

BID FORM

*Include this form in the response.*RESPONDENT:

The undersigned, as Respondent, hereby declares and certifies that the only person(s) or entities interested in this Bid as principal(s), or as persons or entities who are not principal(s) of the Respondent but are substantially involved in performance of the Work, is or are named herein, and that no person other than herein mentioned has any interest in this Bid or in the Agreement to be entered into; that this Bid is made without connection with any other person, company, or parties making a Bid; and that this Bid is in all respects fair and in good faith without collusion or fraud.

Respondent represents to the District that, except as may be disclosed in an addendum hereto, no officer, employee or agent of the District has any interest, either directly or indirectly, in the business of Respondent to be conducted under the Agreement, and that no such person shall have any such interest at any time during the term of the Agreement, should it be awarded to Respondent.

Respondent further declares that it has examined the Agreement and informed itself fully in regard to all conditions pertaining to this solicitation; it has examined the specifications for the Work and any other Agreement documents relative thereto; it has read all of the addenda furnished prior to the Bid opening, as acknowledged below; and has otherwise satisfied itself that it is fully informed relative to the Work to be performed.

Respondent agrees that if its bid is accepted, Respondent shall contract with the District in the form of the attached Agreement and shall furnish everything necessary to complete the Work in accordance with the time for completion specified in the Agreement.


Acknowledgment is hereby made of the following addenda (identified by number) received:

| Addendum No. | Date | Addendum No. | Date |
|--------------|-------|--------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | |
|---------------------------------|-------------------|
| <u>KNG MANAGEMENT SOLUTIONS</u> | <u>01.08.2024</u> |
| Respondent (firm name) | Date |

| |
|--|
| <u>312 S MANTOR AVENUE, TITUSVILLE, FL 32796</u> |
| Address |

| |
|----------------------------------|
| <u>tinyenterprizes@gmail.com</u> |
| Email address |

| | |
|---|---------------------|
|  | <u>321.616.5540</u> |
| Signature | Telephone number |

| |
|------------------------------|
| <u>GABRIEL DAVIS – OWNER</u> |
|------------------------------|

Typed name and title

COST SCHEDULE

Include this form in the response.

Bid to be opened at 2:00 p.m., January 9, 2024

To: ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

In accordance with the advertisement requesting Bids for Coastal Oaks Mitigation Area (Coma) Annual Terrestrial/Aquatic Herbicide Treatment of Invasive Exotic Species FY 2023-2025 per the specifications attached (Attachment B) subject to the terms and conditions of the Agreement, the undersigned proposes to perform the Work for the price contained in the following schedule.

Respondents are reminded to refer to "PREPARATION AND ORGANIZATION OF BID DOCUMENTS" for information to be included with the bid package.


Recommendation of Award: The award will be based on the lowest responsible and responsive respondent that meets all requirements of this solicitation and based on the Total Cost.

**COST SCHEDULE FOR SJ66 COASTAL OAKS
MITIGATION AREA – INDIAN RIVER COUNTY
(39 ACRES)**

| Item Description | Rate |
|-------------------|--------------|
| Monthly Treatment | \$ 2,190.00 |
| Yearly Total | \$ 26,280.00 |

Pursuant to §287.084(2) Fla. Stat., a vendor whose principal place of business is outside the state of Florida must accompany any written bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts.

I HEREBY ACKNOWLEDGE, as Respondent's authorized representative, that I have fully read and understand all terms and conditions as set forth in this bid and upon award of such bid, shall fully comply with such terms and conditions.

| | |
|---|--|
| <p>KNG MANAGEMENT SOLUTIONS</p> <hr/> <p>Respondent (firm name)</p> <p>312 S MANTOR AVENUE, TITUSVILLE FL 32796</p> <hr/> <p>Address</p> <p>tinyenterprizes@gmail.com</p> <hr/> <p>E-mail address</p>  <hr/> <p>Signature</p> <p>GABRIEL DAVIS – OWNER</p> <hr/> <p>Typed name and title</p> | <p>321.616.5540</p> <hr/> <p>Telephone number</p> <p>01.08.2024</p> <hr/> <p>Date</p> |
|---|--|

PROPOSED SUBCONTRACTORS

Include this form in the response.

Respondent must submit with its Bid a list of all known subcontractors who will participate in more than ten percent of the Work by providing the information requested below. Acceptance of the Bid does not constitute approval of the subcontractors identified with the Bid.

1. Name and address of subcontractor: N/A

Description of work: _____

Estimated value of Work: _____

2. Name and address of subcontractor: _____

Description of work: _____

Estimated value of Work: _____

3. Name and address of subcontractor: _____

Description of work: _____

Estimated value of Work: _____

4. Name and address of subcontractor: _____

Description of work: _____

Estimated value of Work: _____

5. Name and address of subcontractor: _____

Description of work: _____

Estimated value of Work: _____

6. Name and address of subcontractor: _____

Description of work: _____

Estimated value of Work: _____

CERTIFICATE AS TO CORPORATION

Include this form in the response.

The below Corporation is organized under the laws of the State of FLORIDA; is authorized by law to respond to this Invitation for Bids and perform all work and furnish materials and equipment required under the Agreement and is authorized to do business in the state of Florida.

