



**Southeast Florida Governmental Purchasing
Cooperative Group**

CONTRACT AWARD

Please complete each of the applicable gray boxes and submit with bid documents and applicable award notices and tabulations to lpiper@myboca.us for placement on the NIGP SE FL Florida Website Coop Contract page.

BID/RFP NO.: *B-12-34*

DESCRIPTION/TITLE: *HORTICULTURAL CHEMICALS*

INITIAL CONTRACT TERM: *2YRS* Starts: *4/19/12* Ends: *4/18/14*

RENEWAL TERMS OF CONTRACT: *NO* RENEWAL OPTIONS FOR *NONE*
(Number of renewals) (period of time)

SECTION #1 - VENDOR AWARD

Vendor Name: *SEE ATTACHED*

Vendor Address:

Contact:

Phone:

Fax:

Cell/Pager:

Email Address:

Website:

FEIN:

SECTION #2 - AWARD/BACKGROUND INFORMATION

Award Date: *4/18/12*

Resolution/Agenda Item No.: *R-2012-86*

Insurance Required: *YES*

Performance Bond Required: *NO*

SECTION #3 - LEAD AGENCY

Agency Name: *TOWN OF DAVIE*

Agency Address: *6591 ORANGE DRIVE, DAVIE, FL 33314*

Agency Contact: *HERB HYMAN*

Telephone: *(954) 797-1016*

Facsimile: *(954) 797-1049*

Email: *herb-hyman@davie-fl.gov*

HORTICULTURAL CHEMICALS CONTACT SHEET-2012

1. Helena Chemical Company
P.O. Box 1758
Dade City, FL 33526-1758
James Boggs
(352) 567-5622
(352) 521-3538
(352) 567-2083-fax
2. John Deere Landscapes
1385 East 36 Street
Cleveland, OH 44114
Molly Vorous
(800) 321-5325 ext 2550
(248) 581-1433-fax
3. Harrell's
720 Kraft Rd
Lakeland, FL 33815
Tristan Rosado
(954) 815-6089
(863) 688-8836-fax
4. Howard Fertilizer & Chemical Company
P.O. Box 628202
Orlando, FL 32862-8202
Jason Kozakiewicz
(954) 448-9019
(407) 858-0314-fax
5. Univar USA
5051-D LB McLeod Rd
Orlando, FL 32811
Judy Sparkman
(407) 843-2611
(407) 649-8433-fax

B-12-34

RESOLUTION NO. R-2012-88

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BIDS FOR HORTICULTURAL CHEMICALS.

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

WHEREAS, the Town, acting as lead agency for the Southeast Florida Cooperative Purchasing Group, solicited sealed bids for such horticultural chemicals; 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 horticultural chemicals 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 18th DAY OF April, 2012

Judy Paul
MAYOR/COUNCILMEMBER

ATTEST:

[Signature]
TOWN CLERK

APPROVED THIS 18th DAY OF April, 2012

**TOWN OF DAVIE
PROCUREMENT AUTHORIZATION FORM**



PROCUREMENT AUTHORIZATION FORM

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

HORTICULTURAL CHEMICALS- USED FOR THE TREATMENT OF WEEDS AND UNWANTED INSECTS. THIS IS A CO-OP CONTRACT WITH THE TOWN ACTING AS LEAD AGENCY. CURRENT CONTRACT EXPIRES 5/18/2012.

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 OPERATING BUDGET OF USING DEPT. APPROXIMATE COST COMMODITY

Signed and Date: [Signature] 2-2-11
Department Director

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

Funds are encumbered by requisition number: _____	Sign and Date: _____	Procurement Manager
Approved for Availability of Funds: _____	Sign and Date: _____	Budget/Finance Director or Designee
Sign and Date by Town Administrator: _____	_____	

BIDS SUBMITTED

<u>Vendor</u>	<u>Cost/Ranking</u>
<u>UNIVAR USA</u>	<u>SEE</u>
<u>HOLLEN A CHEMICALS</u>	<u>ATTACHED</u>
<u>HOWARD FERTILIZER & CHEMICAL Co.</u>	<u>BID</u>
<u>HARRISLUS, INC.</u>	<u>TAB</u>
<u>JOHN D. SEIBS LANDSCAPES</u>	

Signed [Signature]
Procurement Manager

STAFF RECOMMENDATION/COMMENTS

LOWEST BIDDER FOR EACH ITEM PER ATTACHMENT "A"

<u>Vendor</u>	<u>Cost</u>

BID OPENING REPORT

BID NAME: Horticultural Chemicals

TIME: 2:05 pm

BID NUMBER: B-12-34

DATE: 3/22/12

ESTIMATED COST: Operating Budget of using Dept.

NO. CONTRACTOR'S NAME BID AMOUNT COMMERCIAL RANKING

1.	Univar	See Attached Bid	
2.	Helena	Tabulation	
3.	Howard Fertilizer		
4.	HARRELL'S		
5.	JOHN DESIRE LANDSCAPE		
6.			
7.			
8.			
9.			
10.			

REMARKS

SPECS. WERE SENT TO TWENTY-SEVEN (27) PROSPECTIVE BIDDERS
TOWN REC'D FIVE(5) 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: 3.22.12

WITNESS: Angela R. Salinas

DATE: 3.22.12

MEMORANDUM

Department of Budget and Finance

To: Bid Specification Committee

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

Through: William Ackerman, Budget & Finance Director

Subject: Horticultural Chemicals

Date: April 3, 2012

This is a co-op bid with the Town of Davie acting as lead agency for the SE Florida Co-operative Purchasing Group. The technical requirements of this bid have been reviewed by Deanna McAtamney, City of Fort Lauderdale. Some bidders offered generic products as an "or equal". All generics were reviewed for compliance by Deanna McAtamney.

HORTICULTURAL CHEMICALS-2012

<u>ITEM</u>	<u>VENDOR</u>	<u>PRICE</u>	<u>PRODUCT AWARDED</u>
Drive XLR8	Howard Fertilizer	\$47.83/ ½ gal.	Drive XLR8
Rodeo	Helena Chemical	\$12.35/gal.	Rodeo
Sencor	Helena Chemical	\$66.00/lb.	Secor T & O
Roundup ProMax 1.67	Howard Fertilizer	\$30.38/gal	Roundup ProMax
Roundup ProMax 30	Howard Fertilizer	\$29.05/gal	Roundup ProMax
Ranger Pro 2.5 gal.	Howard Fertilizer	\$10.94/gal.	Ranger Pro
Ranger Pro 30 gal.	Howard Fertilizer	\$10.94/gal.	Ranger Pro
Garlon	Helena Chemical	\$45.00/gal.	Element 3A
2,4-D	Helena Chemical	\$14.12/gal.	Weedastroy
Three-Way	John Deere	\$22.07/gal	Three-Way
Image	Howard Fertilizer	\$77.90/btl.	Image
Surflan	John Deere	\$43.06/gal.	Oryzalin 4 Pro
Ronstar	John Deere	\$1.22/lb.	Ronstar G
Barricade	John Deere	\$11.08/lb.	Stonewall
Basagran	Howard Fertilizer	\$93.74/gal.	Basagran T & O
Pre-M 2 ½ gal	Helena Chemical	\$25.86/gal	Pendulum
Pre-M 40 lb.	John Deere	\$.38/lb.	Pre-M
Reward (Diquat)	Helena Chemical	\$41.06/gal.	Tribune
Sedgehammer	Howard Fertilizer	\$69.11/cont	Pro Sedge SH
Trimec Plus	Helena Chemical	\$42.90/gal	Trimec Plus
Illoxan 3EC	Helena Chemical	\$215.00/gal.	Illoxan 3EC
Asulox	Howard Fertilizer	\$40.60/gal.	Asulox
Finale	Howard Fertilizer	\$31.96/gal.	Finale

	<u>ITEM</u> <u>AWARDED</u>	<u>VENDOR</u>	<u>PRICE</u>	<u>PRODUCT</u>
	Pendulum 3.3EC	Helena Chemical	\$25.86/gal.	Pendulum 3.3 EC
	Dismiss	Howard Fertilizer	\$53.95/btl.	Dismiss
1)	Revolver	All Bidders	\$540.00/cont.	Revolver
	Certainty	Howard Fertilizer	\$68.15/btl.	Certainty
	Cutless 0.33G	Harrell's	\$4.30/lb.	Cutless G
	Hydrothol 191	Helena Chemical	\$59.39/gal.	Hydrothol 191
	Snapshot 2.5 TG	John Deere	\$1.43/lb	Snapshot 2.5 TG
2)	Ronstar Flo	Helena & Howard	\$160.00/gal	Ronstar Flo
	Pennant Magnum	Helena Chemical	\$170.10/gal	Pennant Magnum
	Orthene .97	Howard Fertilizer	\$7.62/lb.	Orthene T & O
	Sevin SL	Helena Chemical	\$27.01/gal.	Sevin SL
3)	Top Choice	All Bidders	\$2.75/lb.	Top Choice
	Malathion 5Ec	Harrell's	\$23.80/gal.	Malathion 5EC
	Merit WSP	Howard Fertilizer	\$12.23/oz.	Merit WP
	Cygon	Howard Fertilizer	\$38.08/gal.	Dimethoate 4EC
	Demand CS	John Deere	\$60.17/qt	Cyonara 9.7 EW
	Talstar	Howard Fertilizer	\$29.50/gal	Upstar Gold
	Talstar granular	John Deere	\$.25/lb.	Crosscheck
	Merit 0.5G	Howard Fertilizer	\$.70/lb.	Zenith 0.5G
	Dylox 6.2	Helena Chemical	\$.95/lb.	Dylox 6.2G
	Daconil weather stick	Helena Chemical	\$25.65/gal.	Echo 720
	Subdue	John Deere	\$405.30/gal	Mefenoxam 2AQ
	Mancozeb	John Deere	\$21.03/gal	Mancozeb
	Alliette Powder	Harrell's	\$22.00/lb.	Alette WDG
	Armada	Howard Fertilizer	\$2.60/oz.	Armada 50 WDG
	Eagle 20EW	Howard Fertilizer	\$29.30/pt.	Eagle 20 EW
	Fore 80WP	Howard Fertilizer	\$6.99/lb	Fore 80WP
	Heritage TL	Univar USA	\$497.00/gal	Heritage TL
	Amdro 25 lbs.	Univar USA	\$5.50/lb	Probait
	Amdro 3 lb.	Univar USA	\$5.58/lb.	Probait
	Logic/Award	Helena Chemical	\$8.36/lb	Award
	Wetting agent	Univar USA	\$12.68/gal.	Big Wet
	Wetting agent-granular	Harrell's	\$1.31/lb.	Rewet G
	Tracker Dye 2.5 gal	Helena Chemical	\$14.90/gal	Spec Spray Ind
	Tracker Dye 1 gal	Helena Chemical	\$15.20/gal	Spec Spray Ind
	Stick/spread	Univar USA	\$11.50/gal.	Surf AC
	Foam Buster	Univar USA	\$5.15/qt.	Defoamer

NOTES

- 1) This is an agency product. All bidders are required to bid the same price. Therefore, the bid is awarded to all bidders for this item.
- 2) The lowest bid for this item is a tie between Helena Chemical and Howard Fertilizer. The award for this item is to both bidders.
- 3) Same as 1 above.

