

**BID FORM**  
**CLEANING SERVICES FOR COUNTY FACILITIES – ANNUAL CONTRACT**  
**BID NO. 20250493**

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, and any other documentation for

**CLEANING SERVICES FOR COUNTY FACILITIES – 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.

**TOTAL AMOUNT:**

SIX HUNDRED AND SIXTY FIVE THOUSAND - \$ 665,040  
(TYPE/PRINT) AND FORTY DOLLARS. (NUMERIC)

**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 254934. 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: Boro Building + Property Maintenance  
(This form to be returned)

**SUMMARY OF PAY ITEMS FOR CLEANING SERVICES FOR CHARLOTTE COUNTY FACILITIES – ANNUAL CONTRACT**

| LOCATION |                                                                                  | MONTHLY COST | QTY | UOM | ANNUAL COST |
|----------|----------------------------------------------------------------------------------|--------------|-----|-----|-------------|
| 1        | Administration Complex - 5-Story Building                                        | \$ 5,000     | 12  | MTH | \$ 60,000   |
| 2        | Administration Complex - 2-Story Building                                        | \$ 1,800     | 12  | MTH | \$ 21,600   |
| 3        | Administration Complex - Facilities Building D                                   | \$ 500       | 12  | MTH | \$ 6,000    |
| 4        | Administration Complex - Building Construction Services                          | \$ 1,620     | 12  | MTH | \$ 19,440   |
| 5        | Medical Examiner's Building                                                      | \$ 800       | 12  | MTH | \$ 9,600    |
| 6        | Eastport Environmental Campus - Operations Building #1 Mosquito Control          | \$ 80        | 12  | MTH | \$ 960      |
| 7        | Eastport Environmental Campus - Operations Building #2                           | \$ 380       | 12  | MTH | \$ 4,560    |
| 8        | Eastport Utilities Trailer (1)                                                   | \$ 300       | 12  | MTH | \$ 3,600    |
| 9        | Eastport Utilities Trailer (2)                                                   | \$ 300       | 12  | MTH | \$ 3,600    |
| 10       | Eastport Utilities Trailer Large (3)                                             | \$ 900       | 12  | MTH | \$ 10,800   |
| 11       | Eastport Utilities Trailer Large (4)                                             | \$ 900       | 12  | MTH | \$ 10,800   |
| 12       | Eastport Utilities Trailer Large (5)                                             | \$ 900       | 12  | MTH | \$ 10,800   |
| 13       | Justice Center - Probation Department                                            | \$ 580       | 12  | MTH | \$ 6,960    |
| 14       | Justice Center - State Attorney's Office                                         | \$ 1,200     | 12  | MTH | \$ 14,400   |
| 15       | Justice Center - Public Defenders Office                                         | \$ 580       | 12  | MTH | \$ 6,960    |
| 16       | Justice Center - Sheriffs Bailiffs Office                                        | \$ 580       | 12  | MTH | \$ 6,960    |
| 17       | Justice Center, Jury Management, and Courtrooms with associated public restrooms | \$ 1,600     | 12  | MTH | \$ 19,200   |
| 18       | Justice Center Pre-trial                                                         | \$ 580       | 12  | MTH | \$ 6,960    |
| 19       | Justice Center Mail Room                                                         | \$ 580       | 12  | MTH | \$ 6,960    |
| 20       | Justice Center - Ground Floor Conference Room                                    | \$ 380       | 12  | MTH | \$ 4,560    |
| 21       | Justice Center - Clerk of Courts Building B                                      | \$ 2,200     | 12  | MTH | \$ 26,400   |
| 22       | Justice Center - Judge's Chambers & Jury Rooms 3rd and 4th floor                 | \$ 580       | 12  | MTH | \$ 6,960    |
| 23       | Justice Center – Charlotte County (remaining area)                               | \$ 1,800     | 12  | MTH | \$ 21,600   |
| 24       | Human Services                                                                   | \$ 1,000     | 12  | MTH | \$ 12,000   |
| 25       | Municipal Solid Waste - Scale House                                              | \$ 100       | 12  | MTH | \$ 1,200    |
| 26       | Municipal Solid Waste - Office Building                                          | \$ 100       | 12  | MTH | \$ 1,200    |
| 27       | Airport Road Annex - Sheriff's Range Support Building                            | \$ 380       | 12  | MTH | \$ 4,560    |
| 28       | Airport Road Annex - Sheriff's Range Control Building                            | \$ 200       | 12  | MTH | \$ 2,400    |
| 29       | Airport Road Annex - Sheriff's District 4 and Training                           | \$ 1,050     | 12  | MTH | \$ 12,600   |
| 30       | South County Annex - Tax Collectors Office                                       | \$ 200       | 12  | MTH | \$ 2,400    |
| 31       | South County Annex - Courtyard floor tile                                        | \$ 200       | 12  | MTH | \$ 2,400    |
| 32       | South County Annex - Public Works and Senator's Office                           | \$ 300       | 12  | MTH | \$ 3,600    |
| 33       | Public Safety Building                                                           | \$ 650       | 12  | MTH | \$ 7,800    |
| 34       | Sheriff's Administration Office                                                  | \$ 2,600     | 12  | MTH | \$ 31,200   |
| 35       | Indian Springs Cemetery Restrooms                                                | \$ 100       | 12  | MTH | \$ 1,200    |
| 36       | Public Works - Maintenance and Operations                                        | \$ 480       | 12  | MTH | \$ 5,760    |
| 37       | Public Works - Lighting Office and Shop                                          | \$ 200       | 12  | MTH | \$ 2,400    |
| 38       | Public Works - HR and Training Building                                          | \$ 100       | 12  | MTH | \$ 1,200    |

