

BID SUBMITTAL

To:

Village of Wellington

12300 Forest Hill Blvd.

Wellington, Florida 33414

Duffys Total Care Lawn Service Inc.

(Vendor)

agrees to provide material for the Hardwood Tree Pruning Village-Wide in accordance with the requirements and specifications of the Bid Documents for the Village of Wellington as specified.

Gentlemen:

The undersigned Bidder has carefully examined the Specification requirements, Bid/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and Bid Documents, in the manner prescribed therein and to the standards of quality and performance established by the Wellington for the Bid price stated in the spaces herein provided.

The undersigned agrees to the right of the Wellington to hold all Bids and Bid guarantees for a period not to exceed one hundred and twenty (120) days after the date of Bid opening stated in the Invitation to Bid.

The undersigned accepts the invoicing and payment policies specified in the Bid.

Cassidy Geddes
Contractor's Signature

Dated this 14th day of September, 2020
(Month) (Year)

BID COVER PAGE

SUBMIT BIDS TO: Wellington Attn: Clerk's Office 12300 Forest Hill Blvd Wellington, FL 33414	REFER ALL INQUIRIES TO PRIMARY CONTACT: Purchasing Division 12300 Forest Hill Blvd Wellington, FL 33414 Phone: 561-791-4154	Wellington <h1 style="margin: 0;">INVITATION TO BID</h1> COMMODITY/SERVICE
BID TITLE: Hardwood Tree Pruning Village-Wide		BID NO.: ITB 202032

NAME OF FIRM, ENTITY, or ORGANIZATION: Duffys Total Care Lawn Service Inc.				
NAME OF CONTACT PERSON: Carolyn Greddes	VENDOR MAILING ADDRESS: 10190 52nd Place S.	CITY: Lake Worth	ZIP: 33449	STATE: FL
TITLE: President	VENDOR HEADQUARTERS ADDRESS (IF DIFFERENT): Same	CITY:	ZIP:	STATE:
PHONE NUMBER: 561-433-0095		FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): 59-2752441		
EMAIL ADDRESS: duffyslandscape@comcast.net		STATE OF FLORIDA BUSINESS LICENSE NUMBER (IF APPLICABLE)		
FAX NUMBER: 561-433-0006				
ORGANIZATIONAL STRUCTURE (Please Check One): Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>				
If Corporation, please provide the following:				
(A) Date of Incorporation: <u>2 / 1 / 1985</u> <small>Month / Day / Year</small>		(B) State or Country of Incorporation: <u>Florida</u>		

Council

Anne Gerwig, Mayor
Tanya Siskind, Vice Mayor
John T. McGovern, Councilman
Michael Drahos, Councilman
Michael J. Napoleone, Councilman

Manager
Paul Schofield

ITB #202032

Title: Hardwood Tree Pruning Village-Wide
Opening Date: September 15, 2020 10:00am
Addendum Date: September 1, 2020

ADDENDUM NO. ONE

PURPOSE: The purpose of this Addendum/NOTICE is to make changes, additions, deletions, revisions, and clarifications to the (ITB) Invitation to Bid documents for Hardwood Tree Pruning Village-Wide. Bidder shall review the Addendum/NOTICE work and requirements in detail and incorporate any effects the Addendum/NOTICE may have in their proposal price.

NOTICE

In light of COVID-19, the Village of Wellington will hold bid openings via Zoom, in lieu of in person. In addition, we encourage all bidders to submit bids via Wellington's bid portal. The meeting ID and password for this bid opening are as follows - Meeting ID: **930 3769 2139** Password: **314270**.

