

**BID FORM**  
**SOD AND HYDROSEEDING – ANNUAL CONTRACT**  
**BID NO. 20250385**

TO: Senior Division Manager - Purchasing  
Board of County Commissioners  
Charlotte County Administration Center  
18500 Murdock Circle  
Port Charlotte, Florida 33948-1094

The undersigned, as bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, Technical Specifications & Conditions, Insurance, Safety & Health Requirements, Bid Form, Permit Fees, MOT Policy, and any other documentation for

**SOD AND HYDROSEEDING – ANNUAL CONTRACT**

and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price(s) submitted. The above specified documents are herein incorporated into the Bid Form and shall be defined as the contract documents.

DESCRIPTION	GROUP TOTAL COST
TOTAL FOR GROUP A – SOD DELIVERED AND INSTALLED: LESS THAN 100 SQUARE FEET	\$ <del>2.50</del> \$12.50 *Arithmetic Correction -kv
TOTAL FOR GROUP B – SOD DELIVERED AND INSTALLED: MORE THAN 100 SQUARE FEET BUT LESS THAN 2,400 SQUARE FEET	\$ <del>.90</del> \$4.40 *Arithmetic Correction -kv
TOTAL FOR GROUP C – SOD DELIVERED AND INSTALLED: MORE THAN 2,400 SQUARE FEET BUT LESS TAN 7,200 SQUARE FEET	\$ <del>.50</del> \$2.60 *Arithmetic Correction -kv
TOTAL FOR GROUP D – SOD DELIVERED AND INSTALLED: MORE THAN 7,200 SQUARE FEET	\$ <del>.34</del> \$1.54 *Arithmetic Correction -kv
TOTAL FOR GROUP E – PICKUP AND/OR DELIVERY OF PALLET	\$ <del>160.00</del> \$430.00 *Arithmetic Correction -kv
TOTAL FOR GROUP F - HYDROSEEDING	\$ 1.90 SY
PALLET CHARGE (WHICH IS REFUNDABLE FOR FULL CREDIT)	\$ \$10.00

**NOTE:** In accordance with Florida Statutes, Section 119.071(1)(b)2: Sealed bids, proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from s. 119.071(1)(b)2 and s. 24(a), Art. I of the State Constitution, except as provided by Florida Statutes 255.0518, until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier. Upon release of the intended decision, if you wish to obtain the quote results, you may do so by visiting our Website at <http://purchasingbids.charlottecountyfl.gov/> under "Purchasing Bids Online", document number 253854. No information regarding the submittal will be divulged over the telephone.

**OPTIONAL ELECTRONIC BID SUBMISSIONS:** If your firm would like to submit your bid electronically, please visit <http://bit.ly/3TYAyKa> and follow given instructions.

Name of Bidder: LIRA AND SON SOD, INC.

(This form to be returned)