Name of Bidder: Boro Building + Property Maintenance  
 (This form to be returned)

**SUMMARY OF PAY ITEMS: CLEANING SERVICES FOR CHARLOTTE COUNTY FACILITIES – ANNUAL CONTRACT CONTINUED**

| LOCATION                       |                                             | MONTHLY COST | QTY | UOM | ANNUAL COST |
|--------------------------------|---------------------------------------------|--------------|-----|-----|-------------|
| 39                             | Public Works - Sign and Marking Building    | \$ 100       | 12  | MTH | \$ 1,200    |
| 40                             | Fuel Island - JB Fuel Yard                  | \$ 100       | 12  | MTH | \$ 1,200    |
| 41                             | Fuel Island - Punta Gorda Fuel Yard         | \$ 100       | 12  | MTH | \$ 1,200    |
| 42                             | Centennial Park Recreation Center           | \$ 550       | 12  | MTH | \$ 6,600    |
| 43                             | Family Services Center Building A           | \$ 800       | 12  | MTH | \$ 9,600    |
| 44                             | Family Services Center Building B           | \$ 800       | 12  | MTH | \$ 9,600    |
| 45                             | Fleet Building                              | \$ 300       | 12  | MTH | \$ 3,600    |
| 46                             | Historical Court House                      | \$ 880       | 12  | MTH | \$ 10,560   |
| 47                             | Employee Health Center                      | \$ 640       | 12  | MTH | \$ 7,680    |
| 48                             | Utilities Loveland Location - Main Building | \$ 1,000     | 12  | MTH | \$ 12,000   |
| 49                             | Utilities Loveland Location – Trailer       | \$ 100       | 12  | MTH | \$ 1,200    |
| 50                             | West County Annex                           | \$ 800       | 12  | MTH | \$ 9,600    |
| 51                             | San Casa Yard - Maintenance and Operations  | \$ 200       | 12  | MTH | \$ 2,400    |
| 52                             | Health Department                           | \$ 3,200     | 12  | MTH | \$ 38,400   |
| 53                             | Grace Street Annex                          | \$ 1,400     | 12  | MTH | \$ 16,800   |
| 54                             | Mid County Recycling                        | \$ 100       | 12  | MTH | \$ 1,200    |
| 55                             | West County Mini Recycling                  | \$ 100       | 12  | MTH | \$ 1,200    |
| 56                             | Clerks Record Center                        | \$ 400       | 12  | MTH | \$ 4,800    |
| 57                             | Sheriff District 1                          | \$ 1,400     | 12  | MTH | \$ 16,800   |
| 58                             | Sheriff District 2                          | \$ 900       | 12  | MTH | \$ 10,800   |
| 59                             | Sheriff District 3                          | \$ 1,500     | 12  | MTH | \$ 18,000   |
| 60                             | Sheriff Evidence and Impound                | \$ 1,400     | 12  | MTH | \$ 16,800   |
| 61                             | Emergency Vehicle Maintenance               | \$ 250       | 12  | MTH | \$ 3,000    |
| 62                             | Englewood Charlotte Public Library          | \$ 1,000     | 12  | MTH | \$ 12,000   |
| 63                             | Port Charlotte Public Library               | \$ 1,000     | 12  | MTH | \$ 12,000   |
| 64                             | Public Works - J.B. Yard                    | \$ 350       | 12  | MTH | \$ 4,200    |
| 65                             | Punta Gorda Charlotte Library               | \$ 2,000     | 12  | MTH | \$ 24,000   |
| 66                             | Tom Adams Bridge Tender House               | \$ 100       | 12  | MTH | \$ 1,200    |
| 67                             | Tourism                                     | \$ 350       | 12  | MTH | \$ 4,200    |
| 68                             | Transit                                     | \$ 600       | 12  | MTH | \$ 7,200    |
| 69                             | Sheriff District 5                          | \$ 1,200     | 12  | MTH | \$ 14,400   |
| <b>TOTAL ANNUAL BID PRICE:</b> |                                             |              |     |     | \$ 665,040  |

Name of Bidder: Boro Building & Property Maintenance  
(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. 1, Dated 8/19/25 Addendum No. \_\_\_\_\_, Dated \_\_\_\_\_; Addendum No. \_\_\_\_\_, Dated \_\_\_\_\_

Addendum No. 2, Dated 8/28/25 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 \_\_\_\_\_ S-corp ☒ Corporation ☒

Name of Bidding Firm Boro Building + Property Maintenance

Mailing Address 6321 Porter rd ste 5

Location Address "Same"

City & State Sarasota Florida ZIP 34240

Telephone: 941-952-8537 E-mail: Leanne@borofl.com

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

Print Name/Title of person authorized to bind the Company: Leanne Varney

Date: 9-2-2025

(This form to be returned)

## SOURCE OF SUPPLY AND SUBCONTRACTORS

The following sources of supply and subcontractors shall be used for **CLEANING SERVICES FOR COUNTY FACILITIES – 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).