- Question:** Can you provide a map(s) of the areas that the hardwoods are at?
Response: Attached to Addendum One, are the locations for all the hardwoods to be trimmed over the next three years.
- Question:** What is the budget for this project?
Response: The department anticipates spending a minimum of \$40,000 on hardwood pruning each year moving forward.
- Question:** Can you provide a tree count?
Response: The current tree inventory shows 4,302 trees that could possibly need to be trimmed; however, during the final phase of the tree inventory, we anticipate the addition of many more trees will be added to the count.
- Question:** When was the last time the hardwoods were trimmed?
Response: Many of the trees we would like trimmed have not been trimmed in two-three years.
- Question:** Is there a current contract for hardwood pruning for the city? If so, can you provide a copy of the prices awarded to the vendor. In addition, if there is not a current contract, who has been trimming the trees for the city?
Response: The Village does not have a current contract for this service and has been obtaining quotes as the need arises. The vendors providing this service to the Village has been Duffy's Total Care and Lawn Service, Inc., Kiel Tree Service, Inc. and South Ocean.

6. **Question:** What do you want our Corporation to provide to answer the question for the wellington bid on page 23 of the bid documents item #11?

Response: Copies of your documents that you are an active Florida business and/or any required State of Florida licenses.

7. **Question:** What specific form are you referring to on Page 9 of the bid documents item #41 regarding the boycott of Israel, scrutinized companies, etc.?

Response: Attached to Addendum One is the required form, Certification Pursuant to Florida Statute § 215.4725, along with the revised Bid Proposal Checklist. Bidders shall use these forms when submitting their bid.

8. **Question:** The bid can either be done electronically or mailed. If we choose electronic, do we still need to send a paper copy with the flash drive?

Response: If the bid is electronically submitted there would be no need to provide a paper copy with a flash drive. However, you must include all the required items to your uploaded bid submittal.

ACKNOWLEDGEMENT: Bidder must acknowledge receipt of any and all Addenda in the space provided on the Bidder Submittal Form. Failure to do so may result in rejection of the Proposal. All requirements of the proposal documents remain unchanged except as cited herein.



Signature of Bidder Acknowledging Receipt of
Addendum No. (1) One to be attached in front of Bid

SCHEDULE OF VALUES

SECTION A – Oak, Mahogany, Green Buttonwood, Black Olive, Sea Grape

Caliper in Inches	Option 1 Maintenance Pruning	Option 2 Crown Reduction
6" – 12"	26.00	32.50
12" – 24"	27.50	37.50
24" – 30"	29.50	38.00
30" and Greater	34.00	41.00
Total	117.00	149.00

SECTION B – Ficus, Banyan, Strangler Fig

Caliper in Inches	Option 1 Maintenance Pruning	Option 2 Crown Reduction
12" – 24"	36.00	42.00
24" – 36"	38.00	48.00
36" – 48"	40.00	51.00
48" and Greater	48.00	58.00
Total	162.00	199.00

SECTION C – Gumbo Limbo, Silver Buttonwood, Royal Poinciana, Southern Red Cedar, Red Maple, Geiger

Caliper in Inches	Option 1 Maintenance Pruning	Option 2 Crown Reduction
6" – 12"	26.00	33.00
12" – 24"	27.50	45.00
24" – 36"	32.00	46.00
36" and Greater	34.00	46.00
Total	119.50	175.00

BIDDER/CONTRACTOR understands that contractor will be paid based upon work actually performed and accepted by Wellington. Per tree price shall include all labor, materials, transportation, equipment, fuel and all other items necessary to complete the work. All items incidental to or necessary for the completion of the project shall be included in the price.

Wellington reserves the right to evaluate and award each section independently. Bidder may submit pricing for one, two, or three sections. When submitting pricing for any section, bidders must bid on all items in that section. Each area shall be awarded to the lowest, responsive and responsible Bidder, taking into consideration pricing, experience, staffing, equipment, materials, references and past performance. Wellington may award each section to multiple bidders.

