester's name and address (optional)

City, state, and ZIP code
Cleveland, OH 44114

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number
36 - 4485550

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 06-10-15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Town of Davie
Vendor/Bidder Disclosure

I, Molly Vorous, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: John Deere Landscapes -Bids Dept.

Address: 1385 East 36th Street
Cleveland, Ohio 44114

FEIN 36-4485550

State and date of incorporation Delaware, 05/11/01

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
		%
		%
		%
		%

*Please see attached list of local branches.

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address

By: Molly M. Vorous
Signature of Affiant

Date: 06-10-15

Molly Vorous
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 10th day of June 2015, by Molly Vorous, he/she is personally known to me or has presented _____ as identification.

Rosalin Santiago
Notary Public, ~~State of Florida at Large~~ State of Ohio

ROSALIN SANTIAGO
Notary Public - State of Ohio
Recorded in Cuyahoga County
My Commission Expires 12-25-19

Print or Stamp of Notary

Serial Number

My Commission Expires : 12-25-19

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Limited Liability Company

JOHN DEERE LANDSCAPES LLC

Filing Information

Document Number	M13000007176
FEI/EIN Number	36-4485550
Date Filed	11/07/2013
State	DE
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	11/19/2014
Event Effective Date	NONE

Principal Address

1060 Windard Ridge Pkwy
Ste. 170
Alpharetta, GA 30005

Changed: 04/16/2015

Mailing Address

1060 Windard Ridge Pkwy
Ste. 170
Alpharetta, GA 30005

Changed: 04/16/2015

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title Manager

JDA Holding LLC
1060 Windard Ridge Pkwy
Ste. 170
Alpharetta, GA 30005

Annual Reports

Report Year	Filed Date
2014	06/12/2014
2015	04/16/2015

Document Images

04/16/2015 -- ANNUAL REPORT	View image in PDF format
11/19/2014 -- LC Amendment	View image in PDF format
06/12/2014 -- ANNUAL REPORT	View image in PDF format
11/07/2013 -- Foreign Limited	View image in PDF format

Copyright © and Privacy Policies
State of Florida, Department of State

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Diamond R Fertilizer Co., Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
4100 Glades Cutoff Road

Requester's name and address (optional)

City, state, and ZIP code
Ft. Pierce, FL 34981

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
59 ☐ - 0593514 ☐☐☐☐

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ Ron Ott Date ▶ 6-9-15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Town of Davie
Vendor/Bidder Disclosure

I, Thom Chester, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization:	Diamond R Fertilizer Co., Inc.
Address:	4100 Glades Cutoff Road
	Fort Pierce, FL 34981
FEIN	59-0593514
State and date of incorporation	Florida 07-1943

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
See attached		%
		%
		%
		%

Diamond R Fertilizer Co., Inc.
4100 Glades Cut-off Road
Fort Pierce, FL 34981
FEIN: 59-0593514

Name	Title/position	Address	City	State	Zip	> than 5% owner?
John Minton	Chairman	PO Box 670	Fort Pierce	FL	34950	yes
Bert Roper	Vice Chairman	PO Box 218	Winter Garden	FL	34777	yes
Wayne Carlton	Director	3782 McCarty Road	Fort Pierce	FL	34945	yes
Roy Childs	Director	2715 S. Indian River Drive	Fort Pierce	FL	34950	yes
Jim Russakis	Director	8801 Indrio Road	Fort Pierce	FL	34951	no
Cal Streetmen	Director	PO Box 1904	Vero Beach	FL	32960	no
Steve Cassens	Treasurer	PO Box 593	Fort Pierce	FL	34954	no
Ken Scott	Secretary	PO Box 576	Fort Pierce	FL	34954	yes
Wes Williamson	Director	PO Box 248	Okeechobee	FL	34973	no
Mike Hudson	President/CEO	18203 Bridle Way	Port St Lucie	FL	34987	no
Tracy Kay	Vice-President	1542 SW Lexington Drive	Port St Lucie	FL	34953	no

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name Address

_____

_____

_____

_____

By:_____ Date:_____

Signature of Affiant

_____

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 11 day of June 2015, by Thom Chester, he/she is personally known to me or has presented _____ as identification.

Edna H. Vachon

Notary Public, State of Florida at Large

Edna H. Vachon

Print or Stamp of Notary

FF117626

Serial Number

My Commission Expires : 4/29/18

EDNA H. VACHON
MY COMMISSION EXPIRES
April 29, 2018
#FF 117626
Bonded thru
Notary Public Underwriters
NOTARY PUBLIC STATE OF FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Profit Corporation

DIAMOND R FERTILIZER CO., INC.

Filing Information

Document Number	142303
FEI/EIN Number	590593514
Date Filed	07/12/1943
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	09/01/2010
Event Effective Date	NONE

Principal Address

4100 GLADES CUT-OFF ROAD
FT. PIERCE, FL 34981

Changed: 04/14/2011

Mailing Address

4100 GLADES CUT-OFF ROAD
FT. PIERCE, FL 34981-4711

Changed: 03/13/2008

Registered Agent Name & Address

HUDSON, Michael
4100 GLADES CUT-OFF ROAD
FT PIERCE, FL 34981

Name Changed: 04/21/2014

Address Changed: 03/13/2008

Officer/Director Detail

Name & Address

Title S

SCOTT, KEN

PO BOX 2457
FORT PIERCE, FL 34954

Title P

HUDSON, Michael
4100 GLADES CUT-OFF ROAD
FORT PIERCE, FL 34981

Title C

MINTON, JOHN
P O BOX 670
FORT PIERCE, FL 34954

Title T

CASSENS, STEVE
P.O. BOX 770218
FT. PIERCE, FL 34954

Title V, CFO

KAY, TRACY
4100 GLADES CUT-OFF RD.
FT. PIERCE, FL 34981

Annual Reports

Report Year	Filed Date
2013	04/15/2013
2014	04/21/2014
2015	04/28/2015

Document Images

04/28/2015 -- ANNUAL REPORT	View image in PDF format
04/21/2014 -- ANNUAL REPORT	View image in PDF format
04/15/2013 -- ANNUAL REPORT	View image in PDF format
04/11/2012 -- ANNUAL REPORT	View image in PDF format
04/14/2011 -- ANNUAL REPORT	View image in PDF format
09/01/2010 -- Amendment	View image in PDF format
04/12/2010 -- ANNUAL REPORT	View image in PDF format
04/14/2009 -- ANNUAL REPORT	View image in PDF format
03/13/2008 -- ANNUAL REPORT	View image in PDF format
03/19/2007 -- ANNUAL REPORT	View image in PDF format
02/27/2006 -- ANNUAL REPORT	View image in PDF format
10/14/2005 -- Amendment	

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Howard Fertilizer & Chemical Co Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
8306 S. Orange Ave

Requester's name and address (optional)

City, state, and ZIP code
Orlando, FL 32809

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
5 9 - 0 7 8 8 1 3 1

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 on page 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 6/11/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Client#: 140597 7 131HOWARFER

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/03/2015

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 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
BB&T-J. Rolfe Davis Insurance
PO Box 4927
Orlando, FL 32802-4927
407 691-9600

CONTACT NAME:
PHONE (A/C, No, Ext): 407 691-9600 FAX (A/C, No): 888-635-4183
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: AIG Specialty Insurance Company	26883
INSURER B: Commerce & Industry Insurance C	19410
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Howard Fertilizer & Chemical Company Inc
PO Box 628202
Orlando, FL 32862-8202

COVERAGES CERTIFICATE NUMBER: 15/16 BAIBWSPNCVENMG 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		X	EG1230843	02/01/2015	03/31/2016	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$25,000
	X BI/PD Ded:$25,000						PERSONAL & ADV INJURY	$1,000,000
	X Pollution-Clms Made						GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$2,000,000
	POLICY PRO-JECT LOC							$
B	AUTOMOBILE LIABILITY		X	CA5677821	02/01/2015	03/31/2016	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			EGU1230872	02/01/2015	03/31/2016	EACH OCCURRENCE	$10,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	WC035808759	11/22/2014	11/22/2015	X WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

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

Additional insured status is granted with respect to General Liability if required by written contract or agreement per Commercial General Liability & Pollution Legal Liability Coverage Form #103124 (11/13); with respects to General Liability Additional Insured Primary & Non-Contributory-Owners, Lessees or Contractors Endorsement-Your Work Form #103393 (10/09); Additional Insured Vendors Endorsement Primary & Non Contributory Form #103388 (10/09); Additional Insured - Managers or Lessors of Premises Endorsement Form (See Attached Descriptions)

CERTIFICATE HOLDER

Proof of Insurance
FOR INFORMATIONAL PURPOSES ONLY
-, XX

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

Jeffrey L. Johnson

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Town of Davie
Vendor/Bidder Disclosure

I, Dale Anderson, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Howard Fertilizer Chemical Co.

