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**City of Cocoa | Finance Department | Purchasing & Contracts
Division**

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

**Solicitation Number:
RFP-21-26-COC**

**Due Date:
August 13, 2021 @
3:00 PM**

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

***NOTE – FOR CONTRACTING PURPOSES THE CERTIFICATE OF INSURANCE MUST BE DELIVERED TO CITY OF COCOA, PURCHASING & CONTRACTS DIVISION , 65 STONE STREET, COCOA, FLORIDA 32922.**

- E. Waiver. Receipt of certificates or other documentation of insurance or policies or copies of policies by the City, or by any of its representatives, which indicates less coverage than is required, does not constitute a waiver of the successful Proposer's/Contractor's obligation to fulfill the insurance requirements specified herein.
- F. Subcontractors. The successful Proposer/Contractor shall ensure that any sub-contractor(s), hired to perform any of the duties contained in the Scope of Services of an Agreement, maintain the same insurance requirements set forth herein. In addition, the successful Proposer/Contractor shall maintain proof of same on file and make readily available upon request by the City.
- G. Loss Deductible Clause. The City shall be exempt from, and in no way liable for, any sums of money which may represent a deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of the successful Proposer/Contractor and/or subcontractor providing such insurance.
- H. Additional Requirements. All insurance carriers shall have AM Best Rating of at least A-, and a size VII or larger. The General Liability and Workers Compensation policies shall have a waiver of subrogation in favor of the City of Cocoa. The liability policies shall be Primary/Non-Contributory.



AUTHORIZED SIGNATORY

Brandon Silverstein

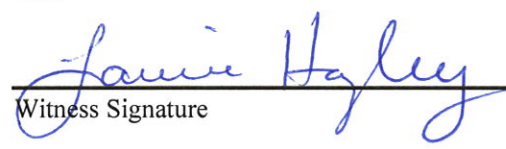
Typed Name of AUTHORIZED SIGNATORY

Owner

Title

8/10/21

Date



Witness Signature

Laurie Hazley


Typed Name of Witness

The City reserves the unilateral right to modify the insurance requirements set forth at any time during the process of solicitation or subsequent thereto.

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

☛ Failure to submit this form may be grounds for disqualification of your submittal ☛

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	City of Cocoa Finance Department Purchasing & Contracts Division 65 Stone Street, Cocoa, FL 32922 Phone: 321-433-8486, or extension 8844 Fax: 321-433-8690	Solicitation Number: RFP-21-26-COC
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Attachment "B"
Insurance Requirements

- A. Insurance. The successful Proposer/Contractor shall not commence any work in connection with an agreement until it has obtained all of the required types of insurance and has provided proof of same to the City, in the form of a certificate prior to the start of any work, nor shall the successful Proposer/Contractor allow any subcontractor to commence work on its subcontract until all similar insurance required of the subcontractor has been so obtained and approved. All insurance policies shall be with insurers qualified and doing business in Florida.
- B. Limits. The successful Proposer/Contractor and/or subcontractor shall maintain the types of insurance, with at a minimum the respective limits as outlined herein:
1. AUTOMOBILE: \$1,000,000.00 Combined Single Limit for Bodily Injury and Property Damage per accident;
 2. GENERAL LIABILITY: \$1,000,000.00 each occurrence;
 3. GENERAL AGGREGATE: \$2,000,000.00;
 4. PROFESSIONAL LIABILITY COVERAGE: \$1,000,000.00; and
 5. Worker's Compensation: Employers' liability insurance which covers the statutory obligation for all persons engaged in the performance of the work required hereunder with limits not less than \$1,000,000.00 per occurrence. Evidence of qualified self-insurance status will suffice for this subsection. The proposer understands and acknowledges that it shall be solely responsible for any and all medical and liability costs associated with an injury to itself and/or to its employees, sub-contractors, volunteers, and the like, including the costs to defend the City in the event of litigation against same.
- C. City as Additional Insured. The successful Proposer/Contractor and/or subcontractor shall name the "City of Cocoa" as an Additional Insured, to the extent of the services to be provided hereunder, on all required insurance policies, and provide the City with proof of same.
- D. Certificates of Insurance. The successful Proposer/Contractor and/or subcontractor shall provide the City's Human Resources/Risk Management Division with a Certificate of Insurance evidencing such coverage for the duration of this Agreement. Said Certificate of Insurance shall be dated and show:
1. The name of the insured Contractor,
 2. The specified job by name and job number,
 3. The name of the insurer,
 4. The number of the policy,
 5. The effective date,
 6. The termination date,
 7. A statement that the insurer will mail notice to the City at least thirty (30) days prior to any material changes in the provisions or cancellation of the policy, and;
 8. The Certificate Holders Box must read as follows:

City of Cocoa
 c/o Human Resources/Risk Management Division
 65 Stone Street
 Cocoa, Florida 32922

Any other wording in the Certificate Holders Box shall not be acceptable. Non-conforming certificates will be returned for correction.



MICNCOR-01

#A
DSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/3/2021

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 Hub International Florida 1560 Orange Avenue Suite 750 Winter Park, FL 32789	CONTACT NAME: PHONE (A/C, No, Ext): (321) 255-2220 FAX (A/C, No): (321) 255-7770 E-MAIL ADDRESS: Certificates.FLA@HubInternational.com														
INSURED Micnor Corp. dba US Lawns of Brevard 374 Commerce Parkway Rockledge, FL 32955	<table border="1"> <thead> <tr> <th data-bbox="852 451 1461 472">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1461 451 1601 472">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="852 472 1461 504">INSURER A : Cincinnati Indemnity Company</td> <td data-bbox="1461 472 1601 504">23280</td> </tr> <tr> <td data-bbox="852 504 1461 535">INSURER B : Wesco Insurance Company</td> <td data-bbox="1461 504 1601 535">25011</td> </tr> <tr> <td data-bbox="852 535 1461 567">INSURER C :</td> <td data-bbox="1461 535 1601 567"></td> </tr> <tr> <td data-bbox="852 567 1461 598">INSURER D :</td> <td data-bbox="1461 567 1601 598"></td> </tr> <tr> <td data-bbox="852 598 1461 630">INSURER E :</td> <td data-bbox="1461 598 1601 630"></td> </tr> <tr> <td data-bbox="852 630 1461 653">INSURER F :</td> <td data-bbox="1461 630 1601 653"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Indemnity Company	23280	INSURER B : Wesco Insurance Company	25011	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Standard Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		ENP053-5654	5/5/2021	5/5/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EBA053-5654	5/5/2021	5/5/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ENP053-5654	5/5/2021	5/5/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Over GL,AL,EL. \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WWC3511648	1/1/2021	1/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater			ENP053-5654	5/5/2021	5/5/2022	Leased/Rented 25,000
A	Crime/Employee Theft			ENP053-5654	5/5/2021	5/5/2022	\$500 ded. 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Cocoa is included as an Additional Insured for General Liability, when required in a written contract or agreement with the Insured.