Should any vendor be unable to honor their price at any time during the term of this contract, the award will revert to the next lowest bidder.

HORTICULTURAL CHEMICALS						
	HELENA CHEMICAL	HARRELL'S INC.	HOWARD FERTILIZER	UNIVAR USA	JOHN DEERE LANDSCAPE	
CATEGORY B						
Orthene .97	\$9.25/lb	\$9.33/lb	\$7.62/lb	\$8.80/lb	\$8.08/lb	
Sevin SL	\$27.01/gal	\$34.29/gal	\$35.58/gal	\$44.24/gal	\$39.52/gal	
Top Choice	\$2.75/lb	\$2.75/lb	\$2.75/lb	\$2.75/lb	\$2.75/lb	
Malathion 5Ec	\$27.12/gal	\$23.80/gal	\$32.70/gal		\$36.67/gal	
Merit WSP	\$15.72/oz	\$14.50/oz	\$12.23/oz	\$16.99/oz	\$18.76/oz	
Cygon		\$41.62/gal	\$38.08/gal			
Demand CS		\$64.75/qt	\$126.29/qt	\$112.35/qt	\$60.17/qt	
Talstar	\$53.90/gal	\$32.50/gal	\$29.50/gal	\$35.00/gal	\$31.67/gal	
Talstar granular	\$5.99/lb		\$7.00/lb	\$8.89/lb	\$2.25/lb	
Merit 0.5G	\$1.27/lb	\$1.90/lb	\$7.00/lb	\$1.50/lb	\$7.77/lb	
Dylox 6.2	\$95/lb	\$1.04/lb	\$1.05/lb	\$1.09/lb	\$1.22/lb	
CATEGORY C						
Daconil Weatherstick	\$25.65/gal	\$35.00/gal	\$34.20/gal		\$29.13/gal	
Subdue	\$499.00/gal	\$499.00/gal	\$499.00/gal	\$409.00/gal	\$405.30/gal	
Mancozeb	\$32.70/gal		\$28.85/gal		\$21.03/gal	
Alliette Powder	\$23.90/lb	\$22.00/lb	\$23.58/lb		\$27.53/lb	
Armada	\$3.50/oz	\$3.833/oz	\$2.60/oz	\$14.90/oz	\$4.11/oz	
Eagle 20EW	\$32.16/pt		\$29.30/pt		\$34.04/pt	
Fore 80WP	\$7.68/lb	\$12.675/lb	\$6.99/lb		\$8.16/lb	
Heritage TL	\$502.00/gal	\$502.00/gal	\$502.00/gal	\$497.00/gal	\$502.00/gal	
CATEGORY D						
Amdro 25 lb.	\$8.50/lb	\$8.09/lb	\$6.94/lb	\$5.50/lb		
Amdro 3 lb.	\$10.18/lb			\$5.58/lb		
Logic/Award	\$8.36/lb	\$8.95/lb	\$8.52/lb	\$9.79/lb	\$10.13/lb	
CATEGORY E						
Wetting Agent	\$13.11/gal	\$66.68/gal	\$26.40/gal	\$12.68/gal	\$26.31/gal	
Wetting Agent-granular	\$1.51/lb	\$1.31/lb	\$2.62/lb		\$1.41/lb	
CATEGORY F						
Tracker Dye 2 1/2 gal	\$14.90/gal	\$25.80/gal	\$29.50/gal	\$26.00/gal	\$16.94/gal	
Tracker Dye 1 gal	\$15.20/gal		\$31.00/gal	\$44.12/gal		
CATEGORY G						
Sticker/spreader	\$32.23/gal	\$32.00/gal	\$13.93/gal	\$11.50/gal	\$21.07/gal	
CATEGORY H						
Foam Buster		\$15.95/qt	\$13.50/qt	\$5.15/qt	\$7.38/qt	

HORTICULTURAL CHEMICALS						
CATEGORY A	HELENA CHEMICAL	HARRELL'S INC.	HOWARD FERTILIZER	UNIVAR USA	JOHN DEERE LANDSCAPE	
Drive XLR8	\$55.00/ 1/2 gal	\$53.64/ 1/2 gal	\$47.83/ 1/2 gal	\$57.76/ 1/2 gal	\$63.33/ 1/2 gal	
Rodeo 2 1/2 gal	\$12.35/gal	\$23.70/gal				\$82.33/lb
Sencor	\$66.00/lb	\$75.11/lb	\$346.20/lb			\$33.35/gal
Roundup ProMax 1.67 gal	\$34.00/gal	\$39.87/gal	\$29.05/gal	\$66.68/gal		\$31.73/gal
Roundup ProMax 30 gal	\$32.85/gal		\$10.94/gal			
Ranger Pro 2 1/2 gal	\$12.00/gal	\$12.71/gal	\$10.94/gal	\$12.62/gal		
Ranger Pro 30 gal	\$12.00/gal	\$11.83/gal	\$85.98/gal	\$12.50/gal		\$87.85/gal
Ganton 2 1/2 gal	\$45.00/gal	\$79.00/gal	\$16.85/gal			\$18.94/gal
2-4-D 2 1/2 gal	\$14.12/gal	\$17.52/gal	\$23.00/gal			\$22.07/gal
Three-Way	\$36.72/gal	\$22.91/gal	\$77.90/btl			\$104.96/btl
Image	\$87.02/btl	\$90.48/btl	\$52.20/gal			\$43.06/gal
Surflan	\$49.99/gal	\$46.00/gal	\$1.34/lb			\$1.22/lb
Ronstar	\$1.35/lb	\$1.46/lb	\$23.17/lb			\$11.08/lb
Barricade	\$21.12/lb	\$14.56/lb	\$93.74/gal	\$114.50/gal		\$124.13/gal
Basagran	\$101.01/gal	\$102.00/gal	\$28.26/gal			\$30.06/gal
Pre-M 2 1/2 gal	\$25.86/gal	\$30.00/gal	\$1.30/lb			\$.38/lb
Pre-M 40 lb. bag	\$1.22/lb	\$79.00/gal	\$79.00/gal			\$60.80/gal
Reward (Diquat)	\$41.06/gal	\$72.69/cont	\$69.11/cont	\$80.80/cont		\$73.59/cont
Sedgehammer	\$77.62/cont					
Trimec Plus	\$42.90/gal					
Illoxan 3EC	\$215.00/gal	\$231.11/gal	\$223.70/gal			\$253.31/gal
Asulox	\$41.90/gal		\$40.60/gal	\$45.60/gal		
Finale	\$75.60/gal	\$34.67/gal	\$31.96/gal	35.80/gal		\$88.66/gal
Pendulum 3.3EC	\$25.86/gal	\$30.00/gal	\$28.26/gal	\$30.10/gal		\$50.66/gal
Dismiss	\$57.91/btl	\$59.82/btl	\$53.95/btl	\$61.40/btl		\$66.37/btl
Revolver	\$540.00/cont	\$540.00/cont	\$540.00/cont	\$540.00/cont		\$540.00/cont
Certainly	\$82.50/btl	\$90.31/btl	\$68.15/btl	\$94.68/btl		\$83.59/btl
Cutless 0.33G	\$109.49/lb	\$4.30/lb	\$5.00/lb			\$5.64/lb
Hydrothol 191	\$59.39/gal					
Snapshot 2.5 TG	\$1.70/lb	\$1.78/lb	\$1.56/lb			\$1.43/lb
Ronstar Flo	\$160.00/gal		\$160.00/gal			\$202.65/gal
Pennant Magnum	\$170.10/gal		\$172.57/gal	\$186.96/gal		\$205.18/gal

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): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> 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.

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									
3	6	-	4	4	8	5	5	5	0

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 ▶ 3/14/12
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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 M. 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
Address: 1800 N. Commerce Pkwy, Ste 3
Weston, FL 33326
FEIN 36-485550
State and date of incorporation Delaware

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
<u>DEERE & COMPANY, ONE JOHN DEERE PLACE</u>	<u>MOLINE, IL 61265</u>	<u>100%</u>
<u>John Deere Landscapes is a wholly owned subsidiary. Please see attached.</u>		<u>%</u>

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
<u>NONE</u>	

By: Molly M. Volous
Signature of Affiant

Date: 3/14/12

Molly M. Volous
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 14th day of MARCH 2012, by Molly M. Volous, he/she is personally known to me or has presented _____ as identification.



MONIQUE POTTS
NOTARY PUBLIC
STATE OF OHIO
My Comm. Expires
February 22, 2014

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

Print or Stamp of Notary

Serial Number 2011-RE-362966

My Commission Expires: 2/22/2014



PRODUCTS BY

INDUSTRY NAME PARTS | SERVICES & SUPPORT | BUYING & FINANCING | OUR COMPANY

Our Company

Investor Relations

Stock & Dividend Information

- Analyst Coverage
- Dividends Declared
- Dividend Reinvestment
- Ownership Summary
- Stock Split History
- Transfer Agent and Registrar

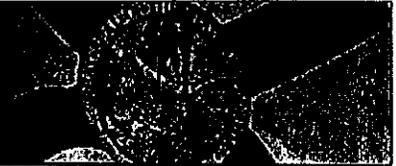
Ownership Summary

Home / Our Company / Investor Relations / Stock and Dividend Information / Ownership Summary

Top Holders

	Shares Held	% O/S	Share Change	Filing Date
Cascade Investment, L.L.C.	24,508,573	6.1	24,508,573	08/23/11
Capital World Investors	18,051,000	4.5	1,850	12/31/11
Vanguard Group, Inc.	16,254,098	4.1	147,093	12/31/11
State Street Global Advisors (US)	14,718,200	3.7	266,319	12/31/11
BlackRock Institutional Trust Company, N.A.	14,326,486	3.6	472,254	12/31/11
Wellington Management Company, LLP	7,767,340	1.9	676,981	12/31/11
Ballie Gifford & Co.	7,657,225	1.9	-1,991,434	12/31/11
Eaton Vance Management	6,216,723	1.6	2,974,571	12/31/11
Winslow Capital Management, Inc.	5,699,730	1.4	416,822	12/31/11
Van Eck Associates Corporation	5,141,417	1.3	-14,882	12/31/11

Ownership data based on most recent publicly available data according to Thomson Reuters.



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Entity Name Search

No Events

No Name History

Detail by Entity Name

Foreign Profit Corporation

JOHN DEERE LANDSCAPES, INC.