### Source of Supply

1. Fastenal
2. Gem Supply company
3. West Florida Supply co.
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Subcontractor(s)

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

## DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that Baro Building + Property Maintenance (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 L. Varney  
Dated 9-2-2025

(This form to be returned)

## SOURCE OF SUPPLY AND SUBCONTRACTORS

The following sources of supply and subcontractors shall be used for **CLEANING SERVICES FOR COUNTY FACILITIES – 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. <u>Fastenal</u>                | 1. <u>N/A</u>           |
| 2. <u>Gem Supply company</u>      | 2. _____                |
| 3. <u>West Florida Supply Co.</u> | 3. _____                |
| 4. _____                          | 4. _____                |
| 5. _____                          | 5. _____                |
| 6. _____                          | 6. _____                |

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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 \_\_\_\_\_

Dated 9-2-2025

(This form to be returned)

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

**Charlotte County Contract #20250493**

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.

L. Varney  
Signature

Leanne Varney  
Printed Name

President  
Title

BORO BUILDING & PROPERTY MTNCE  
Nongovernmental Entity

9-2-2025  
Date

Name of Bidder: Boro Building and Property Maintenance  
(This form to be returned)

**REFERENCES: CLEANING SERVICES FOR COUNTY FACILITIES – 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: Sarasota County Parks + Rec  
Name of Contact Person: Terr Stabler Telephone # 941-415-4270  
Address: 1660 Ringling Blvd  
City & State: Sarasota FL Zip Code: 34236  
Project Description: We clean about 70 parks for Sarasota County. Parks are cleaned year around including restrooms, Park trails, empty Trashcans, and blowing paths + courts.  
Total Project Amount: \$ 360,000 yr. Completion Date: 2014 - current

2. Project Owner / Company: The City of Punta Gorda  
Name of Contact Person: Don Ryan Telephone # 941-628-0826  
Address: 326 W. Marion ave  
City & State: Punta Gorda Florida Zip Code: 33950  
Project Description: Providing Janitorial Services for Parks, city buildings.  
Total Project Amount: \$ 186,000 years Completion Date: 2021 - current

3. Project Owner / Company: Nathan Benderson Park  
Name of Contact Person: Courtney Kreilick Telephone # 941-358-7273  
Address: 5851 Nathan Benderson Circle  
City & State: Sarasota Florida Zip Code: 34235  
Project Description: Providing Day Porters from 7am to 8pm daily Building cleaning, restrooms, Trash, pressure washing, and event coverage.  
Total Project Amount: \$ 94,800 Completion Date: 2018 - current

4. Project Owner / Company: Boar's Head Brand  
Name of Contact Person: Jillian Leonard Telephone # 941-955-0994  
Address: 1819 Main street  
City & State: Sarasota Florida Zip Code: 34236  
Project Description: Day Porters are provided to clean corporate building. 2 employees covering 8am-5pm 5 days a week  
Total Project Amount: \$ 120,000 per yr. Completion Date: July 2023 - current

Name of Bidder: Boso Building and Property Maintenance  
(This form to be returned)

## BYRD ANTI-LOBBYING CERTIFICATION

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of an Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

9-2-2025  
Date

Leanne Varney  
Type or Print Name

L. Varney.  
Signature

President  
Title

Name of Bidder: \_\_\_\_\_

(This form to be returned)



BID NO 20250493  
Cleaning Services for  
County Facilities –  
Annual Contract



Leanne Varney  
President  
Boro Building & Property Maintenance  
(941) 952 – 8537  
[Leanne@BoroFL.com](mailto:Leanne@BoroFL.com)



BID NO 20250493 Cleaning Services for County Facilities – Annual Contract



**BID NO 20250493 Cleaning Services for County Facilities- Annual Contract**



Greenscape Enterprises Inc D/B/A

**Boro Building & Property Maintenance**

Head Office Address:

6321 Porter Road suite 5,  
Sarasota, FL, 34240

Ben Varney, C.E.O

Cell: (941) 416-2324

Office: (941) 556-9027

Fax : (941) 556-9028

Email: [Ben@BoroFL.com](mailto:Ben@BoroFL.com)

We have been in business with this name since 03/15/2010

Document #P10000022938

FEIN: 27-2225172

**BID NO 200250493 Cleaning Services for County Facilities – Annual Contract**



## BID NO 20250493 Cleaning Services for County Facilities – Annual Contract



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

### BID NO 20250493 Cleaning Services for County Facilities -Annual Contract

Dear Senior Division Manager and Board of Commissioners,

On behalf of Boro Building & Property Maintenance, thank you for giving us the opportunity to review this BID NO 20250493 Cleaning services for County Facilities. We understand all aspects of the RFP's and acknowledge all scope of work outlined in your RFP packages.

If awarded, we are fully committed to performing the work within the time period.

We provide a quality custodial service program that illustrates cost-effective, high-quality cleaning. We provide safe, secure, and clean work environments. As a locally owned and operated, family-run business, we are passionate about the service we provide and aim to deliver unmatched service to each and every customer.

We currently clean over 2,000,000 square feet per day in buildings similar to yours and operate with an approximate team of 70 dedicated staff members, who are trained through our programs that utilize cleaning practice, chemical knowledge, health and safety.

We invest in the latest methods of operation in an industry that has been slow to react to changes in technology; this has been vital to our constant growth in recent years.

- **Boro Quality Control.** We offer online ticketing, a complaint/request management tool, and app-based inspection reports emailed directly to you as a customer to show our weekly performance.
- **Time Tracker** online time tracking to track our cleaning teams throughout the service. Additionally, we will know exactly at any time who is in your facilities.

If there are any questions regarding this proposal, please do not hesitate to call or email me (contact information listed below).