CERTIFICATE HOLDER

CANCELLATION

City of Cocoa
 375 N. Cocoa Blvd.
 Cocoa, FL 32922

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

AUTHORIZED REPRESENTATIVE

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Solicitation Number:
RFP-21-26-COC

REQUEST FOR PROPOSALS (RFP)

Due Date:
August 13, 2021 @
3:00 PM

TITLE: City of Cocoa – Contract Mowing Services

Attachment "C"
Conflict of Interest Statement

This statement is submitted with Proposal, ITN, or Contract Number RFP 21-26-COC, titled City of Cocoa - Contract Mowing Services by

Micro-Corp.
DBA: US Laws of Brevard whose business address is 374 Commerce Pkwy, Rockledge
[Name of entity submitting sworn statement]

FL 32955 and its Federal Employer Identification Number (FEIN) is 20-2319202.

My name is Brandon Silverstein and my relationship to the above is Owner.
[Please print name of individual signing]

- A. The Proposer has made diligent inquiry and provided the information in this statement based upon its full knowledge.
- B. The Proposer states that only one (1) submittal for this solicitation has been submitted and tendered by the appropriate date and time and that said above stated entity has no financial interest in other entities submitting a proposal for the work contemplated hereby.
- C. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise prohibited from participation in this solicitation or any contract to follow thereafter by any government entity.
- D. Neither the entity nor its affiliates, nor anyone associated with them, have any potential conflict of interest because of and due to any other clients, contracts, or property interests in this solicitation or the resulting project.
- E. I hereby also certify that no member of the entity's ownership or management or staff has a vested interest in any City Department/Division/Office.
- F. I certify that no member of the entity's ownership or management is presently applying, actively seeking, or has been selected for an elected position within City of Cocoa government.
- G. In the event that a conflict of interest is identified in the provision of services, I, the undersigned will immediately notify the City in writing.
- H. Section 112.313, Florida Statutes, as amended; places limitations on public officers (including advisory board members) and employees' ability to contract with the City either directly or indirectly. By my signature below, I hereby acknowledge the provisions as outlined in the hereto referenced statute and have provided any required and/or necessary information accordingly to date and shall commit to continue to do so in the future should I be a successful Proposer.

Please indicate if the following applies:

PART I.

- ☐ I am an employee, public officer, or advisory board member of the City.

(List Position or Board)
- ☐ I am the spouse or child of an employee, public officer, or advisory board member of the City.
Name: _____
- ☐ An employee, public officer or advisory board member of the City, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of

"B"



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TITLE: City of Cocoa – Contract Mowing Services

more than five percent (5%) of the total assets or capital stock of any business entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor child.

Name: _____

☐ Respondent employs or contracts with an employee, public officer, or advisory board member of the City

Name: _____

☒ None of The Above

PART II:

Are you going to request an advisory board member waiver?

☐ I will request an advisory board member waiver under §112.313(12)

☐ I will NOT request an advisory board member waiver under §112.313(12)

☒ N/A

The City will review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any proposers, respondents, vendors, suppliers, contractors whose conflicts are not waived or exempt.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "C", **Conflict of Interest Statement**, is truthful and correct at the time of submission.

AUTHORIZED SIGNATORY

Brandon Silverstein
Typed Name of AUTHORIZED SIGNATORY

Owner
Title

8/10/21
Date

Laurie Hazley
Witness Signature

Laurie Hazley
Typed Name of Witness

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

☛ Failure to submit this form may be grounds for disqualification of your submittal ☚

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Attachment "D"

Non-Collusion/Lobbying Certification

This statement is submitted with Proposal, ITN, or Contract Number RFP 21-26-COC, titled City of Cocoa - Contract Mowing Services by

Minor Corp
DBA: US Lawns of Brevard whose business address is 374 Commerce Pkwy, Rockledge,
[Name of entity submitting sworn statement]

FL 32955 and its Federal Employer Identification Number (FEIN) is 20-2319202.

My name is Brandon Silverstein and my relationship to the above is owner.
[Please print name of individual signing]

A. NON-COLLUSION PROVISION CERTIFICATION.

The undersigned hereby certifies, to the best of his or her knowledge and belief, that on behalf of the person, firm, association, or corporation submitting the bid certifying that such person, firm, association, or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action, in restraint of free competitive bidding in connection with the submitted bid. Failure to submit the executed statement as part of the bidding documents will make the bid nonresponsive and not eligible for award consideration.

B. LOBBYING CERTIFICATION.

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

1. No City 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 either directly or indirectly an officer or employee of the City, City Council Member of Congress in connection with the awarding of any City Contract.
2. If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Council or an officer or employee of the City in connection with this contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "D", Non-Collusion/Lobbying Certification, is truthful and correct at the time of submission.

[Signature]
AUTHORIZED SIGNATORY

Brandon Silverstein
Typed Name of AUTHORIZED SIGNATORY

Owner
Title

8/10/21
Date

Laurie Hazley
Witness Signature

Laurie Hazley
Typed Name of Witness

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

☛ Failure to submit this form may be grounds for disqualification of your submittal ☛



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REQUEST FOR PROPOSALS (RFP)

Due Date:
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TITLE: City of Cocoa – Contract Mowing Services

Attachment "E"
Drug-Free Workplace Certification

When applicable, the drug-free certification form below must be signed and returned with the RFP response.