Filing Information

Document Number F02000000552
FE/EIN Number 364485550
Date Filed 01/31/2002
State DE
Status ACTIVE

Principal Address

5610 MCGINNIS FERRY ROAD
ALPHARETTA GA 30005

Mailing Address

ONE JOHN DEERE PLACE
C/O DEERE & CO TAX DEPT
MOLINE IL 61265

Changed 03/05/2003

Registered Agent Name & Address

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

Officer/Director Detail

Name & Address

Title P/D

WERNING, DAVID P
5610 MCGINNIS FERRY ROAD
ALPHARETTA GA 30005

Title V/D

EVERITT, DAVID
ONE JOHN DEERE PLACE
MOLINE IL 61265

Title S

NOE, GREGORY
ONE JOHN DEERE PLACE
MOLINE IL 61265

Title T

ZIEGLER, MARIE
ONE JOHN DEERE PLACE
MOLINE IL 61265

Title AS

JARRETT, THOMAS K
ONE JOHN DEERE PLACE
MOLINE IL 61265

Annual Reports

Report Year Filed Date

2009	04/22/2009
2010	04/27/2010
2011	04/25/2011

Document Images

04/25/2011 -- ANNUAL REPORT	View image in PDF format
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04/22/2009 -- ANNUAL REPORT	View image in PDF format
04/29/2008 -- ANNUAL REPORT	View image in PDF format
03/22/2007 -- ANNUAL REPORT	View image in PDF format
05/01/2006 -- ANNUAL REPORT	View image in PDF format
04/07/2005 -- ANNUAL REPORT	View image in PDF format
04/12/2004 -- ANNUAL REPORT	View image in PDF format
03/05/2003 -- ANNUAL REPORT	View image in PDF format
01/31/2002 -- Foreign Profit	View image in PDF format

Note: This is not official record. See documents if question or conflict.

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No Events **No Name History**

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State of Florida, Department of State



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Entity Name Search

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No Name History

Detail by Entity Name

Florida Limited Liability Company

HARRELL'S, LLC

Filing Information

Document Number L07000127310
FEI/EIN Number 261595082
Date Filed 12/20/2007
State FL
Status ACTIVE
Last Event LC AMENDMENT
Event Date Filed 03/27/2008
Event Effective Date NONE

Principal Address

720 KRAFT ROAD
LAKELAND FL 33815

Mailing Address

720 KRAFT ROAD
LAKELAND FL 33815

Registered Agent Name & Address

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

Name Changed: 03/07/2012

Address Changed: 03/07/2012

Manager/Member Detail

Name & Address

Title MGR

HARRELL, JACK R JR
720 KRAFT ROAD
LAKELAND FL 33815

Title MGR

SCHERMERHORN, DAVID
720 KRAFT ROAD
LAKELAND FL 33815

Title ST

RUST, GARY M
720 KRAFT ROAD
LAKELAND FL 33815

Title VP

BARCIA, ALEX
720 KRAFT ROAD
LAKELAND FL 33815

Title VP

SHOOK, MATT
720 KRAFT ROAD
LAKELAND FL 33815

Title VP

HASKINS, RANDY
720 KRAFT ROAD
LAKELAND FL 33815

Annual Reports

Report Year Filed Date

2009	01/19/2009
2010	01/11/2010
2011	01/11/2011

Document Images

03/07/2012 -- Reg. Agent Change	View image in PDF format
01/11/2011 -- ANNUAL REPORT	View image in PDF format
01/11/2010 -- ANNUAL REPORT	View image in PDF format
01/19/2009 -- ANNUAL REPORT	View image in PDF format
04/14/2008 -- ANNUAL REPORT	View image in PDF format
03/27/2008 -- LC Amendment	View image in PDF format
01/02/2008 -- Merger	View image in PDF format
12/20/2007 -- Florida Limited Liability	View image in PDF format

Note: This is not official record. See documents if question or conflict.

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[Events](#) **No Name History**

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State of Florida, Department of State

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) Harrell's, LLC	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) P.O. Box 807	Requester's name and address (optional)
City, state, and ZIP code Lakeland, FL 33802	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is 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
: : :
OR
Employer identification number
26 : 1595082

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

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶ <i>Laura J. Dubose</i>	Date ▶ 2009
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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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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,

**Town of Davie
Vendor/Bidder Disclosure**

I, Gary Rust, Sr VP, 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: Harrell's, LLC
 Address: 720 Kraft Rd.
Lakeland, FL 33815
 FEIN 26-1595082
 State and date of incorporation FL - 01/01/08

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
<u>Harrell's Fertilizer Group, Inc</u> <u>P.O. Box 807, Lakeland, FL 33802</u>		<u>76.8</u> %
<u>Schermerhorn Acquisitions, LLC</u> <u>P.O. Box 807, Lakeland, FL 33802</u>		<u>19.2</u> %
<u>Kenney Machinery Corp.</u> <u>P.O. Box 807, Lakeland, FL 33802</u>		<u>4</u> %

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
<u>N/A</u>	

**Request for Taxpayer
 Identification Number and Certification**

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

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above
UNIVAR USA

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

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

Other (see Instructions) ▶

Address (number, street, and apt. or suite no.)
5057-D LA McLeod Rd

City, state, and ZIP code
ORLANDO, FL 32811

Requester's name and address (optional)

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

01	-	1	3	4	7	9	3	5
----	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶ **Judy Spickman** Date ▶ **3/15/12**

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, JUDY SPARKMAN 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: UNIVAP USA
Address: 5051-D LB McLeod Rd.
ORLANDO, FL
FEIN: 91-1347935
State and date of incorporation: Washington 1924

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
_____	_____
_____	_____
_____	_____
_____	_____

REDMOND WA 98052

Title VD

HILL, WARREN T
17425 NE UNION HILL RD
REDMOND WA 98052

Title V

BURGENER, LYNN J
17425 NE UNION HILL ROAD
REDMOND WA 98052

Title S

KUSAKABE, PERRY
17425 NE UNION HILL ROAD
REDMOND WA 98052

Title VT

DOUGLAS, DREW
17425 NE UNION HILL ROAD
REDMOND WA 98052

Annual Reports

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2010	02/22/2010
2011	04/01/2011

Document Images

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02/22/2010 -- ANNUAL REPORT	View image in PDF format
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03/24/2008 -- ANNUAL REPORT	View image in PDF format
01/16/2007 -- ANNUAL REPORT	View image in PDF format
01/31/2006 -- ANNUAL REPORT	View image in PDF format
03/15/2005 -- ANNUAL REPORT	View image in PDF format
01/20/2004 -- ANNUAL REPORT	View image in PDF format
03/13/2003 -- ANNUAL REPORT	View image in PDF format
07/19/2002 -- Name Change	View image in PDF format
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01/23/1998 -- ANNUAL REPORT	View image in PDF format
03/05/1997 -- ANNUAL REPORT	View image in PDF format

**Request for Taxpayer
 Identification Number and Certification**

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

Name (as shown on your income tax return) _____

Business name/disregarded entity name, if different from above
Helena Chemical Co

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) ▶ _____

Address (number, street, and apt. or suite no.)
P.O. Box 1758

City, state, and ZIP code
Dade City FL 33526

Requester's name and address (optional) _____

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

7	1	-	0	2	9	3	6	8	8
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶ 2/6/2012

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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 partner's 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, James Beale, 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: Helena Chemical Company
 Address: 225 Schillings Blvd Ste 300
Coltverville, TN
 FEIN: 71-0293688
 State and date of incorporation: Delaware - 1957

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
<u>Mike McCarty - President</u>	<u>225 Schilling Blvd</u>	<u>Coltverville, TN</u> %
<u>Troy Traylor - Sr. V.P.</u>	<u>225 Schilling Blvd</u>	<u>Coltverville, TN</u> %
<u>Dave Thomas - V.P.</u>	<u>225 Schilling Blvd</u>	<u>Coltverville, TN</u> %
<u>John Pate - V.P.</u>	<u>225 Schilling Blvd</u>	<u>Coltverville, TN</u> %

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: Kathy J. Catrett
Signature of Affiant

Date: 3-16-2012

Kathy J. Catrett
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 16 day of
MARCH 2012 by James Boggs Jr., he/she is
personally known to me or has presented _____ as
identification.



Notary Public, State of Florida at Large

Print or Stamp of Notary

DD848898
Serial Number

My Commission Expires January 4, 2013



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Detail by Entity Name

Foreign Profit Corporation

HELENA CHEMICAL COMPANY

Filing Information

Document Number 838677
FEI/EIN Number 710293688
Date Filed 06/29/1977
State DE
Status ACTIVE
Last Event NAME CHANGE AMENDMENT
Event Date Filed 11/28/1977
Event Effective Date NONE

Principal Address

225 SCHILLING BLVD
STE 300
COLLIERVILLE TN 38107

Changed 02/11/2003

Mailing Address

225 SCHILLING BLVD
STE 300
COLLIERVILLE TN 38107

Changed 02/11/2003

Registered Agent Name & Address

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324 US

Name Changed: 03/04/1992

Address Changed: 03/04/1992

Officer/Director Detail

Name & Address

Title PCEO

MCARTY, MIKE
225 SCHILLING BLVD STE 300
COLLIERVILLE TN 38017

Title VCFO

TRAXLER, TROY D JR
225 SCHILLING BLVD STE 300
GERMANTOWN TN 38139

Title V

DAVE, THOMAS
225 SCHILLING BLVD STE 300
COLLIERVILLE TN 38017

Title V

MILTON, ALLEN
225 SCHILLING BLVD
COLLIERVILLE TN 38017

Title T

LEWIS, ROGER
225 SCHILING
COLLIERVILLE TN 38017

Title DAS

HAWINS, DAVID
225 SCHILLING BLVD
COLLIERVILLE TN 38017

Annual Reports

Report Year Filed Date

2010	07/29/2010
2011	03/23/2011
2012	01/05/2012

Document Images

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05/16/1995 -- ANNUAL REPORT	

**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 3	Name Howard Fertilizer & Chemical Co. Inc.	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
	Address (number, street, and apt. or suite no.) 8306 S. Orange Avenue	Requester's name and address (optional) TOWN OF SAUL E
	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. 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
OR

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
5 9 0 1 7 8 1 8 1 3 1 1

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 <i>Catherine L. Thomas</i>	Date <i>3/19/12</i>
-----------	---	---------------------

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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding,
- Claim exemption from backup withholding if you are a U.S. exempt payee.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 816, 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 recipient 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 that specifies the following five items:

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

**TOWN OF DAVIE
Vendor/Bidder Disclosure**

I, Dan Grabhorn, 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. INC.
 Address: PO BOX 628202
ORLANDO, FL 32862-8202
 FEIN: 59-0788131
 State and date of incorporation: FLORIDA 1956

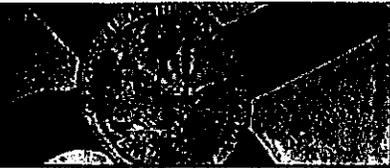
OWNERSHIP DISCLOSURE AFFIDAVIT

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
<u>Robert M. Howard</u>	<u>8306 S. Orange Ave. Orl FL</u>	<u>100 %</u>
	<u>32809</u>	<u>%</u>
		<u>%</u>
		<u>%</u>

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
<u>None</u>	



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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

2010	02/23/2010
2011	01/14/2011
2012	01/03/2012

Document Images

- 01/03/2012 -- ANNUAL REPORT
- 01/14/2011 -- ANNUAL REPORT
- 01/05/2011 -- Amendment
- 06/15/2010 -- Reg. Agent Change
- 02/23/2010 -- ANNUAL REPORT
- 01/13/2009 -- ANNUAL REPORT
- 02/04/2008 -- ANNUAL REPORT
- 03/19/2007 -- ANNUAL REPORT
- 05/01/2006 -- ANNUAL REPORT
- 02/23/2005 -- ANNUAL REPORT
- 04/23/2004 -- ANNUAL REPORT
- 04/22/2003 -- ANNUAL REPORT
- 09/10/2002 -- ANNUAL REPORT
- 06/11/2001 -- Name Change
- 04/26/2001 -- ANNUAL REPORT
- 04/17/2000 -- ANNUAL REPORT
- 01/29/1999 -- ANNUAL REPORT
- 01/23/1998 -- ANNUAL REPORT
- 03/10/1997 -- ANNUAL REPORT
- 05/01/1996 -- ANNUAL REPORT
- 04/26/1995 -- ANNUAL REPORT

Note: This is not official record. See documents if question or conflict.