QUESTIONNAIRE

The following Questionnaire shall be completed and submitted in with the Bid. By submission of this Bid, Bidder guarantees the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business? 35 years
2. What is the last project of this nature that you have completed?
Tree pruning, both palms and hardwoods, is completed on a daily basis Monday through Friday.
3. Have you ever failed to complete work awarded to you? If so, where and why? No

4. Name three individuals or corporations for which you have performed work and to which you refer:

<u>Villa Sun Remo</u>	<u>40 Marilyn Gooden 9875 Erica Court, Boca Raton, FL 33496</u>	<u>561-289-1848</u>	<u>spotz2uc@aol.com</u>
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</small>
<u>Polo Trace</u>	<u>40 Rm Jarareck 13481 Polo Trace Dr, Delray Bch, FL 33446</u>	<u>561-499-1992</u>	<u>pthoa@comcast.net</u>
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</small>
<u>Delray Beach Club Apts</u>	<u>40 Heidi Dalton 2000 S. Ocean Blvd, Delray Bch FL 33433</u>	<u>561-278-9781</u>	<u>heidi.dalton@fsresidential.com</u>
<small>Name</small>	<small>Address</small>	<small>Phone</small>	<small>Email</small>

5. List the following information concerning all contracts in progress as of the date of submission of this bid. (In case of co-venture, list the information for all co-venturers.)

Name of Project	Owner	Total Contract Value	Contracted Date of Completion	% of Completion to Date
<u>Bedford at Lake Catherine</u>	<u>Daisy Perez</u>	<u>\$9014.⁰⁰</u>	<u>9/14/2020</u>	<u>75%</u>
<u>Bahia at Delray</u>	<u>Chris Stonecipher</u>	<u>\$8375.⁰⁰</u>	<u>9/15/2020</u>	<u>75%</u>

6. Has the bidder or his or her representative inspected the proposed project and does the Bidder have a complete plan for its performance? Yes
7. Will you subcontract any part of this work? If so, give details including a list of each subcontractor(s) that will perform work in excess of the percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). No

Subcontractor	Work to be Performed

8. What equipment do you own that is available for the work? _____

Equipment Type	Equipment Type
<u>Bucket trucks</u>	<u>Chippers</u>
<u>Pore cats</u>	
<u>Dump trucks</u>	

9. What equipment will you purchase for the proposed work? none

10. What equipment will you rent for the proposed work? None
11. State the name of your proposed project manager and give details of his or her qualifications and experience in managing similar jobs.
Brian Duffy - 35+ years tree trimming mark Roe 25+ years tree service + landscape
Jim Hernandez - 25+ years tree + landscape
12. The address of principal place of business is 10190 52nd Place South, Lake Worth, FL 33449
13. The names of the Corporate Officers, or Partners, or Individuals doing business under a trade name, are as follows: _____
President - Carolyn Greaves VP - Brian Duffy
Treasurer - Mark Roe Secretary - Brienne Duffy
14. List all organizations which were predecessors to Bidder or in which the principals or officers of the Bidder were principals or officers. _____
None
15. List and describe all bankruptcy petitions (Voluntary or Involuntary) which have been filed by or against the Bidder, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition. _____
None
16. List and describe all successful Performance or Payment Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Bidder and its predecessor organization(s). _____
None
17. List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Bidder or its predecessor organization(s) during the last five (5) years. The list shall include all case names; case, arbitration, or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute. _____
None
18. List and describe all criminal proceedings or hearings concerning business related offenses in which the Bidder, its principals or officers or predecessor organization (s) were defendants. _____
None
19. Has the Bidder, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last five (5) years? If yes, provide details. NO
20. List and disclose any and all business relations with any members of Wellington Council. None

DRUG FREE WORKPLACE

Preference shall be given to businesses with drug-free workplace programs. In order to have a drug-free workplace program, a business must attest to the following:

1. We publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. We inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. We give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. We, in the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. We impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. We make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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


Contractor's Signature

**SWORN STATEMENT UNDER SECTION 287.133(3)(a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Village of Wellington
[print name of the public entity]
by Duffy's Total Care Lawn Service Inc. for Carolyn Geddes, President
[print name of entity submitting sworn statement] [print individual's name and title]

whose business address is 10190 52nd Place S., Lake Worth, FL 33449 and (if applicable) its Federal Employer Identification Number (FEIN) is 59-2752441 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
a. A predecessor or successor of a person convicted of a public entity crime; or
b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

4. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies.]

Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

STATE OF Florida Carolyn Geddes
[signature]

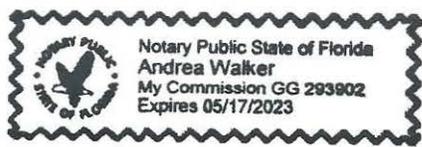
COUNTY OF Palm Beach 9/14/2020
[date]

Subscribed and Sworn to (or affirmed) before me on 9/14/2020 by Carolyn Geddes
[date] [name]

He/she is personally known to me or has presented N/A as identification.
[type of identification]

Andrea Walker
[Notary's Signature and Seal]

Andrea Walker
Print Notary Name and Commission No.



**APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH
VILLAGE OF WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY**

Wellington gives preference to local businesses in certain purchasing situations as set forth in Chapter 9 of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Chapter 9, of Wellington's Purchasing and Procurement Manual:

Chapter 9, LOCAL PREFERENCE

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within Wellington of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt there from. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

Western Communities Local Business

Palm Beach County Local Business

Subcontractor Utilization

1. The name of the business is: Duffy's Total Care Lawn Service, Inc.
2. The address of the business is: 10190 52nd Place South, Lake Worth, FL 33449
3. How long has the business been located at its current address: 25 + years
4. If the business has relocated within the last six months, please provide the answers to questions 1-3 for the previous location:
5. The previous name of the business is: _____
6. The previous address of the business is: _____
7. How long was this business at the previous location: _____

8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.

9. The business as a local business tax receipt from: (1) Palm Beach County (2) the following municipality: _____ (3) located in unincorporated Palm Beach County:

10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.

11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.

12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - 59-2752441 Applicants Business Address 10190 52nd Place South
Lake Worth, FL 33449

Signature of Authorized Representative of Corporation, Partnership, or other business entity:

Sign: Carolyn Greddes

Print Name: Carolyn Greddes

Title: President

Date: 9/14/2020

CITY OF: Lake Worth

COUNTY OF: Palm Beach

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 14th day of September, 2020, by Carolyn Greddes. He/She is personally known to me or has presented _____ as identification.

Andrea Walker

(Signature of Notary)

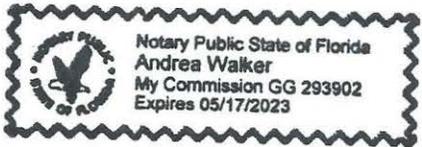
Andrea Walker

(Print or Stamp Name of Notary)

Notary Public Florida

(State)

Notary Seal



Signature of Individual if Sole Proprietor:

CONFLICT OF INTEREST STATEMENT

This Proposal/Agreement (whichever is applicable) is subject to the conflict of interest provisions of the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and the Florida Statutes. During the term of this Agreement and any renewals or extensions thereof, the VENDOR shall disclose to WELLINGTON any possible conflicts of interests. The VENDOR's duty to disclose is of a continuing nature and any conflict of interest shall be immediately brought to the attention of WELLINGTON. The terms below shall be defined in accordance with the policies and Code of Ordinances of WELLINGTON, the Palm Beach County Code of Ethics, and Ch. 112, Part III, Florida Statutes.

CHECK ALL THAT APPLY:

NO CONFLICT:

To the best of our knowledge, the undersigned business has no potential conflict of interest for this Agreement due to any other clients, contracts, or property interests.

To the best of our knowledge, the undersigned business has no employment or other contractual relationship with any WELLINGTON employee, elected official or appointed official.

To the best of our knowledge, the undersigned business has no officer, director, partner or proprietor that is a WELLINGTON purchasing agent, other employee, elected official or appointed official. The term "purchasing agent", "elected official" or "appointed official", as used in this paragraph, shall include the respective individual's spouse or child, as defined in Ch. 112, Part III, Florida Statutes.