IDENTICAL TIE PROPOSALS: Preference may be given to businesses with drug-free workplace programs. Whenever two or more proposals that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied Proposers have a drug-free workplace program.

In order to have a drug-free workplace program, a business shall:

- A. 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.
- B. Inform employees about the dangers of drug abuse in the workplace, the business' 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.
- C. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in the first paragraph.
- D. In the statement specified in the first paragraph, 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, Florida Statutes, 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.
- E. 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.
- F. Make a good faith effort to continue to maintain a drug-free workplace through implementation of the foregoing provisions.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "E", **Drug-Free Workplace Certification**, is truthful and correct at the time of submission.

AUTHORIZED SIGNATORY

Brandon Silverstein
Typed Name of AUTHORIZED SIGNATORY

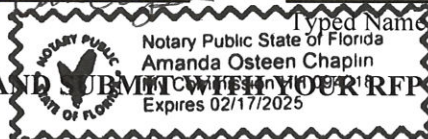
Owner
Title

8/10/21
Date

Laurie Hazley
Witness Signature

Laurie Hazley
Typed Name of Witness

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE – (if applicable)





Total Compliance Network, Inc.

Drug Free Workplace Programs

**5440 NW 33rd Avenue Suite 106
Ft. Lauderdale, Florida 33309
(954) 677-1200 Phone
(954) 677-1201 Fax**

February 22, 2011

To Whom it May Concern:

Total Compliance Network implemented a State of Florida Drug Free Workplace Program for the company listed below. TCN also provided the below-indicated services. If you have any questions, please feel free to contact me at my office, (800) 881-4826.

Company Name: **US LAWN OF BREVARD DBA MICNOR**
Address: **1791 Cogswell St
Rockledge, FL 32955**
Telephone #: **(321) 863-7697**
Contact Person: **Brandon Silverstein**

Date TCN Implemented program with the above contact person: February 2011

TCN provided the above-named company with a Compliance Manual which includes:

1. An Employee handbook containing company policy and all necessary information (i.e., Information on where to seek help, medications that affect the outcome of a drug test, etc.).
2. Notice of Update
3. Employee agreement forms, including company disciplinary action.
4. A Supervisor's handbook.
5. Information to post in conspicuous locations (signs, posters).
6. Additional forms and agreements (rehabilitation, notification of positive test results, etc.).

TCN has also set up a drug screen collection site, AHCA or NIDA certified testing laboratory, on-staff Medical Review Officer, results reporting (telephone and hard copy) and billing.

TCN has instructed the above-named contact person on the following procedures:

1. Distribution of Notice of Update- Drug Free Workplace notification.
2. Conducting the Employee meeting including distribution of Employee handbook, educational material and collection of signed paperwork.
3. Drug testing requirements and procedures for testing:
 - a. Job Applicants
 - b. Post-accident
 - c. Reasonable suspicion
 - d. Return-to-work.
 - e. Random (if applicable).
 - f. Routine fitness-for-duty.

TCN will also continue to act as a consultant for any questions regarding this program, but will not be held responsible for any company's negligence or inability to perform the State of Florida Drug Free Workplace requirements using TCN or TCN materials.

Total Compliance Network Representative
Nick Mirowsky

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Attachment "F"

Price Proposal and Acceptance of Proposal Terms and Conditions

The Contractor shall review and propose services within the Group Areas outlined within of this RFP. Contractors shall propose one or more Group Areas 1 – 4 or only the Group Area(s) they deem capable of providing dependable services. The Contractor shall propose an entire Group Area or multiple Group Areas, but not singular locations contained within the grouped sections.

GROUP AREA #1				
	LOCATIONS	Cuts	Price per Cut	Total
1	Fire Stations			
	a) 1740 Dixon Blvd – Fire Station #1 – Includes Fertilization, Weed Control	36	96-	3,456-
	b) 300 Brunson Blvd – Fire Station #2 – Includes Fertilization, Weed Control	36	96-	3,456-
	c) 3505 Highway 524 – Fire Station #3 – Includes Fertilization, Weed Control	36	176-	6,336-
	d) 114 First Street – Old Fire Station #1	36	32-	1,152-
	e) 2003 Michigan Avenue – Old Fire Station #3 / Include field out back behind gate	36	80-	2,880-
2	Police Department – 1226 W. King Street / Include Pond to the west / Controlled Access – Includes Fertilization, Weed Control	36	182.40	6,566.40
3	Cocoa Boulevard / U.S. 1 Medians and Rights of Way, Weed Control	36	2048-	73,728-
4	Clearlake Rd Rights of Way – Dixon Blvd to Industry Road, Weed Control	26	480-	12,480-
5	Harry T. Moore Center & Museum – 307 Blake Ave, Weed Control	36	128-	4,608-
6	Cemeteries			
	a) Pinecrest Cemetery – 815 Clearlake Road	36	160	5,760-
	b) Evergreen Cemetery – 816 Clearlake Road	36	160	5,760-
	c) Hilltop Cemetery – 301 N. Cocoa Boulevard	36	160	5,760-
	d) Cocoa Cemetery – 101 N. Cocoa Boulevard	36	160	5,760
7	B.A. Morse Park / Emma Jewel Storm Water Pond – 901 Barbara Jenkins St.	36	160	5,760