Address: 8306 S. Orange Ave
Orlando, Fl. 32862

FEIN 59-0788131

State and date of incorporation Florida December 27, 1956

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
Robert M. Howard Jr.	Same as above	100 %
		%
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
None	

By: _____ Date: 6/11/15

Signature of Affiant

Dale Anderson

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 11 day of June 2015, by Dale W. Anderson, he/she is personally known to me or has presented FL DL as identification.

_____

Notary Public, State of Florida at Large

Raphael Lopez

Print or Stamp of Notary

Raphael Lopez
State of Florida
MY COMMISSION # FF 220169
Expires: May 1, 2019

FF 220169

Serial Number

My Commission Expires: May 1, 2019

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Profit Corporation

HOWARD FERTILIZER & CHEMICAL COMPANY, INC.

Filing Information

Document Number	198590
FEI/EIN Number	590788131
Date Filed	12/27/1956
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	01/05/2011
Event Effective Date	NONE

Principal Address

8306 S ORANGE AVE
ORLANDO, FL 32809

Changed: 09/10/2002

Mailing Address

P O BOX 628202
ORLANDO, FL 32862-8202

Changed: 09/10/2002

Registered Agent Name & Address

HOWARD JR,ROBERT M
8306 S ORANGE AVE
ORLANDO, FL 32809

Address Changed: 06/15/2010

Officer/Director Detail

Name & Address

Title DCS

HOWARD JR,ROBERT M
5554 JESSAMINE LANE
ORLANDO, FL

Title V

PALMER, CHARLES
28971 KIRANICOLA CT.
BONITA SPRINGS, FL 34135

Title T

GRABHORN, DANIEL D.
6516 THE LANDINGS DR
ORLANDO, FL 32812

Title P

HOWARD JR., ROBERT M.
5554 JESSAMINE LANE
ORLANDO, FL

Annual Reports

Report Year	Filed Date
2013	01/07/2013
2014	01/08/2014
2015	02/10/2015

Document Images

02/10/2015 -- ANNUAL REPORT	View image in PDF format
01/08/2014 -- ANNUAL REPORT	View image in PDF format
01/07/2013 -- ANNUAL REPORT	View image in PDF format
01/03/2012 -- ANNUAL REPORT	View image in PDF format
01/14/2011 -- ANNUAL REPORT	View image in PDF format
01/05/2011 -- Amendment	View image in PDF format
06/15/2010 -- Reg. Agent Change	View image in PDF format
02/23/2010 -- ANNUAL REPORT	View image in PDF format
01/13/2009 -- ANNUAL REPORT	View image in PDF format
02/04/2008 -- ANNUAL REPORT	View image in PDF format
03/19/2007 -- ANNUAL REPORT	View image in PDF format
05/01/2006 -- ANNUAL REPORT	View image in PDF format
02/23/2005 -- ANNUAL REPORT	View image in PDF format
04/23/2004 -- ANNUAL REPORT	View image in PDF format
04/22/2003 -- ANNUAL REPORT	View image in PDF format
09/10/2002 -- ANNUAL REPORT	View image in PDF format
06/11/2001 -- Name Change	View image in PDF format

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Sunriland Corporation

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
P.O. Box 8001

Requester's name and address (optional)

City, state, and ZIP code
Sanford, FL 32772-8001

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number
59 - 1937683

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 6/5/2015

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Town of Davie
Vendor/Bidder Disclosure

I, Erik Thor, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Sanniland Corporation

Address: P.O. Box 8001
Sanford, FL 32772

FEIN 59-1937683

State and date of incorporation Delaware - 1979

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
Tom Moore	P.O. Box 8001, Sanford FL 32772	93 %
Lee Moore	" " "	2 %
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name Address

NONE

By: _____ Date: 6/05/2015
Signature of Affiant

ERIKS THOR
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 5 day of JUNE 2015, by ERIK THOR, he/she is personally known to me or has presented FL DRIVERS LICC as identification.

JASON OGDEN
Notary Public, State of Florida
Commission# FF 109988
My comm. expires Apr. 06, 2018

Notary Public, State of Florida at Large

J. OGDEN
Print or Stamp of Notary

FF 109988
Serial Number

My Commission Expires : 4/6/18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Profit Corporation

SUNNILAND CORPORATION

Filing Information

Document Number	844615
FEI/EIN Number	591937683
Date Filed	11/15/1979
State	DE
Status	ACTIVE

Principal Address

1735 SR 419
LONGWOOD, FL 32750

Changed: 04/06/2005

Mailing Address

P.O. BOX 8001
SANFORD, FL 32772

Changed: 04/06/2005

Registered Agent Name & Address

MOORE, THOMAS W
1735 SR 419
LONGWOOD, FL 32750

Name Changed: 02/10/2003

Address Changed: 04/06/2005

Officer/Director Detail

Name & Address

Title PDC

MOORE, THOMAS W.
1735 SR 419
LONGWOOD, FL 32750

Title SD

CAHILL, JOHN F
1735 SR 419
LONGWOOD, FL 32750

Title TD

FRANK, RICHARD T
1735 SR 419
LONGWOOD, FL 32750

Title D

MOORE, LEE P
1735 SR 419
LONGWOOD, FL 32750

Annual Reports

Report Year	Filed Date
2013	02/25/2013
2014	02/20/2014
2015	02/13/2015

Document Images

02/13/2015 -- ANNUAL REPORT	View image in PDF format
02/20/2014 -- ANNUAL REPORT	View image in PDF format
02/25/2013 -- ANNUAL REPORT	View image in PDF format
04/11/2012 -- ANNUAL REPORT	View image in PDF format
04/18/2011 -- ANNUAL REPORT	View image in PDF format
04/20/2010 -- ANNUAL REPORT	View image in PDF format
04/20/2009 -- ANNUAL REPORT	View image in PDF format
03/18/2008 -- ANNUAL REPORT	View image in PDF format
02/26/2007 -- ANNUAL REPORT	View image in PDF format
02/27/2006 -- ANNUAL REPORT	View image in PDF format
04/06/2005 -- ANNUAL REPORT	View image in PDF format
03/30/2004 -- ANNUAL REPORT	View image in PDF format
02/10/2003 -- ANNUAL REPORT	View image in PDF format
01/23/2002 -- ANNUAL REPORT	View image in PDF format
01/30/2001 -- ANNUAL REPORT	View image in PDF format
01/12/2000 -- ANNUAL REPORT	View image in PDF format
01/21/1999 -- ANNUAL REPORT	View image in PDF format
01/21/1998 -- ANNUAL REPORT	View image in PDF format

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

Item Number: 20.

To:	Mayor and Councilmembers
From:	Herb Hyman
Prepared By:	Herb Hyman - Purchasing
Subject:	Resolution
Affected District:	Town Wide
Item Request:	Schedule for Council Meeting
Title of Agenda Item:	**BID SELECTION** - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BIDS FOR FERTILIZER AND PROVIDING FOR AN EFFECTIVE DATE.
Executive Summary:	A competitive bid was conducted for the supply of fertilizer which may be needed by the Public Works Department, Parks, Recreation & Cultural Arts Department, and/or the Utilities Department. The Town acted as lead agency for the Southeast Florida Cooperative Purchasing Group for this bid. In addition to the Town of Davie, twenty-four (24) other co-op agencies participated in this bid. The bid opportunity was publicized in the Sun-Sentinel and also posted on the Town's website. The Town sent out specifications to eleven (11) prospective bidders and received four (4) bids. All bids were evaluated with regard to compliance with the specifications. The recommendation is for the lowest bidder for each item as identified in Attachment "A". The initial contract period is two (2) years.
Key Points:	• This is a cooperative bid for the supply of fertilizer on an as need basis with the Town acting as lead agency for the twenty-five (25) participating agencies. • The Town received four (4) bids. • The recommendation is for the lowest bidder for each item. • This is a two (2) year agreement.
Previous Actions:	None
Concurrences:	The Town's Procurement Manager reviewed all the bids for commercial compliance. Bids were reviewed for technical compliance by Deanna McAtamney from the City of Fort Lauderdale who is a technical consultant to the co-op.

