

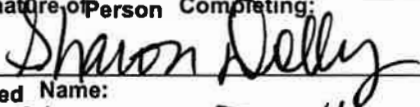
EXHIBIT "B"
VENDOR'S RESPONSE AND PRICE SHEET

NC23-055-ITB

FORM A
ADDENDA ACKNOWLEDGMENT

Acknowledgment is hereby made of receipt of addenda issued during the solicitation period.

Addendum # 1 through # 2

| | |
|---|-------------------|
| Signature of Person Completing: | Date: |
|  | <u>10-16-2023</u> |
| Printed Name: | Title: |
| <u>SHARON DOLBY</u> | <u>Owner</u> |

FORM B
SWORN STATEMENT
UNDER FLORIDA STATUTE 287.133(3)(a) ON PUBLIC ENTITY CRIMES

TO BE RETURNED WITH BID

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

1. This sworn statement is submitted with Bid, Proposal or Contract for NC 23-055-ITB
2. This sworn statement is submitted by Kelly Klean, LLC
(entity submitting sworn statement), whose business address is 921 Red Fox Way MacKenney FL 32063
and its Federal Employee Identification Number (FEIN) is 47-2657543. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____.)
3. My name is SHARON DOLBY (please print name of individual signing),
and my relationship to the entity named above is owner
4. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services, any leases for real property, or any contract for the construction or repair of a public building or public work, to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction or a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not to fair market value under an arm's length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding thirty-six (36) months shall be considered an affiliate.
7. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees,

NC23-055-ITB

members, and agents who are active in management of an entity. 8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

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

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

☐ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the Hearing Officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

☐ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

☒ The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

Sharon Dalby *Sharon Dalby*
Signature

Date

10/17/2023

State of: Florida
County of: Baker

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 17 day of October, 2023 by Sharon Dalby who is ☐ personally known to me or ☒ produced FID as identification.

Notary Public

My commission expires: Sep 26, 2025



NC23-055-ITB

The undersigned declares that they have examined the Notice to Bidders, Instructions to Bidders, and Technical Specifications/Scope of Work and is informed fully with regard to all terms and conditions pertaining thereto and agrees under these specifications at the prices set forth above.

Company: Kelly Klean, LLC
Address: 921 Red Fox Way
City, State, Zip code: Macclenny FL 32063
Phone Number: 904-397-0760 Email: KellyKutKlean1@gmail.com
Authorized Signature: Sharon Delby Printed Name: Sharon Delby
Title: Owner Date: 10-16-2023

NC23-055-ITB

FORM D DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that
Kelly Klean, LLC (print or type name of firm):

1. Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace named above and specifying actions that will be taken against violations of such prohibition.
2. Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
3. Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
4. Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, or any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.
5. Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
6. Makes a good faith effort to continue to maintain a drug free workplace through the implementation of a drug free workplace program.

"As a person authorized to sign a statement, I certify that the above-named business, firm, or corporation complies fully with the requirements set forth herein."

Sharon Dolby
Authorized Signature
Date Signed 10/17/2023

State of: Florida
County of: Baker

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 17 day of October, 2023 by Sharon Dolby who is ☐ personally known to me or ☒ produced FIDC as identification.

[Signature]
Notary Public

My commission expires: Sep 26, 2025

**FORM E
E-VERIFY AFFIDAVIT**

**NASSAU COUNTY E-VERIFY FORM UNDER
SECTION 448.095, FLORIDA STATUTES**

Project Name: Mowing, Landscape Maintenance, and Other Related
Bid No./Contract No.: NC 23-055-ITB Services

DEFINITIONS:

"Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. "Contractor" includes, but is not limited to, a vendor or consultant.

"Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

"E-Verify System" means an internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

Effective January 1, 2021, Contractors, shall register with and use the E-Verify System in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

- a. All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
- b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with Nassau County. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with Nassau County; and
- c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Florida Statutes, "Employment Eligibility", as amended from time to time. This includes, but is not limited to, registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. The Contractor shall also execute the attached affidavit (Attachment "A") attesting that the Contractor does not employ, contract with, or such affidavit for the duration of the contract; and
- d. Contractor shall also require all subcontractors to execute the attached affidavit (Attachment "B") attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

CONTRACT TERMINATION:

- a. If Nassau County has a good faith belief that a Contractor has knowingly violated §448.09(1) or §448.095(2), Florida Statutes, the contract shall be terminated.
- b. If Nassau County has a good faith belief that a subcontractor has knowingly violated §448.09(1) or §448.095(2), Florida Statutes, but the Contractor otherwise complied with Chapter 448, Florida Statutes, Nassau County shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
- c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
- d. Any challenge to termination under this provision must be filed in the Circuit Court no later than twenty (20) calendar days after the date of termination.
- e. If the contract is terminated for a violation of the Statute by the Contractor, the Contractor may not be awarded a public contract for a period of one (1) year after the date of termination.

FORM E - 1
CONTRACTOR E-VERIFY AFFIDAVIT

I hereby certify that Kelly Klean, LLC (Contractor Company Name) does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with Section 448.095, Florida Statutes.

All employees hired on or after January 1, 2021 have had their work authorization status verified through the E-Verify system.

A true and correct copy of Kelly Klean (Contractor Company Name) proof of registration in the E-Verify system is attached to this Affidavit.

Sharon Dolby
Print Name: Sharon Dolby
Date: 10/17/2023

STATE OF FLORIDA
COUNTY OF Baker

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this 10-17-23 (Date) by Sharon Dolby (Name of Officer or Agent, Title of Officer or Agent) of _____ (Name of Contractor Company Acknowledging), a _____ (State or Place of Incorporation) Corporation, on behalf of the Corporation. He/She is ☐ personally known to me or ☒ has produced BDI as identification.

Ira Segovia
Notary Public
Printed Name

My Commission Expires: Sep 26, 2025



Sharon Dolby - Kelly <kellykutklean1@gmail.com>

Welcome to E-Verify – Your E-Verify Enrollment Confirmation

1 message

enrollment@uscis.dhs.gov <enrollment@uscis.dhs.gov>
To: KELLYKUTKLEAN1@gmail.com

Fri, Aug 5, 2022 at 9:14 AM

Welcome to E-Verify. You have successfully enrolled your company in the program. Here is your login information:

Your program administrator ID: SDOL1794
Your temporary password: Ho(7254w

There are still a few things you need to do before you can begin using E-Verify. Just follow the steps below to get started:

1. Go to the E-Verify website at <https://e-verify.uscis.gov/web/>. You'll visit this website every time you log in to E-Verify to verify your employees. We recommend you 'bookmark' or save this website as a 'favorite' so you'll have easy access to it in the future.
2. Log in to E-Verify using the user ID and temporary password listed above. Once you log in, you'll be required to change your password. Your new password must meet our password security standards (we'll tell you more about this when you change your password).
3. Create your password challenge questions. This is really important because if you ever forget your password, you can answer the password challenge questions you created and reset your password without having to contact us.
4. Take the E-Verify online tutorial. Though we've put a lot of effort into making E-Verify easy to use, work eligibility and immigration are complicated subjects. The required online tutorial will teach you how to use E-Verify and what you need to do to follow the rules of the program. You don't have to take the entire tutorial at one time, but you will have to complete it and pass the knowledge test before you can begin using E-Verify. You can access the tutorial from the E-Verify home page after you've logged in.
5. Register additional users (if necessary). After you've completed the tutorial and have passed the knowledge test, you can register additional users by clicking on the 'Add New User' link on the left menu of the E-Verify home page. When you register a new user, you can choose between program administrator and general user access. Anyone with program administrator access can add, delete, modify and reset the passwords of other program administrator and general user accounts.

SHARING USER IDs AND PASSWORDS IS NOT ALLOWED so if you have additional people who will use E-Verify, you must register them with their own user IDs and passwords. You're ultimately responsible for any activity associated with your user ID so don't share your password with anyone—and that includes us. (If you ever contact our help desk, we'll never ask for your password either.)

Need Help?