Twice a month Oct. 1st to April 30th / 4 times a month from May 1st to Sept. 30

GROUP AREA #2				
	LOCATIONS	Cuts	Price per Cut	Total
8	Water Field Operations – 351 Shearer Blvd / Include Fleet Maintenance @ 301 Shearer Blvd, Weed Control	26	256-	6,656-
9	King Street / S.R. 520 Medians and Rights of Way, Weed Control (36 cuts)	36	960-	24,960-
10	Rosetine St. Rights of Way from Range Road to Church on S. side and EFSC on the N. side	26	480-	12,480-
11	Range Rd Rights of Way from City Limits on South side North to transition into Michigan Ave	26	480-	12,480-
12	Michigan Ave Rights of Way from Clearlake Rd west to Range Road. Includes larger section curve to Range	26	224-	5,824-
13	Lee Wenner Park – 300 Riveredge Blvd	26	640-	16,640-
14	Highway 524 Rights of Way from Industry Road to Cox Road	26	1,280-	33,280-
15	Gray Rd. Rights of Way from City Limits to Hooper Rd	26	224-	5,824-
16	Hooper Rd. Rights of Way from Gray Rd to Range Rd	26	192-	4,992-
17	Cocoa Conservation Area – 1714 Cocoa Bay Blvd.	26	288-	7,488-
18	London Blvd Rights of Way + Open Field by lift station	26	576-	14,976-
19	North Road Rights of Way	26	192-	4,992-

Twice a mont Oct 1st to July 31 / Threes times a month August and September except for King Street

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City of Cocoa | Finance Department | Purchasing & Contracts Division

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GROUP AREA # 3

	LOCATIONS	Cuts	Price per Cut	Total
20	Peachtree Street Rights of Way – Forrest Ave to Pineda St	26	272-	7,072-
21	Museum – 2201 Michigan Avenue	26	160-	4,160-
22	Bernard Easement – 533 Bernard St	26	128-	3,328-
23	N. Fiske ROW from Dixon to Anderson Park	26	288-	7,488-
24	S. Fiske ROW from Rosa L Jones Dr to King St (SR 520)	26	160-	4,160-
25	Cocoa Lakes Dr. Rights of Way from Michigan Ave. to Private Development	26	128-	3,328-
26	Jackson St. Rights of Way from S. Varr Ave to City Limits near 505 Abbey Lane	26	112-	2,912-
27	Jackson St. easement that runs from Jackson St. south to Rosa L. Jones Drive	26	224-	5,824-
28	Forrest Ave. Rights of Way from Willard St. north to N. Cocoa Blvd. (U.S. 1)	26	320-	8,320-
29	Bracco Pond Parking – 950 Plaza Parkway	26	160-	4,160-


Twice a month Oct 1st to July 31 / Threes times a month August and September

GROUP AREA # 4

	LOCATIONS	Cuts	Price per Cut	Total
30	Stone Street Rights of Way – S. Fiske Blvd to Railroad Tracks	26	256-	6,656-
31	Pineda St. Rights of Way from Peachtree St. to Dixon Blvd	26	384-	9,984-
32	Townsend Rd Rights of Way from S.R. 520 north to last property. Include Pond on East side near 1st curve	26	384-	9,984-
33	Dixon Blvd. Rights of Way from N. Indian River Dr. to Clearlake Road	26	512-	13,312-
34	Residential Lots			
	a) 1043 Peachtree St.	26	43.20	1,123.20
	b) 801 Eden ST	26	43.20	1,123.20
	c) 1101 Avon St	26	43.20	1,123.20
	d) 1970 Furman Ct	26	43.20	1,123.20
	e) 1050 Bellefonte Ave	26	43.20	1,123.20
	f) 712 Stone St	26	43.20	1,123.20
	g) 619 Stone St	26	43.20	1,123.20
	h) 437 Satsuma St	26	43.20	1,123.20
	i) 629 S Georgia Ave	26	43.20	1,123.20
	j) 1059 Olive St	26	43.20	1,123.20
	k) 514 S Wilson Ave	26	43.20	1,123.20
	l) 1408 Donna Ave	26	43.20	1,123.20
	m) 1204 Cambridge St	26	43.20	1,123.20
	n) 1110 Grove Ave	26	43.20	1,123.20
	o) 2019 N Cocoa Blvd	26	43.20	1,123.20

Twice a month Oct 1st to July 31 / Threes times a month August and September

11D

	City of Cocoa Finance Department Purchasing & Contracts Division 65 Stone Street, Cocoa, FL 32922 Phone: 321-433-8486, or extension 8844 Fax: 321-433-8690	Solicitation Number: RFP-21-26-COC
	REQUEST FOR PROPOSALS (RFP)	Due Date: August 13, 2021 @ 3:00 PM
TITLE: City of Cocoa – Contract Mowing Services		


Group Areas		Sub Totals
1	Group Area 1	143,462.40
2	Group Area 2	150,592.00
3	Group Area 3	50,752.00
4	Group Area 4	56,784.00
Grand Total		401,590.40

NOTE #1: The estimated quantities are an approximate only and are not guaranteed. The City does not assume any responsibility that the actual quantities purchased shall remain in strict accordance with the estimated quantities, nor shall the Contractor cause misunderstanding or deception because of such estimate of quantities or of the character, locations of the work, or other conditions pertaining thereto. Any related positions not referenced above may be attached to the back of this page. A brief position description must also be included.

1. OPTIONAL PRICING

NA	

NOTE #2: The Proposer must include a task and fee (by position) schedule breakdown based on the proposed hourly rates. This document is to be inserted at the end of Attachment "F", Price Schedule and Acceptance of Terms and Conditions and identified as OPTIONAL PRICING SCHEDULE.

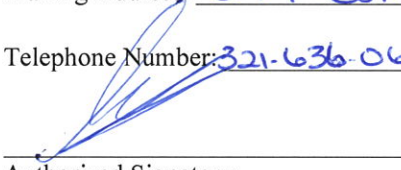
	City of Cocoa Finance Department Purchasing & Contracts Division 65 Stone Street, Cocoa, FL 32922 Phone: 321-433-8486, or extension 8844 Fax: 321-433-8690	Solicitation Number: RFP-21-26-COC
	REQUEST FOR PROPOSALS (RFP)	Due Date: August 13, 2021 @ 3:00 PM
TITLE: City of Cocoa – Contract Mowing Services		

I/we, the undersigned, as authorized signatory to commit the firm, do hereby accept in total all the terms and conditions stipulated and referenced in this RFP document and do hereby agree that if a contract is offered or negotiated it will abide by the terms and conditions presented in the RFP document or as negotiated pursuant thereto. The undersigned, having familiarized him/herself with the terms of the RFP documents, local conditions, and the cost of the work at the place(s) where the work is to be done, hereby proposes and agrees to perform within the time stipulated, all work required in accordance with the scope of services and other documents including Addenda, if any, on file at the City of Cocoa Purchasing & Contracts Division for the price set forth herein in **Attachment "F" Price Proposal and Acceptance of Proposal Terms and Conditions**. The signature(s) below are an acknowledgment of my/our full understanding and acceptance of all the terms and conditions set forth in this RFP document or as otherwise agreed to between the parties in writing.