Fiscal Impact:

Has request been budgeted?	N/A
If yes expected cost:	
Account name and number:	
If no, amount needed:	
Account name funds will be appropriated from	
Additional Comments	The contract, once awarded, will be used on an as needed basis by any department of the Town. The associated cost will come for the operating budget of the using department.

Recommendation: Motion to approve

Strategic Goals This Item Supports:
Commitment to Customer Satisfaction, Dedication to Excellence in Service Delivery, Nurturing the health, safety, and welfare of the community

ATTACHMENTS:

File Name	Description
RES_BID_fertilizer_2015.docx	Resolution
backup_for_fertilizer_(2015).pdf	Backup

• DAVIE, FLORIDA 33314
PHONE: 954.797. • FAX: 954.797. • WWW.DAVIE-FL.GOV

May 21, 2015

NOTICE TO BIDDERS

The Town of Davie is accepting sealed bids until 2:00 p.m. on Thursday, June 11, 2015, for the following:

FERTILIZER, B-15-81

Complete bid specifications are enclosed. Any questions pertaining to this specification should be addressed to Herb Hyman, Procurement Manager, 6591 Orange Drive, Davie, Florida 33314. Phone (954) 797-1016.

Companies that do not wish to bid for this purchase, but would like to be notified of future bids, should submit a "NO BID" response.

Sealed bid envelopes should be marked with the company name, bid name and number and boldly marked "SEALED BID". One original and two (2) copies of all sealed bids should be delivered to the Purchasing Division, 6591 Orange Drive, Davie, Florida 33314. Bids will be opened on or about 2:00 p.m., Thursday, June 11, 2015, at the Davie Town Hall. Any bids received after the specified due date and time will be rejected and returned unopened. This will be a public bid opening.

The Town of Davie reserves the right to reject any and/or all bids.

Town of Davie
Herb Hyman, CPPO, CPPB, FCPM, FCPA, FCCN
Procurement Manager

SOUTHEAST FLORIDA GOVERNMENTAL PURCHASING COOPERATIVE GROUP

TO OUR PROSPECTIVE CONTRACTORS:

The attached Invitation for Bid or Request for Proposal represents a cooperative procurement for the Southeast Florida Governmental Purchasing Cooperative Group.

For the past several years, approximately forty-five (45) government entities have participated in Cooperative Purchasing in Southeast Florida. The Southeast Florida Governmental Purchasing Cooperative Group was formed in an effort to provide cost savings and cost avoidances to all entities by utilizing the buying power of combined requirements for common, basic items.

The Government Agencies participating in this particular procurement and their respective delivery locations are listed in the attached document.

Southeast Florida Governmental Purchasing Cooperative Group Procurement Operational Procedures:

- All questions concerning this procurement should be addressed to the issuing agency, hereinafter referred to as the "lead agency". All responses are to be returned in accordance with the instructions contained in the attached document. Any difficulty with participating agencies referenced in this award must be brought to the attention of the lead agency.
- Each participating governmental entity will be responsible for awarding the contract, issuing its own purchase orders, and for order placement. Each entity will require separate billings, be responsible for payment to the Contractor(s) awarded this contract, and issue its own tax exemption certificates as required by the Contractor.
- The Contract/purchase order terms of each entity will prevail for the individual participating entity. Invoicing instructions, delivery locations and insurance requirements will be in accordance with the respective agency requirements.
- Any reference in the documents to a single entity or location will, in fact, be understood as referring to all participating entities referenced in the documents and cover letter unless specifically noted otherwise.
- The awarded Contractor(s) shall be responsible for advising the lead agency of those participants who fail to place orders as a result of this award during the contract period.
- The Contractor(s) shall furnish the Lead Agency a detailed Summary of Sales semi-annually during the contract period. Sales Summary shall include contract number(s), contractor's name, the total of each commodity sold during the reporting period and the total dollar amount of purchases by commodity.
- Municipalities and other governmental entities which are not members of the Southeast Florida Governmental Purchasing Cooperative Group are strictly prohibited from utilizing any contract or purchase order resulting from this bid award. However, other Southeast Florida Governmental Purchasing Cooperative Group members may participate in this contract for new usage, during the contract term, or in any contract extension term, if approved by the lead agency. New Southeast Florida Governmental Purchasing Cooperative Group members may participate in any contract on acceptance and approval by the lead agency.
- None of the participating governmental entities shall be deemed or construed to be a party to any contract executed by and between any other governmental entity and the Contractor(s) as a result of this procurement action.

"WORKING TOGETHER TO REDUCE COSTS"

General Terms and Conditions

1. Submission and Receipt of Bids

It will be the sole source responsibility of the bidder to see that their bid is received prior to the specified time of bid opening as identified herein. Bids will be submitted in sealed envelopes showing the bidder's return address and clearly marked "Sealed Bid- (specify name of bid)". If bid is sent by mail, the bidder shall be responsible for its delivery to the office of the Purchasing Division by or prior to the hour and date shown herein for receipt of bids. Bids received after that hour and date will not be considered and will be returned unopened.

Bidders shall submit all pricing information on the proposal forms furnished. All quotations and proposals must be signed in those spaces provided with the firm name and by an officer or employee having the authority to bind the company or firm by his signature.

Bids having any erasures or corrections must be initialed by the bidder in ink. Bids shall be typewritten or written with pen and ink. Signatures must be in ink.

2. Delivery

Items shall be delivered F.O.B. destination (where applicable). The delivery costs and charges will be included in the bid price. Failure to do so may be cause for rejection of your bid.

3. Discounts

All discounts (prompt payment, overall award of all bid items, etc.) will be considered in evaluation to determine the lowest "net" cost to the Town.

4. Brand Names

Whenever materials or equipment are specified or described in the specification by using the name of a proprietary item or the name of a particular supplier, the naming of the item is intended to establish the type, function and quality required. The bidder will be required to submit sufficient information with his/her bid to allow the Town to determine that the material or equipment proposed is equivalent to that named. The Town will be the sole judge concerning the merits of proposed material or equipment.

5. Taxes

The Town of Davie is exempt from any taxes imposed by the State or Federal Government. Exemption certificates will be supplied upon request.

6. Signed Bid Considered an Offer

This signed bid shall be considered an offer on the part of the bidder, which offer shall be deemed accepted upon approval by the Town Council of the Town of Davie. In case of default on the part of the bidder after such acceptance, the Town may take such portion as it deems appropriate including legal action for damages or specific performance.

7. Reservations for Rejection and Award

The Town reserves the right to accept or reject any or all bids or parts of bids, to waive irregularities and technicalities, and to request rebids on required goods or services. The Town also reserves the right to award the contract on such goods or services the Town deems will best serve its interests.

8. Prices to be Firm

Bidder warrants by virtue of bidding that prices and terns and conditions in the bid will be firm for acceptance and will not be withdrawn for a period of ninety (90) days from the date of the bid opening. Prices shall be firm with no escalator clauses.

9. Laws and Regulations

All applicable laws and regulations of the Federal Government, the State of Florida, and ordinances of the Town of Davie will apply to any resulting award. All occupational and health administration (O.S.H.A.) rules and/ or regulations will apply to any goods or services supplied as a result of this bid.

10. Public Entity Crimes 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 on a contract to provide any goods or services 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 contract with any public entity and may not transact business with any public entity in the excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

11. Discrimination

An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods and services 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 award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity and may not transact business with any public entity.

12. Legal Workforce

Each employee of the Contractor shall be a citizen of the United States or an alien who has been lawfully issued a current work permit or admitted for permanent residence as evidenced by an Alien Registration Receipt Card. The employment of unauthorized aliens by any Contractor is considered a violation of Section 274A (e) of the Immigration and Nationality Act. The Contractor shall be responsible for using the U.S. Department of Homeland Security's E-Verify system to verify the employment of all employees or subcontractors during the term of this contract. If the Contractor knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of the contract.

13. Conflicting Language

Should the specific terms and conditions conflict with the general terms and conditions, the specific terms and conditions shall prevail.

14. Payment

The Town's preferred method of payment is through use of its procurement card (Visa). Evaluation credit will be given to vendors who will accept this payment method.

All appropriately submitted invoices other than those paid with a procurement card will be paid in accordance with the Florida Prompt Payment Act.

15. Gifts and Gratuities

Town policy prohibits acceptance of any gifts. Employees must not become obligated to any supplier and shall not participate in any Town transaction from which they will benefit directly or indirectly.