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Entity Name Search

**TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT**

TO: Mayor and Councilmembers

FROM/PHONE: Herb Hyman/1016

PREPARED BY: Herb Hyman

SUBJECT: Resolution

AFFECTED DISTRICT: All

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: BID SELECTION - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, ACCEPTING THE BIDS FOR HORTICULTURAL CHEMICALS.

EXECUTIVE SUMMARY: A competitive bid was conducted for the supply of horticultural chemicals which may be needed by the Public Works Department, Capital Projects Department, Parks & Recreation Department and/or the Utilities Department. The Town acted as lead agency for the Southeast Florida Cooperative Purchasing Group for this bid. The Town sent out specifications to twenty-seven (27) prospective bidders. Additionally, the bid was advertised state-wide in Florida Bid Reporting and nationally in BidNet and also posted on the Town's web site. The Town received five (5) bids. All bids were evaluated with regard to compliance with the specifications. The recommendation is for the lowest responsive and responsible bidder for each item as identified in Attachment "A". The initial contract is a two (2) year term. As this is a co-op contract, it is exempt from the local vendor preference policy. There are no Davie based vendors involved with this procurement.

KEY POINTS:

- **The Town received five (5) competitive bids for the supply of horticultural chemicals.**
- **The Town acts as "lead agency" for the Southeast Florida Cooperative Purchasing Group for this contract.**
- **Besides the Town of Davie, there are twenty-one (21) other municipalities participating in this contract.**
- **The bid will be awarded to the lowest responsive bidder for each product.**
-

PREVIOUS ACTIONS: n/a

CONCURRENCES: The commercial aspects of the bids were reviewed by the Town's Procurement Manager. The technical aspects of the bid were reviewed by Deanna MacAtamney of the City of Fort Lauderdale.

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: Dependent on the quantities needed for approved projects.

Account name and number: Fuel usage accounts of the various departments

If no, amount needed: \$

What account name and number will funds be appropriated from:

Additional Comments: The Town is not obligated to buy any specific quantity of product. All participating agencies can buy as much or as little as they need during the term of the contract.

RECOMMENDATION(S): Motion to approve resolution

Attachment(s):

Procurement Authorization

Award recommendation

Bid Tabulation

Incorporation Information



SOUTHEAST FLORIDA GOVERNMENTAL PURCHASING COOPERATIVE

TO OUR PROSPECTIVE CONTRACTORS:

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

For the past several years, approximately twenty-six (26) government entities have participated in Cooperative Purchasing in Southeast Florida. The Southeast Florida Governmental Purchasing Cooperative 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 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 are strictly prohibited from utilizing any contract or purchase order resulting from this bid award. However, other Southeast Florida Governmental Purchasing Cooperative members may participate in their 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 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"



Administration 954-797-1030
Budget & Finance 954-797-1050
Development Services 954-797-1111
Engineering 954-797-1113
Fire Department 954-693-1211
Human Resources 954-797-1100
Planning & Zoning 797-1103

Parks & Recreation 954-797-1145
Police Department 954-693-8200
Public Works 954-797-1240
Special Projects 954-797-1153
Technology & Information 954-797-1107
Town Clerks 954-797-1023
Utilities 954-433-4000

TOWN OF DAVIE 6591 Orange Drive, Davie, Florida 33314-3399

(954) 797-1000

February 27, 2012

NOTICE TO BIDDERS

The Town of Davie is accepting sealed bids until 2:00 p.m. on Thursday, March 22, 2012, for the following:

HORTICULTURAL CHEMICALS, B-12-34

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, March 22, 2012, 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

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 terms 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. Conflicting Language

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

13. 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.

14. 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.

15. 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 submitted by any 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 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, 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.

16. 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.

SOUTHEAST FLORIDA GOVERNMENTAL PURCHASING CO-OP MEMBERS

Organization Name	Name	Address	City	State	Zip	Work Phone	Fax Number	Email Address
Atlantis, City of	Mc Thornton	260 Orange Tree Drive	Atlantis	FL	33462	(561) 965-1744	561-842-1806	mthornton@atlantisfl.gov
Atlantis, City of	Jean Barthien	260 Orange Tree Drive	Atlantis	FL	33462	(561) 965-1744	561-842-1806	barthien@atlantisfla.org
Aventura, City of	Indra Sarju	19200 W County Club Dr	Aventura	FL	33180	(305) 466-8925	(305) 466-8939	sarju@cityofventura.com
Boca Raton, City of	Bob Bolinski	201 W. Palmetto Park Rd.	Boca Raton	FL	33432	(561) 393-7873	(561) 393-7983	bbolinski@ci.boca-raton.fl.us
Boca Raton, City of	Diane Lopez	201 W. Palmetto Park Rd.	Boca Raton	FL	33432	(561) 393-7880	(561) 393-7983	dlopez@ci.boca-raton.fl.us
Boca Raton, City of	Lynn Kunkel	201 W. Palmetto Park Rd.	Boca Raton	FL	33432	(561) 393-7874	(561) 393-7983	kunkel@ci.boca-raton.fl.us
Boca Raton, City of	Alicia Kalish	201 W. Palmetto Park Rd.	Boca Raton	FL	33432	(561) 393-7876	(561) 393-7983	akalish@ci.boca-raton.fl.us
Boca Raton, City of	Lanora Darden	201 W. Palmetto Park Rd.	Boca Raton	FL	33432	(561) 393-7875	(561) 393-7983	ldarden@ci.boca-raton.fl.us
Boca Raton, City of	Sharlene Solis	201 W. Palmetto Park Rd.	Boca Raton	FL	33432	(561) 393-7872	(561) 393-7983	ssolis@ci.boca-raton.fl.us
Broward Community College- Purchasing Dept.	Alex Denis	225 E. Las Olas Blvd.	Fort Lauderdale	FL	33301	(954) 201-7455	(954) 201-7330	adenis@broward.edu
Broward Community College- Purchasing Dept.	Beau Mitchell	225 E. Las Olas Blvd.	Fort Lauderdale	FL	33301	(954) 201-7551	(954) 201-7330	bmitchel@broward.edu
Broward Community College- Purchasing Dept.	Bob Persiano	225 E. Las Olas Blvd.	Fort Lauderdale	FL	33301	(954) 201-7485	(954) 201-7330	rpersian@broward.edu
Broward Community College- Purchasing Dept.	Susan Gabriel	225 E. Las Olas Blvd.	Fort Lauderdale	FL	33301	(954) 201-7980	(954) 201-7330	sgabrie@broward.edu
Broward County Purchasing Dept.	John A. Kunzman	115 S. Andrews Ave.	Fort Lauderdale	FL	33301	(954) 357-6009	(954) 357-8535	jkunzman@broward.org
Broward County Purchasing Dept.	Karen Melbridge	115 S. Andrews Ave. Room 212	Fort Lauderdale	FL	33301	(954) 357-8946	(954) 357-8535	kmelbridge@broward.org
Broward County Purchasing Dept.	Kathy Davis	115 S. Andrews Ave. Room 212	Fort Lauderdale	FL	33301	(954) 357-8087	(888) 805-0879	kdavis@broward.org
Broward County Purchasing Dept.	Anthony Cariveau	115 S. Andrews Ave. Room 212	Fort Lauderdale	FL	33301	(954) 357-8067	(888) 805-0879	acariveau@broward.org
Broward County Purchasing Dept.	Lee Overton	115 S. Andrews Ave. Room 212	Fort Lauderdale	FL	33301	(954) 357-8078	(954) 357-8535	loveton@broward.org
Broward County Purchasing Dept.	Ilyse Valdivia	115 S. Andrews Ave. Room 212	Fort Lauderdale	FL	33301	(954) 357-6078	(954) 357-8535	valdivia@broward.org
Broward County Purchasing Dept.	Christine Carhoun	115 S. Andrews Ave. Room 212	Fort Lauderdale	FL	33301	954-357-8085	954-357-8527	ccarhoun@broward.org
Broward County Purchasing Dept.	Yasmin Teja	960 NW 39th St.	Oakland Park	FL	33309	(954) 537-2850	(954) 537-2855	yteja@broward.org
Broward County School Board	Carol Barker	7720 W. Oakland Park Blvd., Site 323	Sunrise	FL	33351	(754) 321-0506	(754) 321-0533	carol.barker@browardschools.com
Broward County School Board	Charles High	7720 W. Oakland Park Blvd., Site 323	Sunrise	FL	33351	(754) 321-0503	(754) 321-0534	charles.high@browardschools.com
Broward County School Board	Kay Lloyd	7720 W. Oakland Park Blvd., Site 323	Sunrise	FL	33351	(754) 321-0504	(754) 321-0534	kay.lloyd@browardschools.com
Broward County School Board	Mark Alan	7720 W. Oakland Park Blvd., Site 323	Sunrise	FL	33351	(754) 321-0507	(754) 321-0534	mark.alan@browardschools.com
Broward County School Board	Phyllis Ben-Asher	7720 W. Oakland Park Blvd.	Sunrise	FL	33351	(754) 321-0527	(754) 321-0533	phyllis.ben-asher@browardschools.com
Broward County Sheriff - Purchasing	John Spiliopoulos	143 NW 25 Terr.	Fort Lauderdale	FL	33311	(954) 831-8273	(954) 831-8269	john.spiliopoulos@sheriff.org
Broward County Sheriff - Purchasing	Larry D. Strain	2601 W. Broward Blvd	Fort Lauderdale	FL	33312	(954) 321-4795	(954) 765-4006	larry.strain@sheriff.org
Broward County Sheriff - Purchasing	Rick Torres	2601 W. Broward Blvd.	Fort Lauderdale	FL	33312	(954) 831-8172	(954) 765-4006	rick.torres@sheriff.org
Broward County Sheriff - Purchasing	Michael Brady	2601 W. Broward Blvd.	Fort Lauderdale	FL	33312	(954) 831-8175	(954) 765-4006	Michael.Brady@sheriff.org
Broward County Sheriff - Purchasing	Aurel Gill	2601 W. Broward Blvd.	Fort Lauderdale	FL	33312	(954) 831-8173	(954) 765-4006	aurel.gill@sheriff.org
Broward County Sheriff - Purchasing	Jason Spaide	2601 W. Broward Blvd.	Fort Lauderdale	FL	33312	954-321-4542	(954) 765-4006	jason.spaide@sheriff.org
Broward County Sheriff - Purchasing	Rona Sandler	2601 W. Broward Blvd.	Fort Lauderdale	FL	33312	(954) 321-4551	(954) 765-4006	rona.sandler@sheriff.org
Broward Health (North Broward Hospital District) Children's Services Council of Palm Beach County	Steve Thornton	303 SE 17 St.	Fort Lauderdale	FL	33316	954-468-9071	954-365-5109	sthornton@browardhealth.org
	Renita Reif	2300 High Ridge Rd.	Boynton Beach	FL	33426	(561) 374-7574	(561) 835-1956	Renita.Reif@cspsc.org