Again, thank you for your consideration,

Best Regards,

Ben Varney



## QUALIFICATIONS OF THE FIRM AND THE EMPLOYEES.

Boro Building & Property Maintenance, 6321 Porter Road suite 5, Sarasota, FL, 34240 , is a widely respected commercial janitorial firm. Established March 15 , 2010 as a Florida Corporation, we provide janitorial and custodial services for private organizations and governmental Agencies.

Boro BPM and its employees are very skilled in every aspect of this RFP. Our structure is so that we have contract managers that will be assigned to this contract, having years of Janitorial Management experience.

We have a long, successful history of performing work in the State of Florida and are in good standing with federal, state, and municipal jurisdictions.

Boro BPM currently conducts business in 8 Florida Counties and has approximately 70 permanent employees, over 30 contracts in place, and services over 2.5 million square feet daily.

Over the past 13 years, we have maintained a similar customer base. Our range of customers is wide, from small park restroom bldgs to large contracts with multiple county facilities with additional floor care, window care and carpet cleaning.

These city and county government projects include a variety of building types and specifications. Boro is fully capable of providing the services needed to meet the needs of the user, the contract specifications and meeting those needs in a cost-effective manner.

For this project, our primary objectives will be to ensure that all services are performed on schedule and to your complete satisfaction. The scope of work and requirements of this RFP are very much within our abilities, and we take no exceptions to the terms and conditions. Boro Building & Property Maintenance has extensive experience with various facility specifications and requirements, as listed in our references. We fully understand and meet all of the requirements for this project.

Our financial strength is demonstrated by our annual sales volume, which exceeds \$2,500,000. We have grown at an annual rate of approximately 20% over the past five years and anticipate the same growth for the future by maintaining, monitoring and improving our services' quality. Additionally, we have a \$5M bonding capacity with insurance coverage that exceeds industry standards.

All our employees are run through the Government's ***E-Verify system***.

The Bank – Truist has been our primary banking institution since 2010 and can provide a reference letter upon request.

Boro Building & Property Maintenance owns our office building and warehouse at our corporate headquarters in Sarasota and have been at this location for over 10 years. Boro has the financial resources to ensure that we are able to provide the necessary equipment, chemicals, cleaning supplies and personnel to maintain this contract for custodial services and will be ready to proceed upon receipt of a notice to proceed.



## WORK PLAN.

Immediately upon notification of the contract award, Boro Building & Property Maintenance will ensure that all positions are filled with qualified, trained personnel.

All personnel must have at least two years experience in the janitorial field, be able to communicate in writing and orally in English language, be a U.S. Citizen or possess an Alien registration receipt card form 1051 and be legally able to work in the United States. **E-verify** confirmation of the documentation presented by an applicant is performed, as well as personal and previous employment reference checks. After all the above is verified to our satisfaction, all new hires undergo a level 2 background check. Any additional checks required by our clients will be conducted with results available if required.

The contracts manager will have working knowledge of the facilities and work closely with your facilities management team.

Through our extensive BoroQC Quality Control Plan, we can assure our clients that their facilities are going to be cleaned to the highest standards. Boro requires all of its Supervisors to provide inspection reports to the Project Manager Leanne Varney. These inspections can be forwarded to the Facilities Manager as well for review.

The supervisor & project manager will be on call 24/7 and will carry a smartphone in order to receive calls and e-mails.

They will give guidance, instruction, and training to the general cleaners, and oversee the completion of the work assignments in a quality and timely manner. They will monitor the efforts of the crew throughout the day and provide assistance where needed. As areas are completed it will be the Supervisors main task to check the work and bring deficiencies to the crew's attention for immediate corrective action.

The General Cleaners will perform all general facility and restroom cleaning functions using The cleaning industry's best methods during the process. Boro will hire cleaners to supplement our crews. All employees will have a job description with daily as well as periodic tasks. All periodic tasks will complement those tasks on the scope of work to ensure completion. All periodic floor and carpet tasks will be scheduled, completed and inspected by the supervisor and the contracts manager.



## IMPLEMENTATION PLAN

### **Week 1 following Notice of Award: (Days 1-5) (8 weeks prior to start date)**

- Review contract documents
- Project Principal meets with Contracting Officer and supporting staff
- Perform site surveys with management, staff and customer to provide overall planning and coordination for the implementation
- Begin personnel selection for any additional staffing needs
- Assessment of office space and janitorial closets provided by client

### **Week 2: (Days 8-12) (7 weeks prior to start date)**

- Process applications for additional personnel needs
- Review equipment and supply needs
- Submit detailed list of equipment and chemicals for approval
- Review uniforms needs and requirements and proceed with procurement
- Procure communication devices, equipment and chemicals not currently on hand

### **Week 3: (Days 15-19) (6 weeks prior to start date)**

- Run background checks and E-Verify reports
- Finalize employee hiring
- Establish and confirm delivery dates & location for delivery of equipment & chemicals
- Detail the back-up plan, contingency plans, inspection reports
- Establish janitorial tasks schedules for each building
- Review security and key control requirements
- Training for new crew members and supervisors by management and suppliers
- Confirm equipment & supply delivery
- Supply MSDS sheets in binder of all approved chemicals and ensure all manuals applicable to the effort are available when needed.
- Ensure that all prerequisites have been fulfilled before the implementation date