16. Insurance

The insurance requirements stated in this specification are the limits that will be required in order to be recommended for award. Bidders MUST submit a certificate of insurance with their bid

submittal OR a letter from their insurance broker stating that the firm qualifies for the required limits should they be in a position to be recommended for award.

If a bidder provides the letter from their insurance broker, they will be required to submit a certificate of insurance with the required limits prior to beginning any work.

17. Local Vendor Preference

Definitions

Local Davie Vendor-a "local Davie vendor" shall mean a person or business entity which has maintained a permanent place of business with full-time employees within the Town limits for a minimum of six months prior to the date of issuance of a bid or proposal solicitation. The permanent place of business **may not** be a post office box or a residence. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Town of Davie and have an address that the U.S. Postal Service recognizes as being a Davie address to be eligible.

Local Broward County Vendor- a "local Davie vendor" shall mean a person or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of six months prior to the date of issuance of a bid or proposal solicitation. The permanent place of business **may not** be a post office box or a residence. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides and have an address that the U.S. Postal Service recognizes as being a Broward County address to be eligible.

Bid- A bid shall be any competitive solicitation by specification officially posted by the Town of Davie Purchasing staff on the Town's website where the award is determined by price.

Proposal-a proposal shall be any competitive solicitation by Request for Proposal (RFP) officially posted by the Town of Davie purchasing staff on the Town's website where the award is determined by qualifications.

Process

a) **Competitive Bid-** For bid evaluation purposes, vendors that meet the definition of "local Davie vendor" as detailed above shall be given a 5% evaluation credit. This shall mean that if a "local Davie vendor" submits a bid/quote that is within 5% of the lowest price if that lowest price is submitted by a non-Broward County vendor or within 2.5% of the lowest price if that lowest price is submitted by a Broward County vendor, the "local Davie vendor" shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the "local Davie vendor" submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the "local Davie vendor". If not, the award will be made to the vendor that submits the lowest responsive bid/quote. **If the lowest responsive and responsible bidder IS a "local Davie vendor",**

the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.

For bid evaluation purposes, vendors that meet the definition of "local Broward County vendor" as detailed above shall be given a 2.5% evaluation credit. This shall mean that if a "local Broward County vendor" submits a bid/quote that is within 2.5% of the lowest price submitted by any non-Broward County vendor, the "local Broward County vendor" shall have an option to submit another bid which is at least 1% lower than the lowest responsive bid/quote. If the "local Broward County vendor" submits a bid which is at least 1% lower than that lowest responsive bid/quote, then the award will go to the "local Broward County vendor". If not, the award will be made to the vendor that submits the lowest responsive bid/quote. **If the lowest responsive and responsible bidder IS a "local Davie vendor", the award will be made to that vendor and no other bidders will be given an opportunity to submit additional bids as described herein.**

If there is a "local Davie vendor" and a "local Broward County vendor" participating in the same bid solicitation and both vendors qualify to submit a second bid as detailed above, the "local Davie vendor" will be given first option. If the "local Davie vendor" cannot beat the lowest bid received by at least 1%, an opportunity will be given to the "local Broward County vendor". If the "local Broward County vendor" cannot beat the lowest bid by at least 1%, then the bid will be awarded to the lowest bidder regardless of geographic location of the business.

If multiple "local Davie vendors" submit bids/quotes which are within 5% of the lowest bid/quote if that bid/quote is from a non-Broward County bidder, or within 2.5% of the lowest bid/quote if that bid/quote is from a local Broward County bidder, then all vendors will be asked to submit a "best and final offer (BAFO)". The award will be made to the "local Davie vendor" submitting the lowest BAFO providing that that BAFO is at least 1% lower than the lowest bid/quote received in the original solicitation. If no "local Davie vendor" can beat the lowest bid/quote by at least 1%, then the process will be repeated with all "local Broward County vendors" who have submitted a bid/quote which is within 2.5% of the lowest bid/quote. If no "local Davie vendor" and no "local Broward County vendor" can submit a BAFO that is at least 1% lower than the lowest bid/quote submitted in the original solicitation, the award will be made to the lowest responsive bidder regardless of geographic location of the business.

b) Competitive Proposal- For evaluation purposes, "local Davie vendor" and "local Broward County vendor" shall be a criterion for award in any Request For Proposal unless specifically exempted by the Town Administrator or the Town Council.

c) Exceptions

1. No "local vendor" preference will be included in any competitive solicitation where the Town is the lead agency for the Southeast Florida Cooperative Purchasing Group.

2. Utilization of a State or other agency contract.

3. State or Federal law prohibits the use of local preference.

4. The work is funded in whole or in part by a governmental entity where the laws, rules, regulations or policies prohibit the use of local preferences.

5. Sole source or single source purchases.

6. The "local vendor" is either non-responsive or non-responsible.

7. All bids submitted exceed the budget amount for the project.

8. Emergency purchases.

9. The Town Administrator and/or the Town Council may exempt any competitive solicitation from the local vendor preference.

18. Bid Protest Policy

If a vendor feels that they have been treated unfairly with regards to the results of a solicitation, or the resulting recommendation for award, they may protest the Town's action as follows:

1. The vendor must submit a letter to the Procurement Manager detailing the nature of the protest along with two (2) cashier's checks within three (3) working days of the notice of intent to award. The first check will be in the amount of $500 (hereinafter called "the administrative fee"). The second check will be in the amount of 1% of the bid amount (hereinafter called "the protest bond"). The Town's notices of intent to award are posted on the Town of Davie website.

2. If the Procurement Manager receives a bid protest letter along with the administrative fee and the protest bond as described above, the bid award process will be suspended and the protest will be referred to the Bid Protest Committee. However, if the project is needed to protect the health, safety, and/or welfare of the residents of the Town of Davie, the award of the project will proceed without interruption. The Bid Protest Committee shall consist of three (3) Town of Davie staff member to be selected by the Town Administrator. The Procurement Manager and the employee that wrote the recommendation for award may not sit as a member of the Bid Protest Committee. However, the Procurement Manager and the staff member that wrote the recommendation for award shall be present at the hearing of the Bid Protest Committee to answer any questions pertaining to the bid process or the evaluation process.

3. The Bid Protest Committee shall schedule a hearing within ten (10) working days of receipt of the protest letter. All parties having an interest in the outcome will be notified of the date and time of the hearing. If the bid protest is denied, the vendor will forfeit the protest bond. If the protest is upheld, the protest bond will be returned to the vendor. The administrative fee shall be non-refundable in all cases.

4. If the Bid Protest Committee denies the protest, the aggrieved vendor may appeal his/her case to the Davie Town Council. In order to appeal, the vendor must notify the

Town Administrator within three (3) working days of the Bid Protest Committee's ruling. Upon notification, the Town Administrator will schedule the appeal as an agenda item on the next available Town Council agenda. All bidders will be notified of the agenda date.

5. Once the bid protest is resolved, the Town will proceed with the bid award. Except as exempted in 2 above.

I. NATURE OF BID

The Town of Davie is soliciting bids for an annual contract for the purchase of fertilizers. This is a cooperative invitation to bid issued by the Town of Davie on behalf of the participating agencies referenced within the specifications, for the purchase of their estimated annual requirements. Any reference in the bid documents to a single entity shall apply to all participating entities referenced in the Invitation To Bid. The terms and conditions of the individual contracts and/or purchase orders including, but not limited to provisions regarding invoicing, individual delivery points, delivery instructions, and insurance requirements shall be established individually by each participating governmental entity prior to award.

MUNICIPALITIES AND OTHER GOVERNMENTAL ENTITIES WHICH ARE NOT MEMBERS OF THE BROWARD CO-OP PURCHASING GROUP ARE STRICTLY PROHIBITED FROM UTILIZING ANY CONTRACT OR PURCHASE ORDER RESULTING FROM THIS BID. HOWEVER, OTHER CO-OP MEMBERS MAY PARTICIPATE IN THIS CONTRACT DURING THE RENEWAL PERIOD PROVIDED IT IS ACCEPTABLE TO THE VENDOR(S).