SOUTHEAST FLORIDA GOVERNMENTAL PURCHASING CO-OP MEMBERS

Organization Name	Name	Address	City	State	Zip	Work Phone	Fax Number	Email Address
Cocanut Creek, City of	Linda Jeshan	4800 W. Copans Rd.	Cocanut Creek	FL	33063	(954) 956-4438	(954) 973-5754	ljeshan@cocanutcreek.net
Cocanut Creek, City of	David Santucci	4800 W. Copans Rd.	Cocanut Creek	FL	33063	(954) 956-1438	(954) 973-5754	dsantucci@cocanutcreek.net
Cooper City, City of	Kerri Anne Fisher	PO Box 280910	Cooper City	FL	33329	(954) 434-4300 Ext 288	(954) 434-6099	kerri@coopercityfl.org
Coral Gables, City of	Joe Rodriguez	2800 SW 72 Avenue	Miami	FL	33155	(305) 460-5121	(305) 460-5116	contracts@coralgables.com
Coral Springs, City of	Angelo Salomone	9551 W. Sample Road	Coral Springs	FL	33065	(954) 344-1100	(954) 344-1186	assalomone@coralsprings.org
Coral Springs, City of	Art Resnik	9551 W. Sample Road	Coral Springs	FL	33065	(954) 344-1101	(954) 344-1186	ar@coralsprings.org
Coral Springs, City of	Gail Dixon	9551 W. Sample Road	Coral Springs	FL	33065	(954) 344-1104	(954) 344-1186	gad@coralsprings.org
Coral Springs, City of	Roxanne Sookdeo	9551 W. Sample Road	Coral Springs	FL	33065	(954) 344-1103	(954) 344-1186	rsookdeo@coralsprings.org
Coral Springs, City of	Tim Piasco	4181 NW 121 Avenue	Coral Springs	FL	33065	(954) 345-2235	(954) 345-2238	tim@coralsprings.org
Coral Springs Improvement District	Edward Siver	10300 NW 11th Manor	Coral Springs	FL	33071	(954) 752-1797 954 924-8900	(954) 757-4850	eds@fladistricts.com
Dania Beach, City of	Nandi Denny	100 W. Dania Beach Blvd.	Dania Bch.	FL	33004	(954) 797-1015 ext. 3674	(954) 922-5619	ndenny@ci.dania-beach.fl.us
Davie, Town of	Elena Blackston	6591 Orange Drive	Davie	FL	33314	(954) 797-1015	(954) 797-1049	elena_blackston@davie-fl.gov
Davie, Town of	Herb Hyman	6591 Orange Drive	Davie	FL	33314	(954) 797-1016	(954) 797-1049	herb_hyman@davie-fl.gov
Davie, Town of	Angie Salinas	6591 Orange Drive	Davie	FL	33314	(954) 797-1062	(954) 797-1049	angela_salinas@davie-fl.gov
Deerfield Beach, City of	Donna Council	401 SW 4th St.	Deerfield Beach	FL	33441	(954) 480-4380	(954) 480-4388	dcouncil@deerfield-beach.com
Deerfield Beach, City of	Jessica Gamble	401 SW 4th St.	Deerfield Beach	FL	33441	(954) 480-4418	(954) 480-4388	jsamble@deerfield-beach.com
Deerfield Beach, City of	Paul Collette	401 SW 4th St.	Deerfield Beach	FL	33441	(954) 480-4418	(954) 480-4388	pcollette@deerfield-beach.com
Fort Lauderdale, City of	AnnDebra Diaz	100 N. Andrews Ave. Room 619	Fort Lauderdale	FL	33301	(954) 828-5949	(954) 828-5576	adiaz@fortlauderdale.gov
Fort Lauderdale, City of	Carrie Keohane	100 N. Andrews Ave. Room 619	Fort Lauderdale	FL	33301	(954) 828-5141	(954) 828-5576	ckeohane@fortlauderdale.gov
Fort Lauderdale, City of	Robert McKenney	100 N. Andrews Ave. Room 619	Fort Lauderdale	FL	33301	(954) 828-7816	(954) 828-5576	rmckenney@fortlauderdale.gov
Fort Lauderdale, City of	James Hemphill	100 N. Andrews Ave. Room 619	Fort Lauderdale	FL	33301	(954) 828-5143	(954) 828-5576	jhemphill@fortlauderdale.gov
Fort Lauderdale, City of	Kirk Buffington	100 N. Andrews Ave. Room 619	Fort Lauderdale	FL	33301	(954) 828-5933	(954) 828-5576	kbuffington@fortlauderdale.gov
Fort Lauderdale, City of	Richard Ewell	100 N. Andrews Ave. Room 619	Fort Lauderdale	FL	33301	(954) 828-5138	(954) 828-5576	rewell@fortlauderdale.gov
Fort Lauderdale, City of	Michael Walker	100 N. Andrews Ave. Room 619	Fort Lauderdale	FL	33301	9954) 828-5677	(954) 828-5576	mwalker@fortlauderdale.gov
Fort Lauderdale, City of	Rick Andrews	100 N. Andrews Ave. Room 619	Fort Lauderdale	FL	33301	(954) 828-4357	(954) 828-5576	randrews@fortlauderdale.gov
Greenacres, City of	Alyssa M. Mito	5800 Metaleuca Lane	Greenacres	FL	33463	(561) 642-2039	(561) 642-2037	amito@ci.greenacres.fl.us
Greenacres, City of	Monica Pokery	5800 Metaleuca Lane	Greenacres	FL	33463	(561) 642-2030	(561) 642-2037	mpokery@ci.greenacres.fl.us
Hallandale Beach, City of	Andrea Lues	400 S. Federal Hwy	Hallandale	FL		(954) 457-1332	(954) 457-1342	alues@hallandalebeachfl.gov
Hallandale Beach, City of	Joann Wilgins	400 S. Federal Hwy	Hallandale	FL			(954) 457-1342	lwilgins@hallandalebeachfl.gov
Hollywood, City of	Danette Witherspoon	2600 Hollywood Blvd. Room 303	Hollywood	FL	33020	(954) 921-3248	(954) 921-3086	dwitherspoon@hollywoodfl.org
Hollywood, City of	Janice English	2600 Hollywood Blvd. Room 303	Hollywood	FL	33020	(954) 921-3245	(954) 921-3086	jenish@hollywoodfl.org
Hollywood, City of	K. Kilpatrick	2600 Hollywood Blvd.	Hollywood	FL	33020	(954) 921-3222	(954) 921-3086	kkilpatrick@hollywoodfl.org
Hollywood, City of	Ian Superville	2600 Hollywood Blvd. Room 303	Hollywood	FL	33020	954-921-3652	954-921-3086	isuperville@hollywoodfl.org
Hollywood, City of	Linda Silvey	2600 Hollywood Blvd. Room 303	Hollywood	FL	33020	(954) 921-3200	(954) 921-3086	lsilvey@hollywoodfl.org
Hollywood, City of	Ralph Diants	2600 Hollywood Blvd. Room 303	Hollywood	FL	33020	(954) 921-3223	(954) 921-3086	rdiants@hollywoodfl.org

SOUTHEAST FLORIDA GOVERNMENTAL PURCHASING CO-OP MEMBERS

Organization Name	Name	Address	City	State	Zip	Work Phone	Fax Number	Email Address
Lantana, Town of	Clyde Ali	4501 Ocean Drive	Lantana	FL	33308	(561) 540-5760	(561) 540-5759	walter.plant@lantana.org
Lauderdale by the Sea, Town of	Kaola King	4501 Ocean Drive	Lauderdale by the Sea	FL	33308	954-776-0576	954-776-7910	kaolak@lauderdalebythesea-fl.gov
Lauderdale by the Sea, Town of	Edner St. Jean	4501 Ocean Drive	Lauderdale by the Sea	FL	33308	954-776-0576	954-776-7910	edners@lauderdalebythesea-fl.gov
Lauderdale Lakes, City of	Diane LeRay	4300 NW 36 Street	Lauderdale Lakes	FL	33319	(954) 535-2743	(954) 733-3276	dilara@lauderdalelakes.org
Lauderdale Lakes, City of	Geeta Ramharry	4300 NW 36 Street	Lauderdale Lakes	FL	33319	(954) 535-2722	(954) 733-3276	geeta@lauderdalelakes.org
Lauderhill, City of	Gwendolyn Jones	3900 Inventory Blvd. Ste 209	Lauderhill	FL	33319	954-497-4708	(954) 730-3075	gjones@lauderalhll-fl.gov
Lighthouse Point, City of	Mary Pryde	2200 NE 38 St.	Lighthouse Point	FL	33064	(954) 946-7386	(954) 946-7932	mpryde@lighthousepoint.com
Margate, City of	Cornie Guzzi	5790 Margate Blvd.	Margate	FL	33063	(954) 972-6454	(954) 935-5258	ognuzzi@margatefl.com
Margate, City of	Pat Greenstein	5790 Margate Blvd.	Margate	FL	33063	(954) 972-6454	(954) 935-5258	pgreenstein@margatefl.com
Margate, City of	Shambray Spencer	5790 Margate Blvd.	Margate	FL	33063	(954) 972-6454	(954) 935-5258	sshambroy@margatefl.com
Miami Gardens, City of	Will Garviso	1515 NW 167 St. #200	Miami Gardens	FL	33169	(305) 822-8000	(305) 474-1285	wgarviso@miamigardens-fl.gov
Miami Gardens, City of	Pam Thompson	1515 NW 167 St. #200	Miami Gardens	FL	33169	(305) 822-8031	(305) 474-1285	pthompson@miamigardens-fl.gov
Miami Gardens, City of	Elena Varona	1515 NW 167 St. #200	Miami Gardens	FL	33169	(305) 822-8000	(305) 474-1285	evarona@miamigardens-fl.gov
Miami, City of	A. Media	444 SW 2nd Ave. 8th Floor	Miami	FL	33130	(305) 476-1906	(305) 400-5338	amedia@miamifl.gov
Miami, City of	Glenn Marcos	444 SW 2nd Ave. 8th Floor	Miami	FL	33130	(305) 476-1906	(305) 400-5338	gmarcos@miamifl.gov
Miami-Dade County	Andrew Zawoytski	111 NW 1st Street	Miami	FL	33128	(305) 375-5663	(305) 375-2316	azawoy@miamidade.gov
Miami Dade County Schools	Kevin Melnyre		Miami	FL		305-995-2250	305-523-3367	Kkalin@vredadeschools.net
Miramar, City of	Luz Bartra	2300 Civic Center Place	Miramar	FL	33025	954-602-3065		lbartra@ci.miramar.fl.us
Miramar, City of	MaryKay Zamora	2300 Civic Center Place	Miramar	FL	33025	954-602-3064		mkyzamoraci@miramar.fl.us
North Lauderdale, City of	Ivelisa Guzman	701 SW 71 Ave	N. Lauderdale	FL	33068	(954) 722-0900	(954) 720-2064	iguzman@lauderdale.org
North Miami Beach, City of	Yves Fontaine	17011 NE 19th Ave. Room 315	North Miami Beach	FL	33162	(305) 948-2946	(305) 957-3522	yves.fontaine@citynmb.com
North Miami Beach, City of	Brian O'Connor	17011 NE 19th Ave. Room 315	North Miami Beach	FL	33162	(305) 948-2946	(305) 957-3522	brian.oconnor@citynmb.com
North Miami Beach, City of	Donna Chung	17011 NE 19th Ave. Room 315	North Miami Beach	FL	33162	(305) 957-3809	(305) 957-3522	Donna.Chung@citynmb.com
North Miami, City of	Marc Anthony Tuloch	776 NE 125 St	North Miami	FL	33161	(305) 895-9886	(305) 891-1015	mtuloch@northmiamifl.gov
North Miami, City of	Rudy Crenshaw-Johnson	776 NE 125 St	North Miami	FL	33161	(305) 895-9886	(305) 891-1015	rcrenshaw@northmiamifl.gov
North Springs Improvement District	Mireya Landau	9700 NW 52nd Street	Coral Springs	FL	33076	(954) 796-6604	(954) 755-7237	mireya.l@nadsdistricts.com
Oakland Park, City of	Magpie Turner	3650 NE 12 Avenue	Oakland Park	FL	33334	(954) 630-4256	(954) 630-4216	magpie@oaklandparkfl.org
Palm Beach County BCC	Tiffany Nun	50 So. Military Trl, Ste 110	West Palm Bch	FL	33415	(561) 816-6935	(561) 242-6735	tnun@pbccgov.com
Palm Beach Gardens, City of		10500 North Military Trail	Palm Beach Gardens	FL	33410	(561) 804-7014	(561) 799-4134	apadczaza@townofpalmbeach.com
Palm Beach, Town of	Adis Pedlaza	951 Old Okeechobee Rd. Ste 'D'	West Palm Bch	FL	33401	(561) 835-4898		apadczaza@townofpalmbeach.com
Palm Beach, Town of	Lynnda Davis Verne	951 Old Okeechobee Rd. Ste 'D'	West Palm Bch	FL	33401	(561) 838-5406	(561) 835-4898	LVerne@TownofPalmBeach.com
Parkland, City of	Sarah Casstoro	6800 University Drive	Parkland	FL	33067	(954) 737-4135	(954) 341-5161	scasstoro@cityofparkland.org
Pembroke Park, Town of	Jeanne Paterson		Pembroke Park	FL		954-966-4600		jeannep@townofpembrokepark.com
Pembroke Park, Town of	Georgina Rodriguez		Pembroke Park	FL		954-966-4600 x11238		jeannep@townofpembrokepark.com
Pembroke Pines, City of	Bob Aquira	13975 Pembroke Road	Pembroke Pines	FL	33027	954-966-4600 x1232		graci@cityofpembrokepark.com
Pembroke Pines, City of	Bob Aquira	13975 Pembroke Road	Pembroke Pines	FL	33027	954-966-4600 x1232		baquira@pines.com