If you need help using E-Verify or you have questions about E-Verify policies, we're here for you. We're also always looking for ways to improve E-Verify so please tell us how we can make E-Verify work better for you.

You can reach us by phone at 888-464-4218 or by e-mail at E-Verify@uscis.dhs.gov. E-Verify Customer Support is available Monday through Friday from 8 a.m. to 5 p.m. local time except on federal holidays. (Don't reply to this e-mail because these e-mails are sent automatically and replies won't reach a live person.)

We're excited that you've joined E-Verify and we're committed to helping your company ensure a legal workforce.

Regards,
The E-Verify Team

FORM E - 2
SUBCONTRACTOR E-VERIFY AFFIDAVIT

I hereby certify that _____ (Subcontractor Company Name) does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with Section 448.095, Florida Statutes.

All employees hired on or after January 1, 2021 have had their work authorization status verified through the E-Verify system.

A true and correct copy of _____ (Subcontractor Company Name) proof of registration in the E-Verify system is attached to this Affidavit.

Print Name: _____
Date: _____

- NA -

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ (Date) by _____ (Name of Officer or Agent, Title of Officer or Agent) of _____ (Name of Contractor Company Acknowledging), a _____ (State or Place of Incorporation) Corporation, on behalf of the Corporation. He/She is ☐ personally known to me or ☐ has produced _____ as identification.

Notary Public

Printed Name

My Commission Expires: _____

BAKER COUNTY TAX COLLECTOR - AMY DUGGER, C.F.C.

Macclenny, FL 32063

2024

Baker County Occupational License/Business Tax Receipt

2024

License Year: 2023/2024 ----> Expires: 9/30/2024
License Number: 3418
Business Name: KELLY KLEAN LLC
Business Type: Lawncare - 307
Business Code: 307

******* NOTE *******

A penalty is imposed for failure to keep this license exhibited
conspicuously at your establishment or place of business.

License Amount: 22.00
Late Penalty: 0.00
Postage Fee: 0.00

Total Due: 22.00

This is an occupational license only. It does not permit the licensee to violate any
existing regulatory or zoning laws of Baker County. Nor does it exempt the licensee
from any other license or permit required by law. This is not a certification of the
licensee's qualifications.

SHARON A DOLBY
KELLY KLEAN LLC
PO BOX 1943,
MACCLENLY, FL 32063

*** PAID LIC# 3418 7/14/2023 22.00

** License Number 3418 **

OFFICIAL RECEIPT WHEN VALIDATED

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

06/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|------------------------|--|--|-------------------------------|
| PRODUCER | | CONTACT | |
| Wells Insurance Agency | | NAME: Trey Sinclair | |
| PO Box 427 | | PHONE (A/C, No, Ext): (904) 872-3789 | FAX (A/C, No): (904) 259-3987 |
| | | E-MAIL ADDRESS: contact@wellsmac.com | |
| Macclenny FL 32063 | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: SOUTHERN OWNERS INS CO | |
| | | INSURER B: AUTO OWNERS INS CO | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 78418338 | 06/10/2023 | 06/10/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 5287041100 | 06/10/2023 | 06/10/2024 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000 <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | 5287041101 | 06/10/2023 | 06/10/2024 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

Monthly lawn care and cutting

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE <i>Amy Knabb</i> |

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/18/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306 | CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com |
| INSURED Kelly Klean, LLC 921 Red Fox Way Macclenny, FL 32063 | INSURER(S) AFFORDING COVERAGE INSURER A: State National Insurance Company, Inc. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
| | NAIC # 12831 |

COVERAGES

CERTIFICATE NUMBER: 451348127

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|--|
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: | | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | NXTLT7JWLC-01-WC | 08/18/2023 | 08/18/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000.00 E.L. DISEASE - EA EMPLOYEE \$100,000.00 E.L. DISEASE - POLICY LIMIT \$500,000.00 |

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

Proof of Insurance.