Some of the co-op members may currently have a contract in place for the commodities listed herein. Those entities may participate in this bid at the expiration of their current contracts. **The Town of Davie local vendor preference policy DOES NOT apply to any co-op bids.**

II. SCOPE OF WORK

The successful Contractor(s) will furnish fertilizers necessary for the day-to-day operations of agencies participating in this cooperative bid. Contractor(s) will be required to make deliveries to locations as specified by the ordering agencies. **BIDDERS MUST SUBMIT A LABEL FOR ALL PRODUCTS THAT ARE BID TO INSURE COMPLIANCE WITH THE SPECIFICATIONS. NO SUBSTITUTIONS WILL BE ALLOWED ON ANY PRODUCT. FAILURE TO PROVIDE LABELS MAY NULLIFY YOUR BID.**

III. TERM OF CONTRACT

The bidder will be bidding on a two (2) year contract commencing upon award by the Town Council of the Town of Davie. The Town realizes that price increases may occur during the term of this contract. Vendors will be permitted to submit any requests for price increase once every six (6) months. All requests must be submitted with any supporting documentation. The Town will review any such requests for price increases and advise the vendor within fourteen (14) calendar days of the status of the request. If a vendor asks for a price increase and that price increase puts their bid above the price of the next lowest bidder, the Town will contact that next lowest bidder. If that next lowest bidder agrees to keep the original bid price firm, the Town reserves the right to transfer the award to the vendor keeping their price firm (making them the new lowest bidder). In all cases, the Town reserves the right to accept or reject any request for a price increase.

IV. DELIVERY

The Contractor(s) assumes the responsibility of delivering all items ordered within ten (10) calendar days after receipt of order. The Contractor(s) shall advise the using department if any items ordered are non-stock items and identify the expected delivery date of those items. All containers must be labeled and Contractor(s) must supply MSDS sheets (as described in section V.) with each delivery in accordance with OSHA Hazard Communication (29 CFR 1910.1200).

Delivery requirements, delivery locations, and dates will be established with the Contractor(s) by each individual participating agency. Contractor(s) shall await release by the authorized contact person at each agency for all shipments. Contractor(s) must agree to accept "blanket" purchase orders, with verbal requests for partial shipments, regardless of quantity, if requested by the participating entities.

V. OCCUPATIONAL HEALTH AND SAFETY

In compliance with Chapter 442, Florida Statutes, any item delivered from a contract resulting from this bid must be accompanied by a MATERIAL SAFETY DATA SHEET (MSDS). The MSDS must be maintained by the user agency and must include the following information:

1. The chemical name and the common name of the toxic substance.
2. Hazards or other risks in the use of the toxic substance including:
   a. The potential for fire, corrosiveness, and reactivity
   b. The known acute and chronic health effect of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance.
3. The proper precautions, handling practices, necessary personal protection equipment, and other safety precautions in the use of or exposure to the toxic

substances, including appropriate emergency treatment in the case of overexposure.

4. The emergency procedure for spills, fire, disposal, and first aid.
5. A description in lay terms of the known specific potential health risk posed by the toxic substance intended to alert any person reading this information.

6. The year and month, if available, that the information was compiled, and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

ANY QUESTIONS REGARDING THIS REQUIREMENT SHOULD BE DIRECTED TO:

Department of Labor and Employment Security
Bureau of Industrial Safety & Health
Toxic Waste Information Center
2551 Executive Center Circle West
Tallahassee, Florida 32301-5014
Telephone: 800-367-4378 or 904-488-3044

VI. AWARD OF CONTRACT

The Town of Davie reserves the right to accept or reject any or all bids. The Town further reserves the right to award the contract on a split order basis, lump sum, or individual item basis, or such combination as shall best serve the interest of the Town.

Each participating agency will award the bid and execute its own contract with the Contractor(s) in accordance with their respective purchasing policies and procedures.

VII. QUANTITIES

No warranty or guarantee is given or implied as to the total amounts to be purchased resulting from this contract. The quantities stated in this bid are estimates of annual usage, to be used for bid comparison purposes only. All products will be ordered on an as needed basis.

No minimum quantity per shipment can be guaranteed. However, some of the larger agencies may be able to accept shipments of one (1) ton or more. Therefore, vendors may quote a price for "BULK" which shall be the price for one ton or more in a single shipment and "NON-BULK" which shall be the price for any quantity less than one ton. All shipments will be made in the appropriately sized bags regardless of quantities ordered.

VIII. UNIT OF MEASURE

Bidders MUST bid on the unit of measure requested on the pricing pages regardless of the packaging size. No changes to the units of measure will be

accepted. Should a vendor change the unit of measure on a particular product, his/her bid for that product WILL NOT be evaluated.

IX. PARTICIPATING AGENCIES

Town of Davie
City of Deerfield Beach
City of Miami Beach
City of Lauderhill
City of Coral Springs
City of North Miami
City of Hollywood
City of Cooper City
City of Coconut Creek
City of Fort Lauderdale
City of Hallandale Beach
City of Lauderdale Lakes
City of Riviera Beach
City of Boynton Beach
City of Oakland Park
City of Margate
City of Oakland Park
City of Miramar
City of Tamarac
City of Sunrise
City of Boca Raton
City of Dania Beach
City of Miami Gardens
City of North Miami Beach
City of Pompano Beach
City of Miami
City of West Palm Beach

X. INSURANCE

It shall be the responsibility of the successful vendor(s) to maintain all required insurance during the term of this contract. Insurance certificates must be furnished to each co-op agency upon request.

Comprehensive General Liability with minimum limits of Five Hundred Thousand ($500,000.00) per occurrence combined single limit for bodily injury liability and property damage liability.

Workers' Compensation Insurance in accordance with statutory requirements. Employer's Liability Insurance with minimum limits of
$100,000.00 for each accident,
$500,000 disease (policy limit) and
$100,000 disease (each employee).

Business Automobile Liability with minimum limits of
($500,000.00) per occurrence combined single limit for bodily injury liability and property damage.

The successful vendor(s) must provide the co-op agencies with thirty (30) days written notice of any change or cancellation to these policies.

Vendor(s) must comply with any additional insurance requirements that may be required by any of the co-op agencies.

XI.PAYMENT

Payments will be made in accordance with the accepted practice of each co-op agency. In no case will the payment date exceed the legal requirement as set forth in the Florida Prompt Payment Act.

XII.CANCELLATION

The Town of Davie reserves the right to cancel this contract upon written notice should the bidder fail to reasonably supply goods as outlined herein.

XIII.PRODUCTS

Item 1: 6-2-0 (Milorganite) 100% Natural Organic Fertilizer

Guaranteed Analysis:

Nitrogen	6.00%
Water Soluble Organic Nitrogen	1.00%
Water Insoluble (N)	5.00%
Available Phosphoric Acid	2.00%
Soluble Potash	0.00%
Iron	0.50%

Derived From: Digested Sewage Sludge

Approximate annual usage	67,600 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 2: 24-2-11 (St. Augustine and Bahia Fertilizer)

Approximate Analysis:

Total Nitrogen	24.00%
Ammoniacal Nitrogen	1.90%
Urea Nitrogen	22.10%
Phosphoric Acid	2.00%
Soluble Potash	11.00%
Chlorine (not more than)	8.75%

Primary Plant Nutrient Sources: Poly Coated Sulfur Coated Urea (or 50% Poly Coated Urea), Urea, Diammonium Phosphate, Muriate of Potash

Additional Nutrients:

Iron (Fe)	3.00%
Manganese (Mn)	1.00%

Bulk Density: 50-60 lbs. per cubic ft.
Screening Size: 90% pass through a 6 mesh and retained on a 16 mesh U.S. sieve.
High density, dust free, uniform size granular fertilizer. NO INERT FILLERS.
100% Plastic Bags-**NO PAPER**.

*The urea nitrogen has been poly-sulfur coated to provide 9.6 units coated slow release Nitrogen (N).

Approximate annual usage	185,500 lbs.
Preferred Packaging	50 lb. bags
BULK Price	$_____/lb.
NON-BULK Price	$_____/lb.
Manufacturer and Trade Name	_____
Packaging	_____

Item 3: 15-2-15 (Bermuda, St. Augustine, Bahia Fertilizer)
Approximate Analysis:

Total Nitrogen (N)	15.0%
Ammoniacal Nitrogen	1.95%
Urea Nitrogen (CSRN 5.60)	13.05%
Available Phosphoric Acid (p205)	2.00%
Soluble Potash (k20)	15.00%

Primary Plant Nutrient Sources: Poly coated sulfur coated urea (or 100% Poly coated urea), urea, diammonium phosphate, sulfate of potash, sulfate of potash-magnesia.