561-837-7001

SOUTHEAST FLORIDA GOVERNMENTAL PURCHASING CO-OP MEMBERS

Organization Name	Name	Address	City	State	Zip	Work Phone	Fax Number	Email Address
Plantation, City of	Larry Duemmling Ezard Charles Spencer	400 NW 73 Avenue 400 NW 73 Avenue	Plantation	FL	33317	(954) 797-2705	(954) 797-2720	lduemmling@plantation.org
Pompano Beach, City of	Leela Hardin Tammy Thompkins	1180 NE 3rd Ave, Bldg C 1190 NE 3rd Ave, Bldg C	Pompano Beach	FL	33060	(954) 786-4098	(954) 786-4168	leela.hardin@copbl.com
Riviera Beach, City of	Benjamin Guy	600 West Blue Heron Blvd.	Riviera Beach	FL	33404	(561) 845-4180	(561) 842-5105	bguy@rivierabch.com
Riviera Beach, City of	Glendora Williams	600 West Blue Heron Blvd.	Riviera Beach	FL	33404	(561) 845-4180	(561) 842-5105	gwilliams@rivierabch.com
Riviera Beach, City of	Pamela Dalby	600 West Blue Heron Blvd.	Riviera Beach	FL	33404	(561) 845-4180	(561) 842-5105	pdalby@rivierabch.com
Riviera Beach, City of	Pierre Wilson	600 West Blue Heron Blvd.	Riviera Beach	FL	33404	(561) 845-4180	(561) 842-5105	pwilson@rivierabch.com
SFRFATRI-RAIL	V. Mann Kelly	800 NW 33rd St, Suite 100	Pompano Beach	FL	33064	(954) 788-7913	(954) 788-7963	kellyv@sfrta.fl.gov
SFRFATRI-RAIL	Christopher Bross	800 NW 33rd St, Suite 100	Pompano Beach	FL	33064	(954) 788-7911	(954) 788-7963	brossc@sfrta.fl.gov
South Central Regional Wastewater Treatment & South Central Regional Wastewater (new 3/27/08)	Maggi Woodall Lori Osborn							mwoodall@scwrfp.org losborn@scwrfp.org
Southwest Ranches	Cheerl Williams Sharon Sharon Galvez	18070 Collings Avenue, 3rd Floor	Sunny Isles Beach	FL	33180	305-792-1773	305-792-1614	cwilliams@southwestranches.org sgalvez@sibfl.net
Sunny Isles Beach, City of	Dick Cummings	10770 W. Oakland Park Bld.	Sunrise	FL	33351	(954) 572-2274	(954) 572-2278	gcummings@cityofsunrise.org
Sunrise, City of-Purchasing	A. Potter	10770 W. Oakland Park Bld.	Sunrise	FL	33351	(954) 572-2274	(954) 572-2278	apotter@cityofsunrise.org
Sunrise, City of-Purchasing	Holly Raphaelson	10770 W. Oakland Park Bld.	Sunrise	FL	33351	(954) 572-2274	(954) 572-2278	hraphaelson@cityofsunrise.org
Sunrise, City of-Purchasing	Wendy Lorenzo	10770 W. Oakland Park Bld.	Sunrise	FL	33351	(954) 572-2274	(954) 572-2278	wlorenz@cityofsunrise.org
Tamarac, City of-Purchasing Div.	Keith Glaz Steven	7325 NW 88th Ave.	Tamarac	FL	33321	(954) 597-3567	(954) 597-3565	keithg@tamarac.org
Tamarac, City of-Purchasing Div.	Beamsfelder	7525 NW 88th Ave.	Tamarac	FL	33321	(954) 597-3566	(954) 597-3565	stevorb@tamarac.org
Village of Palm Springs	Don Ray							dray@villagedofpalmprings.org
Village of Wellington	Bill M. Atkins	14000 Greenbriar Blvd	Wellington	FL	33414	(561) 791-4794	(561) 753-2548	batkins@ci.wellington.fl.us
Village of Wellington	Jim Volkman	14000 Greenbriar Blvd	Wellington	FL	33414	(561) 791-4101	(561) 753-2548	jvolkman@ci.wellington.fl.us
Weston, City of	Brad Kahne	2599 South Post Road	Weston	FL	33321	(954) 385-2600	(954) 385-2610	bkahne@westonfl.org
Weston, City of	AndriyMatuskevich	2599 South Post Road	Weston	FL	33321	(954) 385-2600	(954) 385-2610	amatuskevich@westonfl.org
West Palm Beach, City of	A. Karl Hansen Donna	401 Clematis Street	West Palm Beach	FL	33401	(561) 822-2106	(561) 822-1564	AKHansen@wpb.org
West Palm Beach, City of	Levegood	401 Clematis Street	West Palm Beach	FL	33401	(561) 822-2103	(561) 822-1564	dlevegood@wpb.org
Wilson Manors, City of	Daemon Garafalo	524 NE 21 Court	Wilson Manors	FL	33305	(954) 390-2141	(954) 390-2199	Dgarafalo@wilsonmanors.com
Wilson Manors, City of	Ernesto Sanz	524 NE 21 Court	Wilson Manors	FL	33305	(954) 390-2130	(954) 390-2199	E sanz@wilsonmanors.com
Wilson Manors, City of	Elbert Wians	524 NE 21 Court	Wilson Manors	FL	33305	(954) 610-7979	(954) 390-2199	wians@wilsonmanors.com
Wilson Manors, City of								

Revised 6/17/2010

I. NATURE OF BID

The Town of Davie is soliciting bids for an annual contract for the purchase of horticultural chemicals. 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 SOUTHEAST FLORIDA GOVERNMENTAL CO-OPERATIVE 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 will participate in this bid at the expiration of their current contracts.

II. SCOPE OF WORK

The successful Contractor(s) will furnish all horticultural chemicals necessary for the day-to-day operations of all agencies participating in this cooperative bid. Contractor(s) will be required to make deliveries to locations as specified herein or to an alternate location as may be requested from time to time. **BIDDERS MUST SUBMIT A LABEL FOR ALL PRODUCTS THAT ARE BID TO INSURE COMPLIANCE WITH THE SPECIFICATIONS. NO SUBSTITUTIONS WILL BE ALLOWED ON THE PRODUCTS WITH THAT DESIGNATION. 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 below) 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, 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. 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 a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

VII. 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 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 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.

VIII. 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.

IX. 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.

X. 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 bidder change the unit of measure on a particular product, his/her bid for that product WILL NOT be evaluated.**

XI. PARTICIPATING AGENCIES

- | | |
|--------------------------|---------------------------|
| Town of Davie | City of Coral Springs |
| City of Hallandale Beach | City of Fort Lauderdale |
| City of Lauderhill | City of Pembroke Pines |
| City of Rivera Beach | City of Pompano Beach |
| City of Miami | City of Hollywood |
| City of Margate | City of Miami Gardens |
| City of Sunrise | City of North Miami Beach |
| City of Deerfield Beach | City of Dania Beach |
| City of Coconut Creek | City of Miramar |
| City of Boca Raton | City of Tamarac |
| Town of Palm Beach | City of Oakland Park |

A complete list of all Co-op members has been included in this specification. Members who chose not to participate in the initial bid may participate pursuant to the provisions of Section I of this specification.

XII. 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.

XIII. 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.

XIV. PRODUCTS

CATEGORY A (SELECTIVE HERBICIDES)

Item 1: Drive XLR8 selective herbicide for the control of many broadleaf and grass weeds.

Active Ingredients:

Quinclorac: 3,7-dichloro-8-quinolinecarboxylic acid 15.93%

Inert Ingredients 84.07%

Approximate annual usage 200 gals.

Preferred Packaging 1/2 gal. containers

Net Unit Price \$ _____ /1/2 gal.

Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 2: Rodeo. A selective herbicide used in the control of weeds. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT.**

Active Ingredients:

Isopropylamine salt of glyphosate	53.5%
Inert Ingredients	46.5%

Approximate annual usage	1600 gals.	
Preferred Packaging	2 1/2 gal. container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 3: Sencor turf label or approved equal. A selective herbicide used in the control of goosegrass and some broadleaf weeds.

Active Ingredients:

Metribuzin	75.0%
Inert Ingredients	25.0%

Approximate annual usage	300 lbs.	
Preferred Packaging	5 lb. container	
Net Unit Price	\$ _____ /lb.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 4: Roundup ProMax. A non-selective herbicide used for the control or destruction of most herbaceous plants. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT.**

Active Ingredients:

Glyphosate, N-(phosphonomethyl) glycine In the form of its potassium salt	48.7%
Inert Ingredients	51.3%

Approximate annual usage	800 gals.	
Preferred Packaging	1.67 gal container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 5: Roundup ProMax. A non-selective herbicide used for the control or destruction of most herbaceous plants. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT. NOTE: Same as above item but different packaging.**

Active Ingredients:

Glyphosate, N-(phosphonomethyl) glycine	48.7%
In the form of its potassium salt	
Inert Ingredients	51.3%

Approximate annual usage	900 gals.	
Preferred Packaging	30 gal drum	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 6: Ranger Pro. A complete broad-spectrum postemergence professional herbicide for industrial, turf, and ornamental weed control. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT.**

Active Ingredients:

Glyphosate, N-(phosphonomethyl) glycine,	
In the form of its isopropylamine salt	41.0%
Inert Ingredients (including surfactant)	59.0%

Approximate annual usage	450 gals.	
Preferred Packaging	2 1/2 gal container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 7: Ranger Pro. A complete broad-spectrum postemergence professional herbicide for industrial, turf, and ornamental weed control. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT. NOTE: Same as above item but different packaging.**

Active Ingredients:

Glyphosate, N-(phosphonomethyl) glycine, In the form of its isopropylamine salt	41.0%
Inert Ingredients (including surfactant)	59.0%

Approximate annual usage	550 gals.
Preferred Packaging	30 gal drum
Net Unit Price	\$ _____ /gal.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 8: Garlon 3A or approved equal. A selective herbicide used for the control of weeds.

Active Ingredients:

Acetic acid, (triclopyr), butoxy ethyl ester	61.6%
Inert Ingredients	38.4%

Approximate annual usage	60 gals.
Preferred Packaging	2 1/2 gal. container
Net Unit Price	\$ _____ /gal.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 9: 2,4-D or approved equal. A selective herbicide used for the control of many broadleaf weeds.

Active Ingredients:

2,4-D Dimethoxyacetic Acid	47.4%
Inert Ingredients	52.6%

Approximate annual usage	550 gals.	
Preferred Packaging	2 1/2 gal container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 10: Three-Way or approved equal. Broad spectrum weed killer used for the control of weeds in Bermuda grass.

Active Ingredients:

Dimethylamine Salt of 2,4 dichlorophenoxyacetic acid	32.67%
Dimethylamine Salt of 2-propionic acid	16.36%
Dimethylamine Salt of Dicamba	2.82%
Inert Ingredients	48.15%

Approximate annual usage	400 gals.	
Preferred Packaging	2 1/2 gal. containers	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 11: Image or approved equal. A selective herbicide for use on Bermuda grass.

Active Ingredients:

Ammonium Salt of imazaquin	17.3%
Inert Ingredients	82.7%

Approximate annual usage	600 ozs.
Preferred Packaging	11.43 oz. bottles
Net Unit Price	\$ _____ /11.43 oz. bottle
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 12: Surflan or approved equal. A selective herbicide for use in controlling most annual grass and certain broadleaf weeds.

Active Ingredients:

Oryzalin	40.4%
Inert Ingredients	59.6%

Approximate annual usage	150 gals.
Preferred Packaging	2 1/2 gal. container
Net Unit Price	\$ _____ /gal.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 13: Ronstar granular or approved equal. A selective herbicide for use on Bermuda and St. Augustine grass.

Active Ingredients:

Oxadiazon	2.0%
Inert Ingredients	98.0%

Approximate annual usage	20,000 lbs.
Preferred Packaging	50 lb. bags
Net Unit Price	\$ _____ /lb.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 14: Barricade or approved equal. A selective herbicide used for the control of weeds.

Active Ingredients:

Prodiamine	65.0%
Inert Ingredients	35.0%

Approximate annual usage	800 lbs.	
Preferred Packaging	10 lb. bag	
Net Unit Price	\$ _____ /lb.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 15: Basagran or approved equal. A selective herbicide used for the post emergence control of many broadleaf weeds.

Active Ingredients:

Bentazon	42.0%
Inert Ingredients	58.0%

Approximate annual usage	150 gals.	
Preferred Packaging	1 gal. container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 16: Pre-M or approved equal. Pre-emergent weed killer used for the control of weeds in Bermuda grass.

Active Ingredients:

Pendimethalin	60.0%
Inert Ingredients	40.0%

Approximate annual usage	250 gals.	
Preferred Packaging	2 ½ gal. container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 17: Pre-M or approved equal. Pre-emergent weed killer used for the control of weeds in Bermuda grass.

Active Ingredients:

Pendimethalin	60.0%
Inert Ingredients	40.0%

Approximate annual usage	8,500 lbs.	
Preferred Packaging	40 lb. bags	
Net Unit Price	\$ _____ /lb.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 18: Reward (formerly diquat) or approved equal. A selective herbicide used for the control of many aquatic weeds.

Active Ingredients:

Dibromide	35.3%
Inert Ingredients	64.7%

Approximate annual usage	1,800 gals.	
Preferred Packaging	2 1/2 gal. containers	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 19: Sedgehammer or approved equal. Selective herbicide used for the control of nutsedge and other weeds in turfgrass.

Active Ingredients:

Methyl5-[[4,6-dimthoxy-2-pyrimidinyl) amino] carbonylamino]sulfonyl}-3-chloro-1-methyl-1-H-pyrazole-4-carboxylate	75.0%
Inert Ingredients	25.0%

Approximate annual usage	450 ozs.	
Preferred Packaging	1 1/3 oz. container	
Net Unit Price	\$ _____ /1 1/3 oz. container	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 20: Trimec Plus or approved equal. A selective herbicide.

Active Ingredients:

Monosodium Acid Methanearsonate	18.00%
Dimethylamine Salt of 2,4-Dichlorophenoxyacetic Acid	5.83%
Dimethylamine Salt of 2-(2-methyl-4 chlorophenoxy) Propionic Acid	5.86%
Dimethylamine Salt of Dicamba (3,6 Dichloro-O-anisic acid)	1.46%
Inert Ingredients	68.85%

Approximate annual usage 100 gals.
Preferred Packaging 2 1/2 gal. containers
Net Unit Price \$ _____ /gal.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 21: Illoxan 3EC or approved equal. A selective herbicide for postemergence control of goosegrass.

Active Ingredients:

Diclofop-methyl 2-[4-(2, 4-dichlorophenoxy) phenoxy] propanoate	35.49%
Inert Ingredients	64.51%

Approximate annual usage 100 gals.
Preferred Packaging 1 gal. containers
Net Unit Price \$ _____ /gal.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 22: Asulox or approved equal. A selective herbicide for postemergent weed control in turf, ornamentals, reforestation areas and non-cropland.

Active Ingredients:

Sodium salt of asylum (methyl sulfanilyl carbarnate)	36.27%
Inert Ingredients	63.73%

Approximate annual usage 50 gals.
Preferred Packaging 2 1/2 gal. containers
Net Unit Price \$ _____ /gal.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 23: Finale or approved equal. A non-selective water soluble herbicide for application as a foliar spray for control of a broad spectrum of emerged annual and perennial grass and broadleaf weeds.

Active Ingredients:
Glufosinate-ammonium 11.33%
Inert Ingredients 88.67%

Approximate annual usage 50 gals.
Preferred Packaging 2 1/2 gal. containers
Net Unit Price \$ _____ / gal.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 24: Pendulum 3.3 EC or approved equal. A selective herbicide for control of most annual grasses and certain broadleaf weeds in non-cropland areas.

Active Ingredients:
Pendimethalin 37.4%
Inert Ingredients 62.6%

Approximate annual usage 50 gals.
Preferred Packaging 2 1/2 gal. containers
Net Unit Price \$ _____ / gal.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 25: Dismiss or approved equal. A selective weed control in turf sites including residential and institutional lawn, athletic fields, commercial sod farms, golf course fairways and roughs.

Active Ingredients:
Sulfentrazone 39.6%
Inert Ingredients 60.4%

Approximate annual usage 2,500 ozs.
Preferred Packaging 6 oz. bottles
Net Unit Price \$ _____ / 6 oz. bottle
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 26: Revolver or approved equal. A herbicide for the control of annual and perennial grasses in bermudagrass, zoysiagrass, and buffalograss.

Active Ingredients:

foramsulfuron	2.34%
Inert Ingredients	97.66%

Approximate annual usage	11,000 ozs.
Preferred Packaging	87 oz. containers
Net Unit Price	\$ _____ /oz.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 27: Certainty or approved equal. A selective herbicide for the control of annual and perennial grasses and broadleaf weeds in highly managed turf sites.

Active Ingredients:

Sulfosulfuron	75.00%
Inert Ingredients	25.00%

Approximate annual usage	300 oz.
Preferred Packaging	1.25 oz. bottles
Net Unit Price	\$ _____ /1.25 oz. bottle
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 28: Cutless 0.33G or approved equal. A systemic landscape growth regulator for terminal growth suppression in woody ornamental plants and perennial ground covers, resulting in a more compact growth form and reduced trimming.

Active Ingredients:

Flurprimidol: (1-methylethyl) {(4-trifluoromethoxy) Phenyl}-5-pyrimidinemethanol	0.33%
Inert Ingredients	99.67%

Approximate annual usage	100 lbs.
Preferred Packaging	21 lb. bucket
Net Unit Price	\$ _____ /lb.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 29: Hydrothol 191 or approved equal. A liquid concentrate soluble in water that is a highly effective aquatic herbicide and algicide.

Active Ingredients:

Mono (N, N-dimethylalkylamine) salt of endothall	53.0%
Inert Ingredients	47.0%

Approximate annual usage	1,500 gal.	
Preferred Packaging	2 ½ gal containers	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 30: Snapshot 2.5 TG or approved equal. A selective preemergence herbicide for control of certain broadleaf weeds and annual grasses.

Active Ingredients:

Trifluralin: trifluoro-2,6-dinitro-N, N-dipropyl-p-toluidine	2.0%
Isoxaben: N-[3-(1-ethyl-1-methylpropyl)-5- isoxazolyl]-2,6-dimethoxybenzamide and isomers	0.5%
Inert Ingredients	97.5%

Approximate annual usage	200 lbs.	
Preferred Packaging	50 lb. bags	
Net Unit Price	\$ _____ /lb.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 31: Ronstar Flo or approved equal. Preemergence herbicide for the control of annual grasses and broadleaf weeds in turf and ornamentals.