**SUMMARY OF PAY ITEMS  
SOD AND HYDROSEEDING – ANNUAL CONTRACT**

DESCRIPTION		UNIT	UNIT PRICE
<b>GROUP A:</b>	<b>SOD DELIVERED AND INSTALLED: LESS THAN 100 SQUARE FEET</b>		
1.	ARGENTINE BAHIA	SQ.FT.	\$ 2.50
2.	ST. AUGUSTINE SOD (FLORATAM)	SQ.FT.	\$ 4.50
3.	EMPIRE ZOYSIA	SQ.FT.	\$ 5.50
<b>TOTAL GROUP A:</b>			<b>\$ 12.50 *Arithmetic Correction -kv</b>
<b>GROUP B:</b>	<b>SOD DELIVERED AND INSTALLED: MORE THAN 100 SQUARE FEET BUT LESS THAN 2,400 SQUARE FEET</b>		
1.	ARGENTINE BAHIA	SQ. FT.	\$ 0.90
2.	ST. AUGUSTINE SOD (FLORATAM)	SQ. FT.	\$ 1.60
3.	EMPIRE ZOYSIA	SQ. FT.	\$ 1.90
<b>TOTAL GROUP B:</b>			<b>\$ 4.40 *Arithmetic Correction -kv</b>
<b>GROUP C:</b>	<b>SOD DELIVERED AND INSTALLED: MORE THAN 2,400 SQUARE FEET BUT LESS THAN 7,200 SQUARE FEET</b>		
1.	ARGENTINE BAHIA	SQ. FT.	\$ 0.50
2.	ST. AUGUSTINE SOD (FLORATAM)	SQ. FT.	\$ 0.90
3.	EMPIRE ZOYSIA	SQ. FT.	\$ 1.20
<b>TOTAL GROUP C:</b>			<b>\$ 2.60 *Arithmetic Correction -kv</b>
<b>GROUP D:</b>	<b>SOD DELIVERED AND INSTALLED: MORE THAN 7,200 SQUARE FEET</b>		
1.	ARGENTINE BAHIA	SQ. FT.	\$ 0.34
2.	ST. AUGUSTINE SOD (FLORATAM)	SQ. FT.	\$ 0.50
3.	EMPIRE ZOYSIA	SQ. FT.	\$ 0.70
<b>TOTAL GROUP D:</b>			<b>\$ 1.54 *Arithmetic Correction -kv</b>
<b>GROUP E:</b>	<b>PICKUP AND/OR DELIVERY OF PALLET</b>		
1.	ARGENTINE BAHIA	PALLET	\$ 160.00
2.	ST. AUGUSTINE SOD (FLORATAM)	PALLET	\$ 240.00
3.	EMPIRE ZOYSIA	PALLET	\$ 30.00
<b>TOTAL GROUP E:</b>			<b>\$ 430.00 *Arithmetic Correction -kv</b>
<b>GROUP F:</b>	<b>HYDROSEEDING</b>		
1.	INSTALL HYDROSEED	SQ. FT.	\$ 1.90 SQ FT`
2.	INSTALL HYDROSEED WITH TACKOFIER	SQ. FT.	\$ N/A
<b>TOTAL GROUP F:</b>			<b>\$ 1.90 *Arithmetic Correction -kv</b>
<b>PALLET CHARGE (WHICH IS REFUNDABLE FOR FULL CREDIT)</b>			<b>\$ 10.00</b>

Name of Bidder: LIRA AND SON SOD, INC.

(This form to be returned)

If notified of the acceptance of this bid form, the undersigned agrees to execute a Contract for the stated compensation in the form as prescribed by the County, within the time constraints outlined in Instructions to Bidders.

The signature below is a guarantee that the Bidder will not withdraw his/her bid for a period of 60 days after the scheduled time for opening the bids.

In accordance with section 287.135, Florida Statutes, the undersigned certifies that the company is not on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and does not have business operations in Cuba or Syria (if applicable) or the Scrutinized Companies that Boycott Israel List or is not participating in a boycott of Israel.

**All contract documents (i.e.; performance and payment bond, cashier's check, bid bond) shall be in the name of "Charlotte County".**

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the price bid.

Addendum No. \_\_\_\_\_, Dated \_\_\_\_\_; Addendum No. \_\_\_\_\_, Dated \_\_\_\_\_; Addendum No. \_\_\_\_\_, Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_, Dated \_\_\_\_\_; Addendum No. \_\_\_\_\_, Dated \_\_\_\_\_; Addendum No. \_\_\_\_\_, Dated \_\_\_\_\_

**HOLD HARMLESS AGREEMENT:** The bidding firm as indicated below, through the signing of this document by any authorized party or agent, indemnify, hold harmless and defend Charlotte County, a political subdivision of the State of Florida, its officers, agents, employees, and volunteers from all suits and actions, including attorney's fees and all costs of litigation and judgment of every name and description brought against the County as a result of loss, damage or injury to person or property by reason of any act or failure to act by the bidding firm, its agents, servants or employees.

**Type of Organization (Please Check One):** Individual Ownership \_\_\_\_\_ Joint Venture \_\_\_\_\_  
Partnership \_\_\_\_\_ Corporation   X  

**Name of Bidding Firm** \_\_\_\_\_ LIRA AND SON SOD, INC.

**Mailing Address** \_\_\_\_\_ 105 N FLORIDA AVE., INVERNESS, FL 34453

**Location Address** \_\_\_\_\_

**City & State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ 863-441-0762 **E-mail:** \_\_\_\_\_ Liraandsonsod2@gmail.com

**Signature of person authorized to bind the Company:** \_\_\_\_\_ 

**Print Name/Title of person authorized to bind the Company:** \_\_\_\_\_ JOSE LIRA, Owner

**Date:** \_\_\_\_\_ 05/12/2025

(This form to be returned)

### SOURCE OF SUPPLY AND SUBCONTRACTORS

The following sources of supply and subcontractors shall be used for **SOD AND HYDROSEEDING – ANNUAL CONTRACT**. (If quoter does not have a source of supply or subcontractor, insert "to be determined". When source or subcontractor is determined, selection will be subject to County approval. If not applicable, please state N/A).