Proposer/Contractor Name: Micnor Corp. - DBA: US Lawns of Brevard

Mailing Address: 374 Commerce Pkwy, Rockledge, FL 32955

Telephone Number: 321-636-0655 Fax Number: 321-806-3957 E-mail Address: brandon@uslawnsobrevard.com

 Brandon Silverstein FEIN: 20-2319202 DUNS: 14-288-3730

Authorized Signatory Printed Name

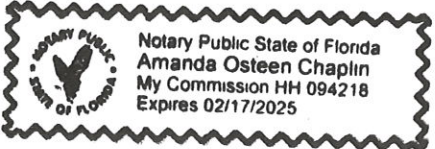
Owner 8/10/21 CAGE Code: _____


Title Date As issued through www.sam.gov

STATE OF FL

COUNTY OF Brevard

The foregoing instrument was executed before me this 10 day of August, 2021, by Brandon Silverstein as Owner of Micnor Corp-dba US Lawns of Brevard who personally swore or affirmed that he/she is authorized to execute this document and thereby bind the Corporation, and who is personally known to me OR has produced _____ as identification.

(stamp) 

 _____

NOTARY PUBLIC, State of FL



City of Cocoa | Finance Department | Purchasing & Contracts
Division

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

Solicitation Number:
RFP-21-26-COC

REQUEST FOR PROPOSALS (RFP)

Due Date:
August 13, 2021 @
3:00 PM

TITLE: City of Cocoa – Contract Mowing Services

Attachment "G"

Addendum Receipt Acknowledgement Certification

The undersigned acknowledges receipt of the following addenda to the solicitation document(s) (Give number and date of each):

Addendum No. 1 Dated: August 3, 2021
Addendum No. _____ Dated: _____
Addendum No. _____ Dated: _____
Addendum No. _____ Dated: _____
Addendum No. _____ Dated: _____

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment "G", Addendum Receipt Acknowledgement Certification**, is truthful and correct at the time of submission.

Proposer/Contractor Name: Michor Corp - DBA: US Lawns of Brevard

Mailing Address: 314 Commerce Pkwy, Rockledge, FL 32955

Telephone Number: 321-636-0655 Fax Number: 321-806-3957 E-mail Address: brandone@uslawnsfbrevard.com

[Signature]
Authorized Signatory
Printed Name: Brandon Silverstein

FEIN: 20-2319202 DUNS: 14-288-3730

Owner
Title
Date: 8/10/21

CAGE Code: _____
As issued through www.sam.gov

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

Failure to submit this form may be grounds for disqualification of your submittal

"G"



City of Cocoa | Finance Department | Purchasing & Contracts Division

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

**Solicitation Number:
RFP-21-26-COC**

REQUEST FOR PROPOSALS (RFP)

**Due Date:
August 13, 2021 @
3:00 PM**

TITLE: City of Cocoa – Contract Mowing Services

**Attachment "H"
Organizational Information**

The proposer must include a copy of their State Certificate of Good Standing/Articles of Incorporation, which lists the corporate officers. In addition to the aforementioned documents the Bidder/Proposer must include necessary information to verify the individual signing this proposal/bid and or any contract document has been authorized to bind the corporation. Examples include:

- A. A copy of the Articles of Incorporation listing the approved signatories of the corporation.
- B. A copy of a resolution listing the members of staff as authorized signatories for the company.
- C. A letter from a corporate officer listing the members of staff that are authorized signatories for the company.

TYPE OF ORGANIZATION					
(Please place a check mark (✓) next to applicable type)					
<input checked="checked" type="checkbox"/>	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Other (Please specify)
State of Incorporation		Florida			
Principal Place of Business (Enter Address)		374 Commerce Pkwy Rockledge, FL 32955			
Federal I.D. or Social Security Number		20-2319202			

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment "H", Organizational Information**, is truthful and correct at the time of submission.

Proposer/Contractor Name: Micro Corp. - DBA: US Laws of Brevard

Mailing Address: 374 Commerce Pkwy, Rockledge, FL 32955

Telephone Number: 321-636-0655 Fax Number: 321-806-3957 E-mail Address: brandon@uslawsofbrevard.com

Authorized Signatory: [Signature] Printed Name: Brandon Silverstein FEIN: 20-2319202 DUNS: 14-288-3730

Title: Owner Date: 8/10/21 CAGE Code: _____
As issued through www.sam.gov

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

Failure to submit this form may be grounds for disqualification of your submittal

State of Florida

Department of State

I certify from the records of this office that MICNOR CORP is a corporation organized under the laws of the State of Florida, filed on February 11, 2005.