To the best of our knowledge, no WELLINGTON employee, elected official or appointed official has a material or ownership interest (5% ownership) in our business. The term "employee", "elected official" and "appointed official", as used in this paragraph, shall include such respective individual's relatives and household members as described and defined in the Palm Beach County Code of Ethics.

To the best of our knowledge, the undersigned business has no current clients that are presently subject to the jurisdiction of WELLINGTON's Planning, Zoning and Building Department.

CONFLICT:

The undersigned business, by attachment to this form, submits information which may be a potential conflict of interest due to any of the above listed reasons or otherwise.

THE UNDERSIGNED UNDERSTANDS AND AGREES THAT THE FAILURE TO CHECK THE APPROPRIATE BLOCKS ABOVE OR TO ATTACH THE DOCUMENTATION OF ANY POSSIBLE CONFLICTS OF INTEREST MAY RESULT IN DISQUALIFICATION OF YOUR BID/PROPOSAL OR IN THE IMMEDIATE CANCELLATION OF YOUR AGREEMENT, WHICHEVER IS APPLICABLE.

Duffy's Total Care Lawn Service Inc
COMPANY NAME
Carolyn Heddes
AUTHORIZED SIGNATURE
Carolyn Heddes
NAME (PRINT OR TYPE)

NON-COLLUSION AFFIDAVIT

State of Florida

County of Palm Beach

Being duly sworn deposes and says:

That he/she is an officer of the parties making the forgoing bid submittal, that the bid is made without prior understanding, agreement, or connection with any individual, firm, partnership, corporation or other entity submitting a bid for the same materials, services, supplies or equipment, either directly or indirectly, and is in all respects fair and without collusion or fraud. No premiums, rebates, or gratuities are permitted with, prior to, or after any delivery of material or provision of services. Any violation of this provision may result in disqualification, contract cancellation, return of materials or discontinuation of services, and the possible removal of Bidder from the vendor Bid lists

Duffy's Total Care Lawn Service Inc
Name of Bidder

Carolyn Geddes
Print name of designated signatory

Carolyn Geddes
Signature

President
Title

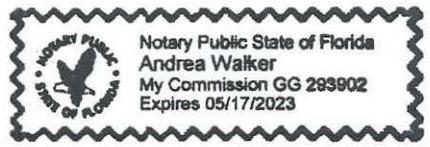
On this 14th day of September, 2020, before me appeared Carolyn Geddes personally known to me to be the person described in and who executed this _____ and acknowledged that (she/he) signed the name freely and voluntarily for the uses and purposes therein described.
In witness thereof, I have hereunto set my hand and affixed seal the day and year last written above.

Andrea Walker
Signature

Notary Public in and for the State of Florida

Andrea Walker
(Name Printed)

(Affix Seal Here)



Residing at 2550 NE 11th Street, Pompano Beach 33062

My commission expires 05/17/2023



Village of Wellington

12300 Forest Hill Blvd., Wellington, FL 33414
(561) 791-4000 | BTR@wellingtonfl.gov

2019-2020

LOCAL BUSINESS TAX RECEIPT

Business Name: Duffy's Total Care Lawn Service, Inc.
DBA: Duffy's Total Care Lawn Service, Inc.

Business Location: 10190 52nd Pl S
Lake Worth, FL 33449

Owner: Brian Duffy

License Number: BTR-003572-2019

Issued Date: 12/11/2019

Expiration Date: 9/30/2020

Sub Classification: Mobile Lawn and Garden Services

Business Type(s): 561730 Landscape care and maintenance services

Mailing Address: 10190 52nd Pl S
Lake Worth, FL 33449

License Type: Business Tax Receipt

Classification: Landscape Registration

Lynn Barth, Master Business Tax Official

This receipt expires September 30th of each year. It is your responsibility to renew your receipt annually.

TO BE POSTED IN A CONSPICUOUS PLACE



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353
www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****

10190 52ND PLACE SO
LAKE WORTH, FL 33467

Serving you.

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
66-0041 TREE SERVICE	DUFFY BRIAN		B19 561978 - 07/29/19	\$23.00	B40108603

This document is valid only when received by the Tax Collector's Office.