Total Magnesium (mg)	2.00%
Water soluble magnesium (mg)	2.00%
Iron (fe)	2.00%
Manganese (mn)	2.00%
Sulfur (s)	2.00%
Free (s)	2.50%
Combined (s)	7.60%

*The urea nitrogen has been poly-sulfur coated to provide 6.75 units of coated slow release nitrogen (N)

Bulk Density: 50-60 lbs. per cubic ft.
Screen Size: 90% pass through a 6 mesh and retained on a 16 mesh U.S. sieve.
High density, dust free, uniform particle size. NO INERT FILLERS. 100% Plastic Bags-**NO PAPER.**

Approximate annual usage	30,000 lbs.
Preferred Packaging	50 lb. bags
BULK Price	$_____/lb.
NON-BULK Price	$_____/lb.
Manufacturer and Trade Name	_____
Packaging	_____

Item 4: 15-0-15 Weed & Feed fertilizer with 0.92% atrazine.
Approximate Analysis:

Total Nitrogen	15.00%
Nitrogen	0.85%
Urea Nitrogen	16.15%
Soluble Potash	15.00%

Primary Plant Nutrient Sources: Poly coated sulfur coated urea (or 100% poly coated urea), urea, sulfate of potash.

Iron (Fe)	0.25%
Manganese (Mn)	0.13%

*The urea has been poly-sulfur coated to provide 3.19 units coated slow release Nitrogen (N).

Bulk density: 60-70 lbs. per cubic ft.
Sieve size: 90% of particles pass through a 12 mesh and retained on a 40 mesh U.S. sieve.
High density, dust free, uniform granular size. NO INERT FILLERS. 100% Plastic Bags-**NO PAPER**.

Approximate annual usage	338,000 lbs.
Preferred Packaging	50 lb. bags
BULK Price	$_____/lb.
NON-BULK Price	$_____/lb.
Manufacturer and Trade Name	_____
Packaging	_____

Item 5: Ammonium Sulfate 21-0-0 (Prill Type-Turf Grade)
Approximate Analysis:

Total Nitrogen	21.00%
Ammoniacal Nitrogen	21.00%

Derived from: Ammonium Sulfate

Bulk Density 50-60 lbs. per cubic foot
Sieve size: 90% pass through 6 mesh and retained on 16 mesh (U.S.). High density, dust free, uniform size granular fertilizer. 100% Plastic Bags-**NO PAPER**.

Approximate annual usage	32,000 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 6: Ammonium Sulfate 21-0-0 (Prill Type-Turf Grade). SAME AS PREVIOUS ITEM EXCEPT THIS ITEMS IS "GREENS GRADE"

Approximate Analysis:

Total Nitrogen	21.00%
Ammoniacal Nitrogen	21.00%

Derived from: Ammonium Sulfate

Bulk Density 50-60 lbs. per cubic foot
Sieve size: 90% pass through 6 mesh and retained on 16 mesh (U.S.). High density, dust free, uniform size granular fertilizer. 100% Plastic Bags-**NO PAPER**.

Approximate annual usage	52,000 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 7: 0-0-50-17s Granular Sulfate of Potash (potassium sulfate) K_2SO_4
(Prill type-turf grade)
Approximate Analysis:

Soluble Potash (K_2O)	50.00%
Sulfur (S)	17.30%
Chlorine (CL) not more than	.30%

Bulk Density: 75 lbs. per cubic ft.
Sieve size: 90% pass through 6 mesh and retained on a 16 mesh (U.S.). High density, dust free, uniform size granular fertilizer. 100% Plastic Bags-**NO PAPER**.

Approximate annual usage	37,000 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 8: 0-0-21 Sulfate of Potash-Magnesia

Guaranteed Analysis:

Soluble Potash (K2O)	21.00%
Magnesium (Mg) Total	11.00%
Sulfur (S) Total	20.00%
Derived From: Sulfate of Potash-Magnesia	
Chlorine (Cl) max	2.00%

Sieve size: 90% pass through 6 mesh and retained on a 16 mesh (U.S.). High density, dust free, uniform size granular fertilizer. 100% Plastic Bags-**NO PAPER**.

Approximate annual usage 20,800 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 9: 0-0-21 Sulfate of Potash-Magnesia. SAME AS PREVIOUS ITEM EXCEPT THIS ITEMS IS "GREENS GRADE"

Guaranteed Analysis:

Soluble Potash (K2O)	21.00%
Magnesium (Mg) Total	11.00%
Sulfur (S) Total	20.00%
Derived From: Sulfate of Potash-Magnesia	
Chlorine (Cl) max	2.00%

Sieve size: 90% pass through 6 mesh and retained on a 16 mesh (U.S.). High density, dust free, uniform size granular fertilizer. 100% Plastic Bags-**NO PAPER**.

Approximate annual usage 38,000 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 10: Liquid Micronutrient Soil Supplement

Guaranteed analysis:

Magnesium (Mg) Total	1.00%
1.00% water soluble magnesium (Mg)	
Sulphur (S) Total	5.75%
5.75% Combined Sulfur (S)	
Iron (FE) Total	3.00%
2.75% Chelated Iron (Fe)	
Manganese (Mn)Total	4.00%
3.75% Chelated Manganese (Mn)	

Derived from: Magnesium Sulfate, Iron Sulfate, Iron Lignin Sulfonate, Manganese Sulfate, and Manganese Lignin Sulfonate

This is a chelated nutrient solution.

Approximate annual usage	2000 Gals.
Preferred Packaging	2 1/2 gal. containers and 55 gal. drums
Net Unit Price	$_____/gal. (for 2 /12 gal container)
Net Unit Price	$ _____ /gal. (for 55 gal. drum)
Manufacturer and Trade Name	_____
Packaging	_____

Item 11: 13-3-13 Tree and Palm Fertilizer

Approximate Analysis:

Total Nitrogen	13.00%
Ammoniacal Nitrogen	1.15%
Urea Nitrogen	11.85%
Phosphoric Acid (p2o5)	3.00%
Soluble Potash	13.00%
Chlorine (CL) not more than	2.00%

Primary Plant Nutrient Sources: Poly coated sulfur coated urea (Poly coated urea), urea, Diammonium phosphate, poly coated sulfur coated (poly coated sulfate of potash) Sulfate of Potash, sulfate of potash-magnesia.

Magnesium (Mg) as water soluble	5.00%
Boron (B)	0.03%
Copper (Cu)	0.03%
Iron (Fe)	1.90%
Manganese (Mn)	5.00%
Zinc (Zn)	0.06%
Sulfur (S)	10.30%

*The urea nitrogen and soluble potash materials have been poly sulfur coated to provide 5.85 units coated slow release nitrogen (N) and 2.45 units coated slow release soluble potash (K2O)

Bulk Density: 50-60 lbs. per cubic ft.
Screening Size: 90% pass through a 6 mesh and retained on 16 mesh (U.S.)
High Density, Dust Free, Uniform Particle Size. NO INERT FILLERS. 100% Plastic Bags-NO PAPER.

Approximate annual usage	116,500 lbs.
Preferred Packaging	50 lb. bags
BULK Price	$_____/lb.
NON-BULK Price	$_____/lb.
Manufacturer and Trade Name	_____
Packaging	_____

Item 12: 8-2-12 Palm Fertilizer

Guaranteed Analysis:

Total Nitrogen (N)	8.00%
Nitrate Nitrogen	0.00%
Ammoniacal Nitrogen	0.00%
Other/Water soluble nitrogen (and/or urea nitrogen)	8.00%
Water Insoluble organic nitrogen	0.00%
Available phosphoric acid	2.00%
Soluble potash	12.00%
Chlorine not more than	2.00%
Total Magnesium	4.00%
4.00% water soluble magnesium (Mg)	
Boron (B)	.05%
Total Copper (Cu)	.05%
.05% soluble Copper (Cu)	
Total Zinc (Zn)	.15%
.15% Soluble Zinc (Zn)	
Total Iron (Fe)	.03%
.03% Chelated Iron (Fe)	
Total Sulfur (S)	12.00%
5.00% Free Sulfur	
7.00% Combined Sulfur (S)	

Plant Nutrients derived from: Polymer coated sulfur coated urea, triple superphosphate, polymer sulfur coated potash, sodium borate, copper sulfate, zinc sulfate, manganese sulfate, Iron EDTA, magnesium sulfate.

Contains 5.60 units slow release nitrogen from polymer coated sulfur coated urea.
Contains 8.40 units polymer coated sulfur coated potash
Contains granular Kieserite, a natural form of slowly available magnesium sulfate.

100% Plastic Bags-NO PAPER.