Corporation name: KNG MANAGEMENT SOLUTIONS

Address: 312 S MANTOR AVENUE, TITUSVILLE FL 32796

Registration No.: 82-4607481

Registered Agent: GABRIEL DAVIS

By: GABRIEL DAVIS

OWNER

(Official title)

(Affix corporate seal)

Attest: _____

(Secretary)

The full names and business or residence addresses of persons or firms interested in the foregoing bid as principals or officers of Respondent are as follows (specifically include the President, Secretary, and Treasurer and state the corporate office held of all other individuals listed):

GABRIEL DAVIS – OWNER – 312 S MANTOR AVENUE, TITUSVILLE, FL 32796

Identify any parent, subsidiary, or sister corporations involving the same or substantially the same officers and directors that will or may be involved in performance of the Project, and provide the same information requested above on a photocopy of this form.

N/A

If applicable, attach a copy of a certificate to do business in the state of Florida, or a copy of the application that has been accepted by the state of Florida to do business in the state of Florida, for the Respondent and/or all out-of-state corporations that are listed pursuant to this form.

QUALIFICATIONS — GENERAL

Include this form in the response.

As part of the Bid, Respondent shall complete the following so that the District can determine Respondent's ability, experience, and facilities for performing the Work.

Name of Respondent: KNG MANAGEMENT SOLUTIONS

Year company was organized/formed: 2018

Number of years Respondent has been engaged in business under the present firm or trade name: 7

Total number of years Respondent has experience in similar work described in the INSTRUCTIONS TO RESPONDENTS: 20

Has Respondent previously been engaged in the same or similar business under another firm or trade name? If so, please describe each such instance.

N/A

Has Respondent ever been adjudicated bankrupt, initiated bankruptcy, or been the subject of bankruptcy proceedings on behalf of the current entity submitting this Bid or a prior entity that Respondent substantially operated or controlled? If yes, please describe the nature and result of those proceedings and the entity involved.

N/A

Describe the background/experience of the person or persons who will be primarily responsible for directing the Work that will be performed pursuant to this Bid. This inquiry is intended to encompass the project manager and/or site manager who will be engaged on a daily basis in directing performance of the Work.

GABRIEL DAVIS, OWNER/SUPERVISOR, HAS WORKED IN FLORIDA SINCE 2003 MANAGING NUISANCE AND EXOTIC WEED

SPECIES WHILE OVERSEEING UP TO 20 EMPLOYEES AS A CERTIFIED COMMERCIAL APPLICATOR IN THE STATE OF FLORIDA

WORKING IN BOTH THE PRIVATE AND PUBLIC SECTORS.

QUALIFICATIONS — SIMILAR PROJECTS

Include this form in the response.

Respondent (or a combination of the firm, individual, or project manager assigned to the work) must have successfully completed at least two (2) herbicide treatment projects of a similar nature to the SOW, utilizing required equipment (outlined in the SOW) within the last five (5) years, as described in the INSTRUCTIONS TO RESPONDENTS. Each project must have had a project value of at least \$2,000. (Add additional sheet for optional additional completed projects.) The clients listed on THIS form QUALIFICATIONS - SIMILAR PROJECTS will be utilized as the Respondent's Client References.

Completed Project 1:

Agency/company: FLORIDA FISHERIES AND WILDLIFE CONSERVATION COMMISSION (FWC)

Current contact person with agency/company: ELYSIA DYTRYCH

Telephone: 407.508.0658 Email: ELYSIA.DYTRYCH@MYFWC.COM

Address of agency/company: 1630 ROYCE RANCH AVE, LAKE PLACID FL 33852

Project description: BACKPACK HERBICIDE APPLICATION ON 28 ACRES AT LAKE WALES RIDGE, WITH PLANTED BENEFICIALS SPECIES, TARGETING EXOTIC AND NUISANCE WEED SPECIES

Project value: \$15,900.00/ANNUALLY Start date: 10/2020 Completion date: 05/2023
(month/year) (month/year) (month/year)

Name(s) of assigned personnel: GABRIEL DAVIS

Project manager: GABRIEL DAVIS

Other: THREE ANNUAL BACKPACK TREATMENTS PER YEAR SINCE 2020 TARGETING EXOTIC SPECIES ON 28 ACRES ON LAKE WALES RIDGE WEA AMONG PLANTED BENEFICIAL GRASSES, SHRUBS AND TREES.

Completed Project 2:

Agency/company: SOUTH FLORIDA WATER MANAGEMENT DISTRICT (SFWMD)

Current contact person with agency/company: THADDEUS PENFIELD

Telephone: 239.313.3399 Email: TPENFIEL@SFWMD.GOV

Address of agency/company: 23988 CORKSCREW ROAD, ESTERO FL 33928

Project description: INVASIVE PLANT CONTROL

Project value: \$33,500/ANNUALLY Start date: 04.2021 Completion date: CURRENTLY ONGOING
(month/year) (month/year) (month/year)

Name(s) of assigned personnel: GABRIEL DAVIS

Project manager: GABRIEL DAVIS

Other: SELECTIVE TERESTRIAL AND AQUATIC HERBICIDE APPLICATIONS FOR INVASIVE SPECIES IN SOUTH FLORIDA

DRUG-FREE WORKPLACE FORM

This form required only in the event of a tie response.

The Respondent, (business name) KNG MANAGEMENT SOLUTIONS, in accordance with §287.087, Fla. Stat., hereby certifies that Respondent does the following:

1. Informs employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations
2. Publishes a statement notifying employees that
 - a. the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against its employees for violations of such prohibition.
 - b. as a condition of working on the contractual services that are the subject of this solicitation, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893, Fla. Stat., or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five days after such conviction.
3. Gives each employee engaged in providing the contractual services that are the subject of this solicitation a copy of the statement specified in paragraph 2, above.
4. Imposes a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee convicted of a violation listed in sub-paragraph 2.b., above.
5. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of §287.087, Fla. Stat.

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

By: GABRIEL DAVIS



Title: OWNER

Date: 01.08.2024