The document number of this corporation is P05000022205.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on January 15, 2021, and that 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 the State of Florida
at Tallahassee, the Capital, this
the Twenty-first day of July, 2021*



Randy R.
Secretary of State

Tracking Number: 7051381490CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022205

Entity Name: MICNOR CORP

Current Principal Place of Business:

374 COMMERCE PARKWAY
ROCKLEDGE, FL 32955

Current Mailing Address:

374 COMMERCE PARKWAY
ROCKLEDGE, FL 32955 US

FEI Number: 20-2319202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVERSTEIN, BRANDON
374 COMMERCE PARKWAY
ROCKLEDGE, FL 32955 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRANDON SILVERSTEIN

01/15/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SILVERSTEIN, BRANDON
Address 374 COMMERCE PARKWAY
City-State-Zip: ROCKLEDGE FL 32955

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRANDON SILVERSTEIN

PRESIDENT

01/15/2021

Electronic Signature of Signing Officer/Director Detail

Date

"G"

Electronic Articles of Incorporation For

P05000022205
FILED
February 11, 2005
Sec. Of State
dwhite

MICNOR CORP

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

MICNOR CORP

Article II

The principal place of business address:

16A MARINA ISLES BOULEVARD
INDIAN HARBOR BEACH, FL. 32937

The mailing address of the corporation is:

16A MARINA ISLES BOULEVARD
INDIAN HARBOR BEACH, FL. 32937

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

2000

Article V

The name and Florida street address of the registered agent is:

MICHAEL A SILVERSTEIN
16A MARINA ISLES BOULEVARD
INDIAN HARBOR BEACH, FL. 32937

I certify that I am familiar with and accept the responsibilities of registered agent.

P05000022205
FILED
February 11, 2005
Sec. Of State
dwhite

Registered Agent Signature: MICHAEL A. SILVERSTEIN

Article VI

The name and address of the incorporator is:

MICHAEL A. SILVERSTEIN
16A MARINA ISLES BOULEVARD
INDIAN HARBOR BEACH, FL 32937

Incorporator Signature: MICHAEL A. SILVERSTEIN

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P,D
MICHAEL A SILVERSTEIN
16A MARINA ISLES BOULEVARD
INDIAN HARBOR BEACH, FL. 32937

u H "



City of Cocoa | Finance Department | Purchasing & Contracts
Division

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

Solicitation Number:
RFP-21-26-COC

Due Date:
August 13, 2021 @
3:00 PM

REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "I"

Proposed Schedule of Subcontractor Participation

<input checked="" type="checkbox"/> No Subcontracting (of any kind) will be utilized on this project.		Solicitation Number: RFP-21-26-COC	
Title: City of Cocoa - Contract Mowing Services		Total Project Amount: \$	
Subcontractor Minority Code (if applicable)	Company Name	Trade, Services or Materials portion to be subcontracted	Percent (%) of Scope/Contract
Federal ID	Address Phone, Fax, Email		Dollar Value
PERCENTAGE TOTALS FOR SUBCONTRACTOR PARTICIPATION			
PERCENTAGE TOTALS FOR MINORITY SUBCONTRACTOR PARTICIPATION			

Minority Code	Code Description	Minority Code	Code Description
AA	African American	NA	Native American
A	Asian/Pacific Islander	W	Woman
H	Hispanic	SDVBE	Service-Disabled Veteran

When applicable, the Proposer, will enter into a formal agreement with the subcontractors identified herein for work listed in this schedule conditioned upon execution of a contract with the City. By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment "I", Proposed Schedule of Subcontractor Participation**, is truthful and correct at the time of submission.

Proposer/Contractor Name: Micnor Corp. DBA: US Lawns of Brevard

Mailing Address: 314 Commerce Pkwy, Rockledge, FL 32955

Telephone Number: 321-636-0655 Fax Number: 321-806-3957 E-mail Address: brandon@uslawnsobrevard.com

Authorized Signatory: Brandon Silverstein Printed Name: Brandon Silverstein FEIN: 20-2319202 DUNS: 14-288-3730

Title: Owner Date: 8/10/21 CAGE Code: _____ As issued through www.sam.gov

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

☛ Failure to submit this form may be grounds for disqualification of your submittal ☛



City of Cocoa | Finance Department | Purchasing & Contracts
Division

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

Solicitation Number:
RFP-21-26-COC

REQUEST FOR PROPOSALS (RFP)

Due Date:
August 13, 2021 @
3:00 PM

TITLE: City of Cocoa – Contract Mowing Services

Attachment "J"

Contractor Certification Regarding Scrutinized Companies
(Contracts of \$1,000,000.00 or more)

Section 287.135, Florida Statutes, prohibits local governments from contracting with companies, for goods or services of One Million and 00/100 Dollars (\$1,000,000.00) or more that are on the Scrutinized Companies with Activities in Sudan List, on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or is engaged in business operations in Cuba or Syria. Both lists are created pursuant to section 215.473, Florida Statutes. In addition, the CONTRACTOR shall not be listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel.

As the person authorized to sign on behalf of the CONTRACTOR, I hereby certify that the company identified below in the section entitled "Bidder/Contractor Name" is not listed on the Scrutinized Companies with Activities in Sudan List, is not listed on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List or is engaged in business operations in Cuba or Syria. In addition, the CONTRACTOR is not listed on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, or is engaged in a boycott of Israel. I understand that pursuant to Section 287.135, Florida Statutes, the submission of a false certification may subject the CONTRACTOR to termination of the Agreement, civil penalties, attorney's fees, and/or costs.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment "J", Contractor Certification Regarding Scrutinized Companies**, is truthful and correct at the time of submission.

Proposer/Contractor Name: Micnor Corp - DBA: US Lawns of Brevard

Mailing Address: 374 Commerce Pkwy, Rockledge, FL 32955

Telephone Number: 321-636-0655 Fax Number: 321-806-3957 E-mail Address: brandon@uslawnsOfbrevard.com

Authorized Signatory

Brandon Silverstein
Printed Name

FEIN: 20-2319202 DUNS: 14-288-3730

Owner
Title

8/10/21
Date

CAGE Code: _____
As issued through www.sam.gov

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE (when applicable)

Failure to submit this form may be grounds for disqualification of your submittal

2020 - 2021

BREVARD COUNTY BUSINESS TAX RECEIPT
SUBJECT TO COUNTY ZONING RESTRICTIONS
TAX RECEIPT SHOULD BE DISPLAYED ON PREMISES

ACCOUNT NO.
885037799

THE PERSON(S), OR ENTITY BELOW:

US LAWN OF BREVARD

374 COMMERCE PKWY
ROCKLEDGE, FL 32955

DBA

US LAWN OF BREVARD

LOCATION:

374 COMMERCE PKWY
ROCKLEDGE, FL 32955

OWNED BY:

MICNOR CORP

BUSINESS PERIOD: October 01, 2020 - September 30, 2021

EXPIRES: SEPTEMBER 30, 2021

ISSUED PURSUANT AND SUBJECT TO FLORIDA STATUTES AND BREVARD COUNTY CODE ISSUANCE
DOES NOT CERTIFY COMPLIANCE WITH ZONING OR OTHER LAWS.