<u>Source of Supply</u>	<u>Subcontractor(s)</u>
1. Star Farms Sod	1. N/A
2. Duda Sod Farms	2. N/A
3. Lira and Son Sod, Inc.	3. N/A
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

### DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that LIRA AND SON SOD, INC.  
(name of business) does:

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

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

Signature \_\_\_\_\_

05-12-2025

Dated \_\_\_\_\_

(This form to be returned)

**HUMAN TRAFFICKING AFFIDAVIT  
for Nongovernmental Entities Pursuant To FS. §787.06**


**Charlotte County Contract #20250385**

The undersigned on behalf of the entity listed below, (the "Nongovernmental Entity"), hereby attests under penalty of perjury as follows:

1. I am over the age of 18 and I have personal knowledge of the matters set forth except as otherwise set forth herein.
2. I am an officer or representative of the Nongovernmental Entity and authorized to provide this affidavit on the Company's behalf.
3. Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.
4. This declaration is made pursuant to Section 92.525, Florida Statutes. I understand that making a false statement in this declaration may subject me to criminal penalties.

Under penalties of perjury, I declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated in it are true.

Further Affiant sayeth naught.

  
\_\_\_\_\_  
Signature

Jose Lira

\_\_\_\_\_  
Printed Name

Owner

\_\_\_\_\_  
Title

Lira and Son Sod, Inc.

\_\_\_\_\_  
Nongovernmental Entity

05-12-2025

\_\_\_\_\_  
Date

LIRA AND SON SOD, INC.

Name of Bidder: \_\_\_\_\_  
(This form to be returned)

**REFERENCES: SOD AND HYDROSEEDING – ANNUAL CONTRACT**

Contractor shall submit a minimum of three (3) recent (within the past five (5) years) references of projects of similar size and scope. Each reference shall include a project description, project location, name and phone number of a contact person, total project amount, and completion date. The County reserves the right to contact references.

1. Project Owner / Company: Sun State Nursery  
Name of Contact Person: Jason D'Martino Telephone # 904-534-1085  
Address: 9362 Phillips Hwy  
City & State: Jacksonville, FL Zip Code: 32256  
Project Description: Over 1,000,000 SQ FT, delivery and installation on different projects last year of BAHIA sod and ST AUGUSTINE.

Total Project Amount: \$ 500,000.00 Completion Date: 2023 - 2024

2. Project Owner / Company: Green Seed & Smith Trucking  
Name of Contact Person: Erik Devries Telephone # 904-887-1562  
Address: 221 Marks Pond Blvd  
City & State: St. Augustine, FL Zip Code: 32095  
Project Description: Over 1.5 million SQ FT of BAHIA, BERMUDA and ST AUGUSTINE sod.

Total Project Amount: \$ \$900,000.00 Completion Date: 2023 - 2024

3. Project Owner / Company: Capling Leveling  
Name of Contact Person: Ashley McKenzie Telephone # 904-887-1562  
Address: 891 Cowboy Way  
City & State: Labelle, FL Zip Code: 32095  
Project Description: Over 1.5 million SQ FT of BAHIA sod and solar panels project.

Total Project Amount: \$ 600,000.00 Completion Date: 20232 - 2024

4. Project Owner / Company: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Project Description: \_\_\_\_\_

Total Project Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_

Name of Bidder: LIRA AND SON SOD, INC

(This form to be returned)

**CHARLOTTE COUNTY  
REQUEST FOR ROAD OR LANE CLOSURE**

APPLICANT NAME: LIRA AND SON SOD, INC

ADDRESS: 113 Tryon Ave., NW

Lake Placid, FL 33852

CONTACT NAME: Jose Lira PHONE: 863-441-0762

PROJECT NAME: Sod and Hydroseeding - Annual Contract

LOCATION (BE SPECIFIC): TBD

DATE(S) OF CLOSURE: \_\_\_\_\_

TIME(S) OF CLOSURE: \_\_\_\_\_

REASON FOR CLOSURE: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM AND MAINTENANCE OF TRAFFIC PLAN  
AT LEAST FOURTEEN (14) WORKING DAYS IN ADVANCE OF CLOSURE TO:**

Public Relations Manager: Chad.Ray@CharlotteCountyFL.gov  
and

Traffic Signs and Marking Superintendent: Robert.Campbell@CharlotteCountyFL.gov

PUBLIC WORKS  
7000 Florida Street, Punta Gorda, FL 33950-5714  
Phone: 941.575.3600 Fax: 941.637.9265