### **Week 4: (Days 22-26) (5 weeks prior to start date)**

- Re-inspect facilities with management & supervisor
- Pre- service conference with client's management and AFS management
- Review billing and invoicing requirements
- Begin services
- Training, supervision and daily inspections to ensure compliance with task list
- Ensure staff is working as a team and supervisors are supported to provide the necessary leadership

### **Week 5: (Days 29-33) (4 weeks prior to start date)**

- Re-inspect facilities with management & supervisor
- Meetings with client's management and AFS to go over any issues
- Management will continue training sessions and task inspections to ensure compliance
- Management and supervisors ensure equipment is performing as required
- Management and supervisors ensure compliance with proper chemicals use



## BID NO 20250493 Cleaning Services for County Facilities – Annual Contract



### **Week 6: (Days 36-40) (3 weeks prior to start date)**

- Re-inspect facilities with management & supervisor
- Communicate with client's management to ensure all service goals are met
- Monitor staff levels and compliance with duties, tasks and techniques
- Ensure logs and checklists are adequate and serve the staff as designed
- Provide additional training to staff that are out of compliance and make changes if necessary

### **Weeks 7 and 8: (Days 43-54) (2 weeks prior to start date)**

- Project Principal inspections continue on a random basis
- Monitor staff levels and compliance with duties, tasks and techniques
- Ensure logs and checklists are adequate and serve the staff as designed
- Provide additional training to staff that are out of compliance and make changes if necessary
- Project Manager verifies that client is satisfied with projected approach



## STAFFING PLAN.

Leanne Varney, owner & president will be the contracts manager for this contract if awarded.

Leanne has 15 years of experience running large Janitorial County Contracts. Leanne puts everything into her business and treats every contract as it is her only one. Available 24/7, she dedicated her life to Boro. She has successfully ran many Janitorial contracts since purchasing Boro 15 years ago. We currently provide services to many local counties to you, The city of Punta Gorda, The City of Sanibel, Desoto County, Sarasota County, Manatee County, St John County and many more. We serviced 30 buildings for Putnam County for over 9 years and unfortunately lost this contract earlier due to being under bid. That being said, we are ready for a new contract to focus on and we have equipment resources & professional labor ready for a new home. We employee approximately 70 dedicated staff, we have had some employees for 12 years. We have a great relationship with all of our staff and continue to offer a happy, safe workplace.

We have a local contracts manager who works alongside Leanne each day, Joanne is a fantastic asset to Boro. She spends her days inspecting all our local buildings/parks. Joanne is very proactive in checking up on our staff to make sure the job is getting done as per contract. Any issues that arise, Joanne is there the following morning to make sure this problem has been resolved. Joanne uses our quality control system, Boro QC each day to conduct her inspections of all the locations she visits each day. She will drop off any supplies needed, she also maintains a good level of supplies in our storage units. She will cover shifts as needed. We are so grateful to have Joanne a part of our team.

If awarded this contract we will appoint Lead supervisors, these supervisors will work each day, making sure everyone is completing the job as per contract. This person may be one of our current employees. This person will be checking to make sure any issues that arise are taken care of immediately. This person will be helping with keeping up with supplies. They will also have access to perform inspections on Boro QC. Our very own Quality Control system.

Below the lead supervisors, we will promote team leaders. These people will be very important to make sure the day-to-day cleaning is completed. We feel with experience, having one person to pass any requests onto the staff is the most efficient. When cleaning large multi-story buildings with past experience we feel splitting the building by floors works the best & minimizes complaints or issues we feel the staff are not as overwhelmed if, for example, they are only reliable for one floor as opposed to trash in the entire building etc. We also feel cross-training is one of the most important, that way we are covered once ( as we know it's going to happen ) someone calls off. The team leader will be always working in the building, they will also be responsible for securing the building each night. They will be helping schedule the monthly, and semi-annual schedules, making sure everything is followed. We will issue check sheets for each building/floor too.

After being in the janitorial industry for many years, we feel we have seen and experienced everything that is possible. Some things are quite mind-blowing to say the least! We would only bid on something we feel we can handle. We understand problems will arise.

We quickly get issues to turn into a positive. We try to plan ahead of these things happening. We provide a fantastic service with so much support. We understand every County is different and what may work in another County may not work with you. We will work as hard as possible to make sure every person that is employed is working to the best of their ability.



**QUALITY CONTROL – BOROQC.**

The problem with tracking quality has been that paper inspections are inefficient. Using the system that we have created, we can easily track the progress of service using app-based inspection software. Periodic, weekly inspections must be performed on the property. The inspections are run through an app. The app is set up specifically for inspecting your unique facilities, it walks the inspector through the process step by step to ensure the nothing is missed. The categories are as follows:

**Receptions/Lobby**

- Floor Area*
- Trash Removal*
- Dusting/Polishing*
- Coffee Area*
- Entrance/Other Glass Areas*

**Office Area**

- Floor Area*
- Trash Removal*
- Dusting/Polishing*
- Coffee Area*
- Entrance/Other Glass Areas*

**Break Room/Kitchen**

- Floor Area*
- Trash Removal*
- Dusting/Polishing*
- Sink Area*
- Refrigerator/Microwave*

**Service Area**

- Floor Area*
- Trash Removal*
- Dusting/Polishing*
- Entrance/Other Glass Areas*

**Restrooms**

- Toilet Bowl*
- Urinal*
- Dusting/Polishing*
- Sink Area/Mirrors*
- Paper Supplies*
- Trash Removal*
- Floor Area*