Approximate annual usage 111,600 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 13: Manganese Sulfate-Techmangam (Prill Type-Turf Grade)

Water soluble manganese (Mn)	29.50%
Manganese Sulfate	75.00%
Ammonium Sulfate	15.00%
Manganese Sulfate	1.00%
Calcium Sulfate	1.00%

Approximate annual usage	13,700 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 14: 20-0-10 Bermuda Sports Turf Fertilizer . NO SUBSTITUTIONS WILL BE ACCEPTED.
Approximate Analysis:

Total Nitrogen (N)	20.00%
10.00% Nitrate Nitrogen	
7.85% Other /water soluble Nitrogen (and/or urea nitrogen)	
2.15% Water insoluble Nitrogen	
Available Phosphate	None
Soluble Potash	10.00%
Chlorine not more than	4.99%

Derived fromSulfate of ammonia, polymer coated sulfur coated urea, methylene urea, muriate of potash, sulphate of potash, sulfate of potash magnesium
7.75 UNITS=slow release nitrogen
0.00 units=slow release phosphate

Statement of secondary plant food:

Total Magnesium as MG	1.00%
Total Manganese as MN	1.00%
Total Iron as FE	1.00%

Bulk Density: 50-60 lbs. per cubic ft.
Screening Size: 90% pass through a 6 mesh and retained on a 16 mesh U.S. sieve.
High density, dust free, uniform granular size. NO INERT FILLERS. 100% Plastic Bags-NO PAPER.

Approximate annual usage	16,000 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 15: 20-2-10 Professional Turf Fertilizer

Approximate Analysis:	
Total Nitrogen	20.00%
8.78% ammoniacal nitrogen	
11.22% urea nitrogen	
Available Phosphate	2.00%
Soluble Potash	10.00%
Sulfur (S) Total	10.00%
2.46% Free Sulfur	
7.54% Combined Sulfur	
Iron (Fe) Total	4.00%
Manganese (Mn), Total	1.00%

Derived From: Poly coated sulfur coated urea, urea, ammonium sulfate, ammonium phosphate, muriate of potash, iron oxide, manganese sucrate.

Chlorine (Cl) Max	8.00%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage	87,000 lbs.
Preferred Packaging	50 lb. bags
BULK Price	$_____/lb.
NON-BULK Price	$_____/lb.
Manufacturer and Trade Name	_____
Packaging	_____

Item 16: 9-2-24 Turf Fertilizer

Approximate Analysis:

Total Nitrogen	9.00%
0.78% ammoniacal nitrogen	
8.22% urea nitrogen	
Available Phosphate	2.00%
Soluble Potash	24.00%
Magnesium	2.00%
Sulfur (S) Total	9.90%
1.40% Sulfur (S) Free	
8.50% Sulfur (S) Combined	
Iron (fe) Total	6.00%
Manganese (Mn) Total	2.00%
0.29% Water soluble manganese	

Derived From: Poly coated sulfur coated urea, urea, ammonium phosphate, sulfate of potash-magnesia, sulfate of potash, muriate of potash, manganese sucrate, iron dioxide. 25% of the slow release derived from poly coated sulfur coated urea.

Chlorine (Cl) Max	6.50%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage	77,000 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 17: 15-0-22 Turf Fertilizer

Guaranteed Analysis:

Total Nitrogen	15.00%
15.00% urea nitrogen	
Soluble Potash	22.00%
Magnesium (Mg) Total	2.00%
2.00% Water Soluble Magnesium	
Sulfur (S0 Total	9.70%
2.30% Sulfur (free)	
7.40% Sulfur (combined)	
Iron	2.00%
Manganese (Mn) Total	2.00%

Derived from: Poly coated sulfur urea, urea, muriate of potash, sulfate of potash, sulfate of potash-magnesia, iron oxide, manganese sucrate. 25% of the slow release derived from poly coated sulfur coated urea.

0.29% Water Soluble Manganese	
Chlorine (Cl) Max	6.75%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage	171,600 lbs.
Preferred Packaging	50 lb. bags
BULK Price	$_____/lb.
NON-BULK Price	$_____/lb.
Manufacturer and Trade Name	_____
Packaging	_____

Item 18: 16-2-8 Turf Fertilizer
Guaranteed Analysis:

Total Nitrogen	16.00%
Ammoniacal Nitrogen	1.50%
Urea Nitrogen	14.50%
Phosphoric Acid	2.00%
Soluble Potash	8.00%
Chlorine, not more than	6.50%
Iron	3.00%
Manganese	1.00%
Sulfur (total)	8.75%
Sulfur (free)	2.50%
Sulfur (combined)	6.25%

Primary Plant Nutrient Sources: Sulfur coated urea, urea, ammonium sulfate, diammonium phosphate, muriate of potash.
Secondary Plant Nutrient Sources: Sulfur coated urea, ammonium sulfate.

*The urea has been coated to provide 7.20 units of coated slow release nitrogen.

Bulk Density: 50-60 lbs. per cubic foot
Sieve Size: 90% pass through 6 mesh and retained on 16 mesh (U.S.). High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage	20,000 lbs.
Preferred Packaging	50 lb. bags
BULK Price	$_____/lb.
NON-BULK Price	$_____/lb.
Manufacturer and Trade Name	_____
Packaging	_____

Item 19: 18-24-12 Turf Fertilizer Starter and Fall Feed
Guaranteed Analysis:

Total Nitrogen	18.00%
9.00% Ammoniacal Nitrogen	
4.50% Sulfur Coated Urea	
4.50% Urea Nitrogen	
Available Phosphoric Acid	24.00%
Soluble Potash	12.00%
Sulfur	5.00%

Bulk Density: 50-60 lbs. per cubic foot

90% of particles pass through a 6-mesh and are retained on a 16-mesh U.S. Sieve. High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage	37,500 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 20: 20-20-20 Turf Fertilizer

Guaranteed Analysis:

Total Nitrogen	20.00%
7.9% Ammoniacal Nitrogen	
5.9% Macro Nitrogen	
6.2% Urea Nitrogen	
Available Phosphate	20.00%
Soluble Potash	20.00%
Boron	0.02%
Copper	0.05%
Iron	0.10%
Manganese	0.05%
Zinc	0.0005%
Chlorine not more than	2.00%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage 15,000 lbs.
Preferred Packaging 25 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 21: 14-14-14 Ornamental All Purpose Fertilizer

Guaranteed Analysis:

Total Nitrogen	14.00%
5.45% Ammoniacal Nitrogen	
8.55% Urea Nitrogen	
Available Phosphate	14.00%
Soluble Potash	14.00%
Total Sulphur	19.40%
14.40% Free Sulfur	
5.00% Combined Sulfur	
Total Iron	0.45%
Manganese	0.45%
Chlorine not more than	1.00%

100% of the slow release derived from poly coated sulfur coated urea. High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage 8,500 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 22: 19-0-19 with 1.31% Pre-M or Pendamethalon Turf Fertilizer with pre-emergent weed control

Guaranteed Analysis:

Total Nitrogen	19.00%
19.00% Urea Nitrogen	
Soluble Potash	19.00%
Total Sulphur	11.40%
4.60% Free Sulphur	
6.80% Combined Sulphur	
Iron 2.00%	
Manganese	3.00%
Chlorine not more than	2.00%
Pre-M	1.31%
High density, dust free, uniform size granular fertilizer. No Inert Fillers.	100%

Plastic Bags-NO PAPER.

Approximate annual usage 36,500 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 23: 24-2-11 Talstar 0.069% Plus Fertilizer

Guaranteed Analysis:

Talstar	0.069%
Total Nitrogen	24.00%
Available Phosphate	2.00%
Soluble Potash	11.00%
Sulphur Total	3.70%
Iron Total	4.00%
Manganese Total	1.00%

Derived from : Polymer coated sulfur coated urea, urea, ammonium phosphate, muriate of potash, iron sucrate, manganese sucrate.

Chlorine (max) 8.30%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100%

Plastic Bags-NO PAPER.

Approximate annual usage 115,500 lbs.

Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 24: 24-2-11 Talstar Granular Insecticide with Fertilizer

Guaranteed Analysis:

Talstar	0.069%
Ammoniacal Nitrogen	6.80%
Water Soluable Nitrogen	17.20%
Phosphorus	2.00%
Soluble Potassium a K2O	11.00%
Chlorine not more than	13.00%
Iron	3.00%
Slow Release Nitrogen	8.40%
Bifen	0.069%

Derived from : Ammonium sulfate, Diammonium phosphate, urea, polymer sulfur coated urea, muriate of potash, iron oxide.