Active Ingredients:

Oxadiazon [2-tert-butyl-4-(2,4-dichloro-5- isopropoxyphenyl)-1,3,4-oxdiazolin-5-one]	34.1%
Inert Ingredients	65.9%

Approximate annual usage	100 gal.	
Preferred Packaging	2 ½ gal containers	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 32: Pennant Magnum or approved equal. Weed control in nurseries, turf, and landscape plantings.

Active Ingredients:

5-metolachlor	83.7%
Inert Ingredients	16.3%

Approximate annual usage	50 gal.	
Preferred Packaging	1 gal containers	
Net Unit Price	\$ _____ / gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

CATEGORY B (INSECTICIDES/PESTICIDES)

Item 1: Orthene .97 or approved equal. An insecticide used for the control of mole crickets.

Active Ingredients:

Acephate	75.0%
Inert Ingredients	25.0%

Approximate annual usage	800 lbs.	
Preferred Packaging	7.73 lb. bag	
Net Unit Price	\$ _____ / lb.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 2: Sevin SL or approved equal. An insecticide used for the control of sod webworms, armyworms, grassloopers, white grubs and billbugs.

Active Ingredients:

Carbaryl	43.0%
Inert Ingredients	57.0%

Approximate annual usage	100 gals.	
Preferred Packaging	2 ½ gal. container	
Net Unit Price	\$ _____ / gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 3: Top Choice mole cricket bait. An insecticide used for the control of Southern Chinch Bugs, sod webworms, armyworms, grassloopers and mole crickets. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT.**

Active Ingredients:

Friponil	10.0%
Inert Ingredients	90.0%

Approximate annual usage 35,000 lbs.
Preferred Packaging 50 lb. bag
Net Unit Price \$ _____ /lb.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 4: Malathion 5Ec or approved equal. Insecticide used for the control of grass scales.

Active Ingredients:

Malathion	57.0%
Xylene range aromatic solvent	37.0%
Inert Ingredients	6.0%

Approximate annual usage 50 gals.
Preferred Packaging 2 1/2 gal. container
Net Unit Price \$ _____ /gal.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 5: Merit WSP or approved equal. Wettable powder for foliar and systemic insect control in turfgrass, landscape ornamentals and plantscapes.

Active Ingredients:

Imidacloprid, 1-(6-chloro-3-pyridiacyl)
methyl)-N-nitro-2, imidazolidinimine 75.0%
Inert Ingredients 25.0%

Approximate annual usage 2,400 ozs.
Preferred Packaging 2 oz. containers
Net Unit Price \$ _____ / oz.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 6: Cygon or approved equal. Used for the control of insects.

Active Ingredients:

Dimethoate 23.0%
Inert Ingredients 77.0%

Approximate annual usage 50 gals
Preferred Packaging 2 ½ gal. container
Net Unit Price \$ _____ / gal.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 7: Demand CS or approved equal. Insecticide used for the control of adult mole crickets in turfgrass.

Active Ingredients:

Lambda Cyhalothrin 12.0%
Inert Ingredients 88.0%

Approximate annual usage 50 qts.
Preferred Packaging 1 qt. container
Net Unit Price \$ _____ / qt.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 8: Talstar or approved equal. Flowable insecticide/miticide for agricultural and commercial uses.

Active Ingredients:

Bifenthrin (2-methyl [1,1-biphenyl]-3-yl) methyl-3-(2-chloro-3,3-trifluoro-1-propenyl)-2,2-dimethylcyclopropane carboxylate	7.9%
Inert Ingredients	92.1%

Approximate annual usage 250 gals.
Preferred Packaging 1 gal. container
Net Unit Price \$ _____ /gal.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 9: Talstar granular or approved equal. Granular insecticide/miticide for agricultural and commercial uses.

Active Ingredients:

Bifenthrin (2-methyl [1,1-biphenyl]-3-yl) methyl-3-(2-chloro-3,3-trifluoro-1-propenyl)-2,2-dimethylcyclopropane carboxylate	7.9%
Inert Ingredients	92.1%

Approximate annual usage 20,000 lbs.
Preferred Packaging 50 lb. bags
Net Unit Price \$ _____ /lbs.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 10: Merit 0.5G granular or approved equal. Granular systemic insect control in turfgrass and landscape ornamentals.

Active Ingredients:

Imidacloprid, 1-((6-chloro-3-pyridinyl) methyl)-N-nitro-2-imidazolidinimine	0.5%
Inert Ingredients	99.5%

Approximate annual usage 3,300 lbs.
Preferred Packaging 30 lb. bags
Net Unit Price \$ _____ /lbs.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 11: Dylox 6.2 granular or approved equal. Granular control of white grubs, mole crickets, sod webworms and cutworms, and other pests of turfgrass.

Active Ingredients:

Trichlorfon, Dimethyl (2,2,2-trichloro-1-hydroxy-ethyl) phosphonate	6.2%
Inert Ingredients	93.8%

Approximate annual usage	12,000 lbs.	
Preferred Packaging	30 lb. bags	
Net Unit Price	\$ _____ /lbs.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

CATEGORY C (FUNGICIDES)

Item 1: Daconil wether stick or approved equal. Fungicide used for the control of diseases in turf grass.

Active Ingredients:

Chlorothalonil (Tetrachloroisophthalonitrile)	54.0%
Inert Ingredients	46.0%

Approximate annual usage	100 gals.	
Preferred Packaging	2 1/2 gal. container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 2: Subdue or approved equal. Fungicide used to control pythium blight and pythium root rot.

Active Ingredients:

Metalaxyl	25.1%
Inert Ingredients	74.9%

Approximate annual usage	50 gals.	
Preferred Packaging	1 gal. container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 3: Mancozeb or approved equal. Used for the control of fungus and algae.

Active Ingredients:

Mancozeb	75.0%
Inert Ingredients	25.0%

Approximate annual usage	100 gals.
Preferred Packaging	2 1/2 gal. container
Net Unit Price	\$ _____ /gal.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 4: Alliette powder or approved equal. Used for the control of fungus and algae.

Active Ingredients:

Aluminum tris (0-ethyl phosphonate)	80.0%
Inert Ingredients	20.0%

Approximate annual usage	50 lbs.
Preferred Packaging	5 lb. container
Net Unit Price	\$ _____ /lb.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 5: Armada or approved equal. For control of certain foliar, stem, and root diseases of turfgrass.

Active Ingredients:

Trifloxystrobin (CAS No. 141517-21-7)	8.33%
Triadimefon (CAS No. 43121-43-3)	41.67%
Inert Ingredients	50.00%

Approximate annual usage	60 ozs.
Preferred Packaging	3 oz. container
Net Unit Price	\$ _____ /oz.
Packaging: container size	_____ # containers/carton

Manufacturer and Trade Name _____

Item 6: Eagle 20EW. A systemic protectant and curative fungicide for disease control in established turfgrass, landscape ornamentals, and greenhouse and nursery ornamentals. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT.**

Active Ingredients:

Myclobutanil: a-butyl-a-(chlorophenyl)-1H-1, 2,4, triazole-1-propanenitrite 19.7%
Inert Ingredients 80.3%

Approximate annual usage 50 pts.
Preferred Packaging 1 pint container
Net Unit Price \$ _____ /pt.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 7: Fore 80WP. A fungicide used on golf courses. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT.**

Active Ingredients:

Mancozeb: A coordination product of zinc ion and
Manganese ethylene bisdithiocarbamate 80.0%
In which the ingredients are:
Manganese 16.0%
Zinc 2.00%
Ethylene bisdithiocarbamate ion 62.0%
Inert Ingredients 20.0%

Approximate annual usage 50 lbs.
Preferred Packaging 1.5 lb. container
Net Unit Price \$ _____ /lb.
Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 8: Heritage TL. A broad spectrum fungicide for control of plant disease. **NO SUBSTITUTIONS WILL BE ACCEPTED FOR THIS PRODUCT.**

Active Ingredients:

Azoxystrobin: methyl (E)-2-(2-{6-(2-cyanophenoxy)

Pyrimidin-4-yloxy]-3-methoxyacrylate

8.8%

Inert Ingredients

91.2%

Approximate annual usage 50 gals.

Preferred Packaging 1 gal. container

Net Unit Price \$ _____ /gal.

Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

CATEGORY D (FIRE ANT APPLICATIONS)

Item 1: Amdro or approved equal. Insecticide used in the control of fire ants.

Active Ingredients:

Hydramethalone

1.02%

Inert Ingredients

98.98%

Approximate annual usage 2,500 lbs.

Preferred Packaging 25 lb. bag

Net Unit Price \$ _____ /lb.

Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 2: Amdro or approved equal. Insecticide used in the control of fire ants.

NOTE: Same as above item but different packaging.

Active Ingredients:

Hydramethalone

1.02%

Inert Ingredients

98.98%

Approximate annual usage 100 lbs.

Preferred Packaging 3 lb. bag

Net Unit Price \$ _____ /lb.

Packaging: container size _____ # containers/carton

Manufacturer and Trade Name _____

Item 3: Logic/ Award or approved equal. Insecticide used in the control of fire ants.

Active Ingredients:

Phenoxy carb	1.0%
Inert Ingredients	99.0%

Approximate annual usage	1,000 lbs.	
Preferred Packaging	25 lb. bag	
Net Unit Price	\$ _____ /lb.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

CATEGORY E (WETTING AGENTS)

Item 1: A generic wetting agent used to increase water efficiency. Product may not contain any alcohol or petroleum and must have a low photo toxicity.

Active Ingredients:

2-butoxyelthanol, polyoxyethylene, polypropoxypanol, silicone defoamer	87.6%
Inert Ingredients	12.4%

Approximate annual usage	250 gals.	
Preferred Packaging	2 1/2 gal. container	
Net Unit Price	\$ _____ /gal.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

Item 2: A generic wetting agent in granular form used to increase water efficiency. Product may not contain any alcohol or petroleum and must have a low photo toxicity.

Active Ingredients:

2-butoxyelthanol, polyoxyethylene, polypropoxypanol, silicone defoamer	87.6%
Inert Ingredients	12.4%

Approximate annual usage	200 lbs.	
Preferred Packaging	50 lb. bags	
Net Unit Price	\$ _____ /lb.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

CATEGORY H (DEFOAMERS)

Item 1: Foam buster or approved equal. A silicone defoamer for use in aqueous solutions.

Active Ingredients:

Dimethylpolysiloxane	10.0%
Constituents ineffective as adjuvants	90.0%

Approximate annual usage	150 qts.	
Preferred Packaging	1 qt. container	
Net Unit Price	\$ _____ /qt.	
Packaging: container size	_____	# containers/carton

Manufacturer and Trade Name _____

BIDDER _____

ADDRESS _____

BY _____

Signature

Please Type or Print Signature Name Here

TITLE _____

DATE _____

PHONE _____

FAX _____

Will your firm accept payment via Town of Davie Visa procurement card? Please circle one YES NO

You must submit a completed W-9 Form and a completed Bidder/Vendor Disclosure Form with you bid.

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.

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.

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.

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: _____
Signature of Affiant

Date: _____

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this _____ day of _____ 200__, 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 : _____

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, certificated, 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.
- N/A _____ 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: _____