**Stairway/Elevator**

- Floor Area*
- Dusting/Polishing*
- Trash Removal*

**Janitors Closet**

- Cleanliness / Tidiness*

**Building security**

- Building Security/Alarms*
- Lighting*
- Summary*



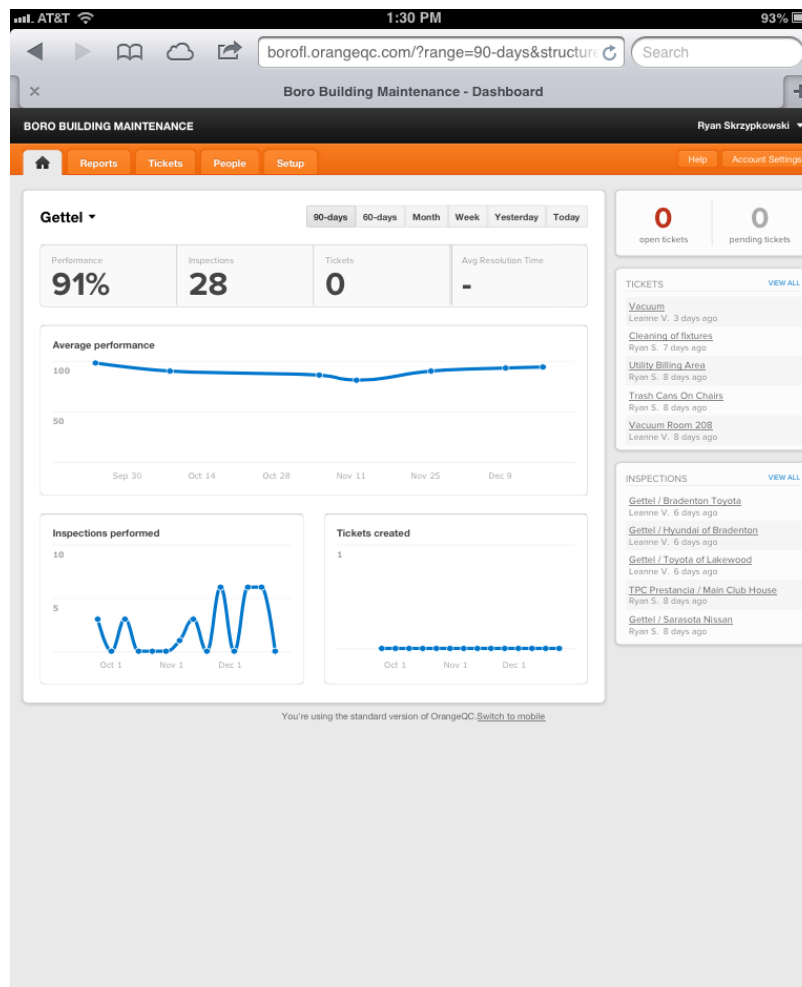
## BID NO 20250493 Cleaning Services for County Facilities – Annual Contract



Once an inspection has been performed, the inspection is sent out to the cleaning crew to ensure that any issues are resolved that same day.

A copy of the inspection is also sent out to the customer to again ensure that everyone is in the loop. The reports are detailed and contain photo's, GPS locations, and overall scores. The inspections are logged online to allow whoever may have an interest to look back through the inspections to the beginning of the contract. Inspections are shown on the same online dashboard as the ticket system.

The online dashboard detailing the number of inspections recorded over a 90 day period.



### Time Tracking

## BID NO 200250493 Cleaning Services for County Facilities – Annual Contract



BID NO 20250493 Cleaning Services for County Facilities – Annual Contract

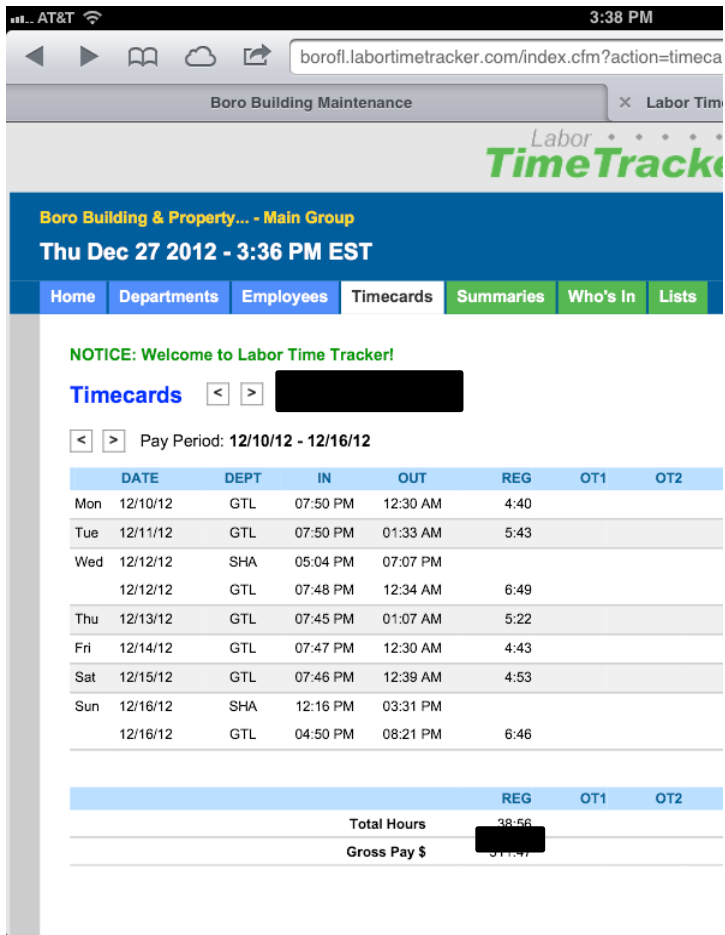


Another major problem in the cleaning industry is confirming the amount of time that a building is serviced. The industry has used paper time cards for years which, again, have proven to be ineffective. Our customers deserve value for their money.