CERTIFICATE HOLDER

Kelly Klean, LLC
921 Red Fox Way
Macclenny, FL 32063

LIVE CERTIFICATE



Click or scan to view

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

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EXHIBIT "B"
REVISED PRICE SHEET – ADDENDUM NO. 1

Vendor shall provide Mowing, Landscape Maintenance, and Other Related Services in accordance with Exhibit A, Scope of Services at the prices below.

| LOCATION | NUMBER ON MAP | ESTI. ACREAGE | EST. CUBIC YARD OF MULCHING* | COST PER MOW CYCLE | TOTAL COST | MULCHING COSTS |
|---|------------------|------------------|---------------------------------|---------------------------------------|--|--|
| SUBSTATION CR 121 10432 CR 121 Bryceville, FL 32009 | 1 | 1.4 Acres | | \$ 185. ⁰⁰ / ₀₀ | \$ 3700. ⁰⁰ / ₀₀ | |
| CALLAHAN COMMUNITY CENTER 45401 Mickler Street Callahan FL 32011 | 2 | 1.6 Acres | 8 Cubic Yards | \$ 285. ⁰⁰ / ₀₀ | \$ 5700. ⁰⁰ / ₀₀ | \$ 1150. ⁰⁰ / ₀₀ |
| CALLAHAN HEALTH DEPARTMENT 45377 Mickler Street Callahan FL 32011 | | | | | | |
| MULTI-USE/CALLAHAN EXTENSION OFFICE 543350 US-1 Callahan, FL 32011 | 3 | 0.8 Acres | | \$ 185. ⁰⁰ / ₀₀ | \$ 3700. ⁰⁰ / ₀₀ | |
| HILLIARD COMMUNITY CENTER 37177 Pecan Street Hilliard, FL 32046 | 4 | 1.05 Acres | 8 Cubic Yards | \$ 185. ⁰⁰ / ₀₀ | \$ 3700. ⁰⁰ / ₀₀ | \$ 1150. ⁰⁰ / ₀₀ |
| HILLIARD HEALTH DEPARTMENT 37203 Pecan Street Hilliard, FL 32046 | | | | | | |
| HILLIARD LIBRARY 15821 CR 108 Hilliard, FL 32046 | 5 | 1.05 Acres | 7 Cubic Yards | \$ 285. ⁰⁰ / ₀₀ | \$ 5700. ⁰⁰ / ₀₀ | \$ 1150. ⁰⁰ / ₀₀ |
| FIRE STATION #11 (NASSAU OAKS) 56300 Nassau Oaks Drive Callahan, FL 32011 | 6 | 0.9 Acres | | \$ 185. ⁰⁰ / ₀₀ | \$ 3700. ⁰⁰ / ₀₀ | |
| WILLIAM BURGESS MEDIAN Intersection of William Burgess Boulevard and SR200 Yulee, FL 32097 | 7 | 0.1 Acres | | \$ 100. ⁰⁰ / ₀₀ | \$ 2000. ⁰⁰ / ₀₀ | |
| YULEE HEALTH CLINIC 86014 Pages Dairy Road Yulee, FL 32097 | 8 | 1.94 Acres | 5 Cubic Yards | \$ 285. ⁰⁰ / ₀₀ | \$ 5700. ⁰⁰ / ₀₀ | \$ 575. ⁰⁰ / ₀₀ |
| YULEE COUNTY BUILDING 86026 Pages Dairy Road Yulee, FL 32097 | | | | | | |