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage 74,000 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 25: 22-2-11 Atrazine 1.05% Plus Fertilizer
Guaranteed Analysis:

Atrazine	1.05%
Total Nitrogen	22.00%
Available Phosphate	2.00%
Soluble Potash	11.00%
Sulfur Total	8.00%
Iron Total	1.00%
Manganese Total	0.50%

Derived from : Polymer coated sulfur coated urea, urea, ammonium sulfate, ammonium phosphate, muriate of potash, iron sucrate, manganese sucrate.
Chlorine (max) 8.25%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage 100,000 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 26: High Manganese Combo Chelated Micronutrients
Guaranteed Analysis:

Manganese (Mg) Total	1.00%
Sulfur Total	5.75%
Iron Total	3.00%
Manganese Total	4.00%

Derived from : Manganese sulfate, Iron citrate, Iron lignin sulfocate, Manganese citrate and Manganese lignin sulfocate. 8.25%

Approximate annual usage 1500 gals.
Preferred Packaging 2 ½ gal. container

NON-BULK Price $_____/gal.

Manufacturer and Trade Name _____

Packaging _____

Item 27: 13-2-13

Guaranteed Analysis:

Total Nitrogen	13.00%
0.40% Ammoniacal Nitrogen	
12.60% Urea Nitrogen	
Available Phosphate	2.00%
Soluble Potash	13.00%
Sulfur Total	13.50%
9.50% Free Sulfur	
4.00% Combined Sulfur	
Iron Total	3.60%
0.03% Water Soluble Iron	
Manganese Total	2.70%
0.35% Water Soluble Manganese	

Derived from : Polymer coated sulfur coated urea, ammonium phosphate, sulfate of Potash, Iron Sucrate, Manganese Sucrate.

Chlorine (max) 2.00%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage 29,000 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 28: 14-2-14

Guaranteed Analysis:	
Total Nitrogen	14.00%
6.00% Ammoniacal Nitrogen	
8.00% Urea Nitrogen	
Available Phosphate	2.00%
Soluble Potash	14.00%
Magnesium Total	0.90%
0.01% Water Soluble Magnesium	
Sulfur Total	14.20%
4.20% Free Sulfur	
10.00% Combined Sulfur	
Iron Total	2.40%
0.024% Water Soluble Iron	
Manganese Total	0.90%
0.289% Water Soluble Manganese	

Derived from : Polymer coated sulfur coated urea, urea, ammonium phosphate, ammonium sulfate, sulfate of Potash, Iron Sucrate, Manganese Sucrate, Magnesium Sucrate.

Chlorine (max) 2.00%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage 10,000 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 29: 14-2-14. SAME AS PREVIOUS ITEM EXCEPT THIS ITEMS IS "GREENS GRADE"

Guaranteed Analysis:	
Total Nitrogen	14.00%
6.00% Ammoniacal Nitrogen	
8.00% Urea Nitrogen	
Available Phosphate	2.00%
Soluble Potash	14.00%
Magnesium Total	0.90%
0.01% Water Soluble Magnesium	
Sulfur Total	14.20%
4.20% Free Sulfur	
10.00% Combined Sulfur	
Iron Total	2.40%
0.024% Water Soluble Iron	
Manganese Total	0.90%
0.289% Water Soluble Manganese	

Derived from : Polymer coated sulfur coated urea, urea, ammonium phosphate, ammonium sulfate, sulfate of Potash, Iron Sucrate, Manganese Sucrate, Magnesium Sucrate.

Chlorine (max) 2.00%

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage 22,000 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 30: 24-0-11

Guaranteed Analysis:	
Total Nitrogen	24.00%
24.00% Urea Nitrogen	
Soluble Potash	11.00%
Sulfur Total	3.69%
3.69% Free Sulfur	
Iron Total	3.00%
0.03% Water Soluble Iron	
Manganese Total	1.00%
0.14% Water Soluble Manganese	

Derived from : Polymer coated sulfur coated urea, urea, Muriate of Potash, Iron Sucrate, Manganese Sucrate.

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage	158,400 lbs.
Preferred Packaging	50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

Item 31: Superthrive- Vitamin Hormone Additive

Approximate annual usage 900 gals.
Preferred Packaging 1 gal. container

NON-BULK Price $_____/gal.

Manufacturer and Trade Name _____

Packaging _____

Item 32: 21-0-7 Atrazine 1.05% Plus Fertilizer, weed control with premium turf food

Active Ingredients:

Atrazine, 2-chloro-4-ethylamino-6-isopropylamino-s-triazine	1.05%
Related active triazine compounds	0.04%
Other Ingredients	98.91%

Guaranteed Analysis:

Total Nitrogen	21.00%
4.00% Ammoniacal Nitrogen	
17.00% Urea Nitrogen	
Soluble Potash	7.00%
Sulfur	6.29%
Iron	1.00%
Manganese	0.5%
0.042% Water Soluble Manganese	

Derived from : Polymer coated urea, urea, ammonium sulfate, sulfate of potash, Iron Sucrate, Manganese Sucrate.

High density, dust free, uniform size granular fertilizer. No Inert Fillers. 100% Plastic Bags-NO PAPER.

Approximate annual usage 30,000 lbs.
Preferred Packaging 50 lb. bags

BULK Price $_____/lb.

NON-BULK Price $_____/lb.

Manufacturer and Trade Name _____

Packaging _____

BIDDER_____

ADDRESS_____

BY_____
Signature

_____
Please Type or Print Signature Name Here

TITLE_____

DATE_____

PHONE_____

FAX _____

E-MAIL ADDRESS_____

Will your company accept payment via the Town of Davie's Visa procurement card?

Please circle one Yes No

You MUST return a completed W-9 form and a completed Vendor/Bidder Disclosure form with your bid.

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
☐☐ - ☐☐☐☐☐☐☐

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see Special rules for partnerships on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt payees 1 through 7 [2]

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee [1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Town of Davie
Vendor/Bidder Disclosure

I, _____, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: _____

Address: _____

_____

FEIN _____

State and date of incorporation _____

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
		%
		%
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name Address

_____

_____

_____

_____

By:_____ Date:_____
Signature of Affiant

_____
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this _____ day of _____ 20__, by _____, he/she is personally known to me or has presented _____ as identification.

_____
Notary Public, State of Florida at Large

_____
Print or Stamp of Notary

_____
Serial Number

My Commission Expires :_____

TOWN OF DAVIE
E-VERIFY FORM

Bid No: _____

Project Description: _____

_____

Vendor/Consultant acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

(a) all persons employed by Vendor/Consultant to perform employment duties within Florida during the term of the contract; and

(b) all persons (including subcontractors/subvendors) assigned by Vendor/Consultant to perform work pursuant to the contract with the Department. The Vendor/Consultant acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the Town of Davie.

Company/Firm: _____

Authorized Signature: _____

Print Name_____

Title: _____

Date: _____

BID SUBMITTAL COMPLETION CONFIRMATION for ITB's:

_____ I, the Bidder, have completed and signed (preferably in blue ink) all required bid document pages.

_____ I, the Bidder, have submitted my bid on the bid sheets provided, and acknowledge that bids not submitted on bid sheets provided may be rejected.

_____ I, the Bidder, have filled in all spaces on the pricing page as noted, and acknowledged that bids with spaces left blank on the pricing page may be rejected.

_____ I, the bidder, have included all information, certificates, licenses and additional documentation as required by the Town in this bid document.

_____ I, the Bidder, have checked for any addendums to this bid, and will continue to check for any addendums up to the due date and time of this bid.

_____ I, the Bidder, have included on the face of the envelope, my company name and return address, the date and time of the bid opening, and the bid name and number.

_____ I, the Bidder, have submitted one (1) original and two (2) copies of the entire bid document and addendums.

_____ I, the Bidder, have read and completed the Vendor/Bidder Disclosure Form.

_____ I, the Bidder, have read and completed the W-9 Form.

_____ I, the Bidder, am aware that a Notice of Intent to Award this bid shall be posted on the Town's website at www.davie-fl.gov and on the Town Hall bulletin board in the front lobby at Town Hall, and that it is my responsibility to check for this posting.

_____ I, the Bidder, have submitted all supporting documentation for local preference eligibility, which must be received with the bid package prior to the bid opening date and time.

_____ I, the Bidder, have completed this checklist and it is included with my submittal.

NAME OF COMPANY: _____

BIDDER'S NAME: _____

BIDDER'S AUTHORIZED SIGNATURE: _____

DATE: _____