Introducing the online time tracker...

Each cleaning team member logs into the system via a free, land-based phone. This offers multiple benefits to the customer.

1. They know that they are getting a sufficient amount of time from the cleaning team.
2. They know exactly who was on the property and at what time.
3. In case of an emergency, we have a real time log of who has been in the building and who has not.





## SAFETY PROGRAM.

Please view our Safety Training Videos at <https://youtu.be/dmiyNm6xEcE> It is essential that all new employees view and sign off on these videos as it is all part of their BPM initial documentation review. We have an exceptional Workers Compensation Claims history with very few claims. We provide all the best equipment to ensure a safe working environment for our crews. Although we do have a section in our training videos on the use of ladders, we strongly advise against it as we offer telescopic poles to reach the elevated areas. I have included our training section below as I feel this is all part of a safe, overall environment.

### TRAINING

Over the years, Boro Building & Property Maintenance has developed proven and standardized training methods to let employees know exactly what is expected at each job and within each task. We have found that when shortcomings occur, inadequate training is usually the cause. That's why training plays such an important role in our contract management system. We take considerable pride in ensuring that only a properly trained cleaning staff is involved in the maintenance of your property. In new contract jobs where our client's existing service workers are retained, Boro will provide an orientation session to introduce them to our company and excite them about joining the Boro team.

**Orientation:** A new employee is welcomed to the company through our orientation program. We recognize that the first two weeks on the job create a powerful and lasting impression, and orientation training is designed to teach basic cleaning techniques and to show new workers the meaning of teamwork.

In addition to hands-on training, all employees are required to pass the following courses given online by Betco University. We have found that their training program incorporates all of the most important features necessary to ensure that the proper techniques are taught which results in superior cleaning. Each employee is also given a set of written rules and specific information on their job assignments.

The following are required training modules: Basic Cleaning Techniques, Restroom Sanitation, Dilution Control, Tools and Equipment, HAZCOM, OSHA Blood Borne Pathogens, Worker Safety, Disinfection Basics, and Infection Control Basics. Additionally, we will train the employees on site-specific tasks, such as securing the facility at night and proper use of any security systems. At the beginning of each six-month period, Boro's management team will perform additional assessments of the work being performed to determine if additional training is needed.



## EQUIPMENT .

We are very proud to use the latest cleaning technologies. I would like to let you know that we use the CLOROX 360 System. This is a very innovative sanitization process, please view the video information at <https://youtu.be/KbFTIYm3ILk> Should we become your trusted venders, we can use this process in your high risk areas at no extra cost. We have Auto floor scrubbers, deep extraction carpet machines, Mops, buckets, vacuum cleaners both conventional and back pack type, various sizes of mobile tote tubs, window cleaning equipment, pressure washers, mobile dustless sand blasting (DB 500) we have a dedicated hard floor restoration team for your periodic hard floor cleaning schedule. Utility trailers, flat bed trailers.

We are in a good position to acquire additional equipment as and when needed.



## BID NO 20250493 Cleaning Services for County Facilities – Annual Contract



### Key Personnel

Leanne Varney, President (Assigned to manage this contract if awarded)

Tel: 941-556-9027

Cell: 941-952-8537

[leanne@BoroFL.com](mailto:leanne@BoroFL.com)



#### Leanne's Personal Profile

I offer proven performance in facilities management, consistency and a drive to meet and exceed targets. I am confident, polite and committed to achieving the very best in everything I do combined with a real enthusiasm for business and strive for success to ensure all opportunities come to fruition.

#### Key Skills

Excellent management and customer relationship skills

- Experience of managing key accounts.
- Genuine passion and interest in management.
- Experience of working to targets and objectives both individually and within a team environment.

Commitment to success

- Proven record of consistent performance.
- Ability to network effectively.
- Enthusiastic participation in professional development and on-going workplace learning.

#### Employment Summary

- Boro Building & Property Maintenance

September 2010 – Current day.

President of Operations, employing over 60 staff, multiple tiers of management

Responsible for the overall operations of the business

Responsible for new business development

#### Certifications & Experience

##### NBSC Group;

- Introduction to cleaning sanitation
- Daily office cleaning
- Carpet cleaning course
- Vericlean
- Hazcom
- Commit2Clean-restroom care
- Floor care

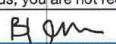
##### Environmental Compliance Training Institute;

- 8 hour Haz-Comm standard 29 CFR 1910
- 50 hour Hazwoper Supervisor/competent Person 29 CFR 1910 & CFR 1926
- 10 hour first responder 29 CFR1910.120