| LOCATION | NUMBER ON MAP | ESTI. ACREAGE | EST. CUBIC YARD OF MULCHING* | COST PER MOW CYCLE | TOTAL COST | MULCHING COSTS |
|--|---------------|---------------|------------------------------|-------------------------|----------------------------|--------------------------|
| MINER ROAD EXTENSION OFFICE 85831 Miner Road Yulee, FL 32097 | 9 | 8.64 Acres | | \$ 600 ⁰⁰ == | \$ 12,000 ⁰⁰ == | |
| FIRE STATION #31 (MINER ROAD) 85320 Miner Road Yulee, FL 32097 | 10 | 5.0 Acres | | \$ 380 ⁰⁰ == | \$ 7600 ⁰⁰ == | |
| ANIMAL CONTROL FACILITY 86078 License Road Yulee, FL 32097 | 11 | 1.33 Acres | 6 Cubic Yards | \$ 380 ⁰⁰ == | \$ 7600 ⁰⁰ == | \$ 575 ⁰⁰ == |
| PIRATES WOODS EOC STORAGE BUILDING 97047 Pirates Way Yulee, FL 32097 | 12 | 0.69 Acres | | \$ 185 ⁰⁰ == | \$ 3700 ⁰⁰ == | |
| JAMES PAGE GOVERNMENT COMPLEX 96135 Nassau Place Yulee, FL 32097 | | | | | | |
| PUBLIC SERVICES BUILDING 96161 Nassau Place Yulee, FL 32097 | 13 | 12.7 Acres | 10 Cubic Yards | \$ 865 ⁰⁰ == | \$ 17,300 ⁰⁰ == | \$ 1350 ⁰⁰ == |
| FIRE RESCUE HEADQUARTERS 96160 Nassau Place Yulee, FL 32097 | | | | | | |
| AMERICAN BEACH COMMUNITY CENTER 1600 Julia Street Fernandina Beach, FL 32034 | 14 | 2.0 Acres | 50 Cubic Yards | \$ 380 ⁰⁰ == | \$ 7600 ⁰⁰ == | \$ 5600 ⁰⁰ == |
| CITRONA DRIVE VACANT LOT Intersection of Citrona Drive and Blue Heron Lane Fernandina Beach, FL 32034 | 15 | 3.2 Acres | | \$ 570 ⁰⁰ == | \$ 11,400 ⁰⁰ == | |
| NECTARINE STREET HEALTH CLINIC 1620 Nectarine Street Fernandina Beach, FL 32034 | | | | | | |
| 14TH STREET ANNEX 11 North 14th Street Fernandina Beach, FL 32034 | 16 | 1.29 Acres | | \$ 475 ⁰⁰ == | \$ 9500 ⁰⁰ == | |
| 4TH & ASH STREET 30 South 4th Street Fernandina Beach, FL 32034 | | | | | | |
| HISTORIC COURTHOUSE 416 Centre Street Fernandina Beach, FL 32034 | 17 | 0.95 Acres | 4 Cubic Yards | \$ 475 ⁰⁰ == | \$ 9500 ⁰⁰ == | \$ 575 ⁰⁰ == |

| LOCATION | NUMBER ON MAP | ESTL. ACREAGE | EST. CUBIC YARD OF MULCHING | COST PER MOW CYCLE | TOTAL COST | MULCHING COSTS |
|--|------------------|------------------|--------------------------------|-------------------------|---------------------------|---------------------------|
| SIGNAL SHOP 540507 Lem Turner Road Callahan, FL 32011 | 18 | 0.40 Acres | | \$ 185 ⁰⁰ = | \$ 3700 ⁰⁰ = | |
| SR200 MEDIANS SR200 Medians from Amelia Island Parkway to Lime Street Fernandina Beach, FL 32034 | 19 | 2.4 Acres | | \$ 1530 ⁰⁰ = | \$ 30,600 ⁰⁰ = | |
| TOTAL | | | | \$ 7720 ⁰⁰ = | \$ 154400 ⁰⁰ = | \$ 12,125 ⁰⁰ = |

*The estimated acreages or cubic yards provided above are merely estimates and should not be taken as the actual acreage to be mowed.

| ADDITIONAL AREAS | |
|--|-----------------------|
| Per Acre Cost for Additional Areas that may be Added During Contract Term | \$ 90 ⁰⁰ = |

The undersigned declares that they have examined the Notice to Bidders, Instructions to Bidders, and Technical Specifications/Scope of Work and is informed fully with regard to all terms and conditions pertaining thereto and agrees under these specifications at the prices set forth above.

Company: Kelly Klean
 Address: 921 Red Fox Way
 City, State, Zip code: Macclenny FL 32063
 Phone Number: 904-397-0760 Email: KellyKlean1@gmail.com
 Authorized Signature: Sharon Kelly Printed Name: Sharon Polby
 Title: Owner Date: 10/17/2023