STATE OF FLORIDA
PALM BEACH COUNTY
2019/2020 LOCAL BUSINESS TAX RECEIPT

B2 - 385

DUFFY'S TOTAL LAWN SERVICE INC
DUFFY'S TOTAL LAWN SERVICE INC
10190 52ND PL S
LAKE WORTH, FL 33449-5418

LBTR Number: 200302238
EXPIRES: SEPTEMBER 30, 2020

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353
www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****

10190 52ND PLACE SO
LAKE WORTH, FL 33467-0000

Serving you.

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
96-0030 LAWN MAINTENANCE	DUFFY BRIAN		B19 561977 - 07/29/19	\$99.00	B40108604

This document is valid only when received by the Tax Collector's Office.

STATE OF FLORIDA
PALM BEACH COUNTY
2019/2020 LOCAL BUSINESS TAX RECEIPT

B1 - 385

DUFFY'S TOTAL CARE LAWN SERVICE INC
DUFFY'S TOTAL CARE LAWN SERVICE INC
10190 52ND PL S
LAKE WORTH, FL 33449-5418

LBTR Number: 200302236
EXPIRES: SEPTEMBER 30, 2020

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.



ANNE M. GANNON
CONSTITUTIONAL TAX COLLECTOR
Serving Palm Beach County

P.O. Box 3353, West Palm Beach, FL 33402-3353
www.pbctax.com Tel: (561) 355-2264

****LOCATED AT****

10190 52ND PLACE SOUTH
LAKE WORTH, FL 33467-5418

Serving you.

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
42-0047 NURSERY/PLANT PRODUCTS	DUFFY BRIAN		B19 562023 - 07/29/19	\$33.00	B40139352

This document is valid only when received by the Tax Collector's Office.

STATE OF FLORIDA
PALM BEACH COUNTY
2019/2020 LOCAL BUSINESS TAX RECEIPT

B1 - 467

DUFFY'S TOTAL CARE LAWN SERVICES INC
DUFFY'S TOTAL CARE LAWN SERVICES INC
10190 52ND PL S
LAKE WORTH, FL 33449-5418

LBTR Number: 199612891
EXPIRES: SEPTEMBER 30, 2020

This receipt grants the privilege of engaging in or managing any business profession or occupation within its jurisdiction and **MUST** be conspicuously displayed at the place of business and in such a manner as to be open to the view of the public.

The International Society of Arboriculture

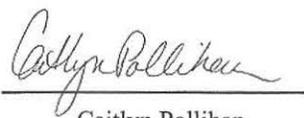
Hereby Announces That

Carolyn Geddes

Has Earned the Credential

ISA Certified Arborist ®

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



Caitlyn Pollihan
CEO & Executive Director

3 May 2017

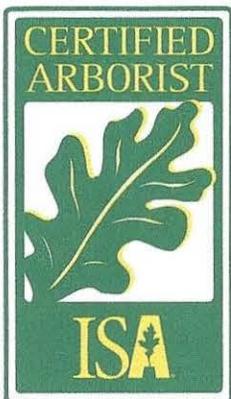
30 June 2023

FL-9266A

Issue Date

Expiration Date

Certification Number



State of Florida

Department of State

I certify from the records of this office that DUFFY'S TOTAL CARE LAWN SERVICE, INC. is a corporation organized under the laws of the State of Florida, filed on July 14, 1986.

The document number of this corporation is J23883.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 28, 2020, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twenty-seventh day of May,
2020*



Ronald R. DeSantis
Secretary of State

Tracking Number: 7133666644CU

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

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

CERTIFICATION PURSUANT TO FLORIDA STATUTE § 215.4725

I, Carolyn Geddes, on behalf of Duffy's Total Care Lawn Service Inc.
certifies Print Name Company Name

that Duffy's Total Care Lawn Service Inc does not:
Company Name

1. Participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Cuba or Syria.

Carolyn Geddes
Signature

President
Title

9/16/2020
Date