BUSINESS TAX RECEIPT IS SUBJECT TO REVOCATION FOR ZONING VIOLATIONS, AND / OR FAILURE
TO MAINTAIN REGULATORY PRE-REQUISITES AS REQUIRED FOR BUSINESS CLASSIFICATION(S), (C)
SUBSEQUENT ACTIVITIES. NOTIFY TAX COLLECTOR UPON CLOSING OF BUSINESS.

A PERMIT IS REQUIRED TO ADVERTISE (Including with signage) "GOING OUT OF BUSINESS".

LISA CULLEN, CFC, Brevard County Tax Collector
P O Box 2500, Titusville, Florida 32781-2500
(321)264-6969 or (321)633-2199

UPON A CHANGE OF OWNERSHIP OR LOCATION
BUSINESS TAX RECEIPT SHOULD BE TRANSFERRED WITHIN 30 DAYS

BUSINESS CLASSIFICATIONS, DISCLAIMERS, AND RELATED FEES:

EXEMPTIONS: 0.00

820005	RECEIPT AMT
590501	HAZ WASTE GEN. SURCHARGE
300390	LANDSCAPE CONTRACTOR
300650	IRRIGATION CONTRACTOR
470680	YARD CARE

Receipt Fee	37.00
Hazardous Waste Fee	50.00
Zoning Application Fee	0.00
Building Occupancy Review Fee	0.00
Fire Prevention Fee	0.00
Late Penalty	0.00
NSF Fee	0.00
Transfer Fee	0.00

Paid 002-20-00012206 08/28/2020 87.00

MAIN OFFICE: 400 South St., 6th Floor, Titusville, FL 32780

BRANCH OFFICES: Merritt Island Office, 1605 N. Courtenay Pkwy
Melbourne Office, 1515 Sarno Road
Palm Bay Office, 450 Cogan Dr. SE
Titusville Office, 800 Park Ave.
Indian Harbour Beach Office, 240 E. Eau Gallie Blvd.
Viera Office, 2725 Judge Fran Jamieson Way, #A108, Viera, FL 32940

DATE 08/13/2020

Business Tax Receipt
City of Rockledge
1600 Huntington Lane
Rockledge Florida, 32955
Phone 321-221-7540



NO. BTR21-1734

TO WHOM IT MAY CONCERN:

In consideration of the total sum shown below and paid to the City of Rockledge this entity hereby grants on the following:

THE FOLLOWING LICENSE(S):
Admin, Support, Waste Mngmt.

BUSINESS
Micnor Corp.
374 COMMERCE PKWY
Rockledge, FL 32955

PENALTY	\$0.00
TOTAL	\$100.00

*City Ordinance Provides
that this license must be
displayed in a
conspicuous place.*

EXPIRES ► September 30, 2021
(surrender of license shall not entitle licensee to any refund)

STATE OF FLORIDA		
Department of Agriculture and Consumer Services		
BUREAU OF LICENSING AND ENFORCEMENT		
Date	File No.	Expires
April 9, 2021	JB167039	May 31, 2022
THE PEST CONTROL COMPANY FIRM NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: May 31, 2022		
AT		
374 COMMERCE PKWY ROCKLEDGE, FL 32955		
US LAWNS OF BREVARD 374 COMMERCE PKWY ROCKLEDGE, FL 32955		
Lawn and Ornamental		
<i>nicole fried</i> NICOLE "NIKKI" FRIED, COMMISSIONER		



**BREVARD COUNTY PLANNING AND DEVELOPMENT DEPARTMENT
LICENSING REGULATION AND ENFORCEMENT**

2725 Judge Fran Jamieson Way, Building A-114
Viera FL 32940
www.brevardfl.gov/PlanningDev

Phone: (321) 633-2058
Fax: (321) 690-6878
Email: contractorlicensing@brevardfl.gov

CERTIFICATE OF COMPETENCY LICENSE

LICENSE NO.: 15-IR-CT-00072

THIS CERTIFIES THAT:

BRANDON CALEB SILVERSTEIN

MICNOR CORP DBA US LAWN OF BREVARD

HAS QUALIFIED AS A:

IRRIGATION CONTRACTOR

THIS CERTIFICATE IS ISSUED FOR

BREVARD COUNTY, FLORIDA, ON AUGUST 14, 2015

LICENSE STATUS: ACTIVE

BUD CRISAFULLI

CHAIRMAN, BREVARD COUNTY CONTRACTOR LICENSING BOARD

DENISE CAMPAGNA

SECRETARY, BREVARD COUNTY CONTRACTOR LICENSING BOARD

*"THIS IS NOT A BUSINESS TAX RECEIPT"
PLEASE VERIFY ALL INFORMATION FOR ACCURACY*



**BREVARD COUNTY
CONTRACTOR LICENSING BOARD
CERTIFICATE OF COMPETENCY LICENSE**

**LICENSE NO.:
15-IR-CT-00072**

**EXP. DATE:
8/31/2021**

**STATUS:
ACTIVE**

IRRIGATION CONTRACTOR

**BRANDON CALEB SILVERSTEIN
MICNOR CORP DBA US LAWN OF BREVARD
374 COMMERCE PARKWAY
ROCKLEDGE, FL 32955**

**IMPORTANT!
THIS IS YOUR CERTIFICATE OF COMPETENCY
DISPLAY AS REQUIRED BY LAW
UNDER BREVARD COUNTY ORDINANCE
CHAPTER 22, ARTICLE VI**

Verify CONTRACTOR is in Good Standing.
www.brevardfl.gov/PlanningDev
Select Find a Licensed Contractor
Validation not available for Master or Journeyman.