# BID NO 20250493 Cleaning Services for County Facilities – Annual Contract



| <b>Form W-9</b><br>(Rev. March 2024)<br>Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Request for Taxpayer Identification Number and Certification</b><br>Go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information. |                                         | Give form to the requester. Do not send to the IRS. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------|
| <b>Before you begin.</b> For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>Print or type.</b><br>See <i>Specific instructions</i> on page 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)<br><b>GREENSCAPE ENTERPRISES INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                         |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2</b> Business name/disregarded entity name, if different from above.<br><b>BORO BUILDING &amp; PROPERTY MAINTENANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                         |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><input checked="" type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input checked="" type="checkbox"/> Partnership <input checked="" type="checkbox"/> Trust/estate<br><input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input checked="" type="checkbox"/> Other (see instructions) |                                                                                                                                                                                       |                                         |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br>(Applies to accounts maintained outside the United States.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                       |                                         |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       |                                         |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.<br><b>6321 PORTER ROAD SUITE 5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                       | Requester's name and address (optional) |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6</b> City, state, and ZIP code<br><b>SARASOTA, FL, 34240</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                       |                                         |                                                     |
| <b>7</b> List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>Part I Taxpayer Identification Number (TIN)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>Part II Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| 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); and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>Certification instructions.</b> 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 for Part II, later.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Signature of U.S. person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                       | Date <b>Apr 22, 2025</b>                |                                                     |
| <b>General Instructions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| Section references are to the Internal Revenue Code unless otherwise noted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>Future developments.</b> For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>What's New</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| <b>Purpose of Form</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |
| An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                       |                                         |                                                     |

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)



# BID NO 20250493 Cleaning Services for County Facilities – Annual Contract



## CERTIFICATE OF LIABILITY INSURANCE

GREENT-02

BELMA1

DATE (MM/DD/YYYY)  
12/17/2024

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 License # 0C41366  
E-COMP, A Division of Granite Insurance Brokers  
360 Lindbergh Avenue  
Livermore, CA 94551

CONTACT NAME: Jonny O'Donnell  
PHONE (A/C, No, Ext):  
E-MAIL: jodonnell@goecomp.com  
FAX (A/C, No):

| INSURER(S) AFFORDING COVERAGE          | NAIC # |
|----------------------------------------|--------|
| INSURER A : NorGuard Insurance Company | 31470  |
| INSURER B :                            |        |
| INSURER C :                            |        |
| INSURER D :                            |        |
| INSURER E :                            |        |
| INSURER F :                            |        |

INSURED  
Greenscape Enterprise Inc DBA Boro Building and Property Maintenance  
6321 Porter Road  
Sarasota, FL 34240

### 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                                                                                                                                                                                                 |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$               |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                            |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                               |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                               |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                   | Y/N<br>Y  | N/A      | GRWC579735    | 12/28/2024              | 12/28/2025              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E L EACH ACCIDENT \$ 1,000,000<br>E L DISEASE - EA EMPLOYEE \$ 1,000,000<br>E L DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
All operations usual and incidental to those of the named insured's business.

### CERTIFICATE HOLDER

### CANCELLATION

For Informational Purposes.

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

ACORD 25 (2016/03)

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# BID NO 20250493 Cleaning Services for County Facilities – Annual Contract



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/17/2025

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<br>Acentria Insurance - Sarasota<br>3800 South Tamiami Trail Suite 325<br>Sarasota FL 34239                              | CONTACT NAME: Certificate Department<br>PHONE (A/C, No, Ext): 813-689-0021<br>E-MAIL ADDRESS: COIBrandon@acentria.com                                                                 | FAX (A/C, No): 813-654-7656 |
| INSURED<br>Greenscape Enterprises, Inc. dba Boro Building & Property Maintenance<br>6321 Porter Rd., Suite 5<br>Sarasota FL 34240 | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Nationwide Mutual Insurance Company<br>INSURER B: Infinity Auto Insurance Company<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: | NAIC #<br>23787<br>11738    |

### COVERAGES

CERTIFICATE NUMBER: 336384313

### 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 SUBR INSD WVD                      | POLICY NUMBER                          | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                         | ACPCG015944955228                      | 3/16/2025               | 3/16/2026               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000<br>\$ |
| B        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br>ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                                         |                                         | 50022619401                            | 3/16/2025               | 3/16/2026               | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>FL PIP \$ 10,000                                                                 |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                              |                                         |                                        |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                      |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y / N<br><input type="checkbox"/> N / A |                                        |                         |                         | PER STATUTE<br>OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                             |
| A<br>A   | Equipment<br>Crime                                                                                                                                                                                                                                                                                                  |                                         | ACPCIO15944955228<br>ACPCP015944955228 | 3/16/2025<br>3/16/2025  | 3/16/2026<br>3/16/2026  | Contractors Equipment \$35,000<br>Deductible \$1,000<br>Employee Dishonesty \$100,000                                                                                                                                                         |

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

### CERTIFICATE HOLDER

\*\* For Informational Purposes Only \*\*

### 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

Chad H. Fidd

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ACORD 25 (2016/03)

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# *State of Florida*

## *Department of State*

I certify from the records of this office that GREENSCAPE ENTERPRISES, INC is a corporation organized under the laws of the State of Florida, filed on March 15, 2010.

The document number of this corporation is P10000022938.

I further certify that said corporation has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 26, 2012, and its status is active.

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

*Given under my hand and the Great Seal of  
Florida, at Tallahassee, the Capital, this the  
Twenty First day of May, 2012*

*Ken Detmer*

# Thank You

## Our Service

A safe and clean environment is a must for any business. Good quality cleaning will eradicate poor hygiene practices, protect and motivate employees, creating the right impression for your customers.

We offer a complete managed service to include



BID NO 20250493 Cleaning Services for County Facilities – Annual Contract