GV001446-1

Certificate #

GV001446

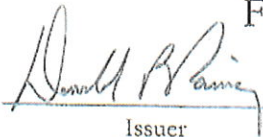
Trainee ID #

Certificate of Training
Best Management Practices
Florida Green Industries

UF IFAS
UNIVERSITY of FLORIDA

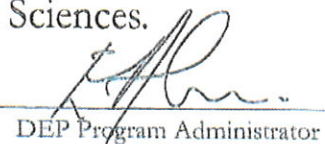
Brandon C. Silverstein

has successfully met all requirements necessary to be fully trained through the Green Industries Best Management Practices Program developed by the Florida Department of Environmental Protection with the University of Florida Institute of Food and Agricultural Sciences.


Issuer

C. White
Instructor

11/12/2007
Date of Class


DEP Program Administrator

Not valid without seal



GV909716-1

Certificate #

GV909716

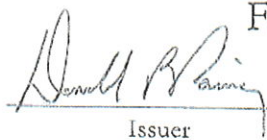
Trainee ID #

Certificate of Training
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Florida Green Industries

UF IFAS
UNIVERSITY of FLORIDA

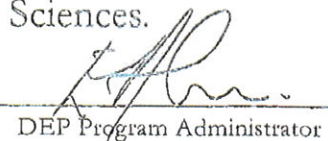
Josh T. Speer

has successfully met all requirements necessary to be fully trained through the Green Industries Best Management Practices Program developed by the Florida Department of Environmental Protection with the University of Florida Institute of Food and Agricultural Sciences.


Issuer

T. Wichman
Instructor

3/1/2019
Date of Class


DEP Program Administrator

Not valid without seal



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
MICNOR CORP

Filing Information

Document Number P05000022205
FEI/EIN Number 20-2319202
Date Filed 02/11/2005
State FL
Status ACTIVE

Principal Address

374 Commerce Parkway
Rockledge, FL 32955

Changed: 01/10/2017

Mailing Address

374 Commerce Parkway
Rockledge, FL 32955

Changed: 01/10/2017

Registered Agent Name & Address

SILVERSTEIN, Brandon
374 Commerce Parkway
Rockledge, FL 32955

Name Changed: 04/10/2015

Address Changed: 01/10/2017

Officer/Director Detail

Name & Address

Title President

SILVERSTEIN, Brandon
374 Commerce Parkway
Rockledge, FL 32955

Annual Reports

Report Year	Filed Date
2019	01/18/2019
2020	01/20/2020
2021	01/15/2021

Document Images

[01/15/2021 -- ANNUAL REPORT](#) [View image in PDF format](#)

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4 M

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. MICNOR CORP DBA US Lawns of Brevard	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions. 374 Commerce Parkway	Requester's name and address (optional)
6 City, state, and ZIP code Rockledge, FL 32955	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is 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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
2	0	-	2	3	1	9	2	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

3/5/2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



City of Cocoa | Finance Department | Purchasing & Contracts
Division

65 Stone Street, Cocoa, FL 32922
Phone: 321-433-8486, or extension 8844 | Fax: 321-433-8690

Solicitation Number:
RFP-21-26-COC

REQUEST FOR PROPOSALS (RFP)

Due Date:
August 13, 2021 @
3:00 PM

TITLE: City of Cocoa – Contract Mowing Services

Attachment "L"

Federal Non-Collusion/Lobbying Certification

This statement is submitted with Proposal, ITN, or Contract Number RFP 21-26-COC, titled City of Cocoa - Contract Mowing Services by Micron Corp - DBA: US Laws of Board whose business address is

374 Commerce Pkwy, Rockledge, FL 32955
[Name of entity submitting sworn statement]

and its Federal Employer Identification Number (FEIN) is 20-2319202.

My name is Brandon Silverstein and my relationship to the above is owner.
[Please print name of individual signing]

A. **NON-COLLUSION PROVISION CERTIFICATION.**

The undersigned hereby certifies, to the best of his or her knowledge and belief, that on behalf of the person, firm, association, or corporation submitting the bid certifying that such person, firm, association, or corporation has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action, in restraint of free competitive bidding in connection with the submitted bid. Failure to submit the executed statement as part of the bidding documents will make the bid nonresponsive and not eligible for award consideration.

B. **LOBBYING CERTIFICATION.**

The undersigned hereby 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 either directly or indirectly an officer or employee of any state or federal 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 any 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-L "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 sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients 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, US Code. Any persons who fail to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each failure."

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in Attachment "L", Federal Non-Collusion/Lobbying Certification, is truthful and correct at the time of submission.

AUTHORIZED SIGNATORY

Owner
Title
Laurie Hazley
Witness Signature

Brandon Silverstein
Typed Name of AUTHORIZED SIGNATORY

8/10/21
Date
Laurie Hazley
Typed Name of Witness

PLEASE COMPLETE AND SUBMIT WITH YOUR RFP RESPONSE

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Attachment "M"

Certification Regarding Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions

This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000.

The Proposer certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

- Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;
- Has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- Is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- Has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Proposer certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the City of Cocoa. The Proposer must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into. This certification is a material representation of fact relied upon by the City of Cocoa. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the City of Cocoa, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The Proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The Proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment "M", Certification Regarding Debarment, Suspension, and Other Responsibility Matters**, is truthful and correct at the time of submission.

Proposer/Contractor Name: Micro Corp-DBA: US Lawns of Brevard

Mailing Address: 374 Commerce Pkwy, Rockledge, FL 32955

Telephone Number: 321-636-0655 Fax Number: 321-806-3957 E-mail Address: brandon@uslawnsbrevard.com

Authorized Signatory

Brandon Silverstein
Printed Name

FEIN: 20-2319202 DUNS: 14-288-3730

Owner
Title

8/10/21
Date

CAGE Code: _____
As issued through www.sam.gov

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REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "N"

Grant Conditions and Federal Provisions Acknowledgement of Terms, Conditions and Grant Clauses

Flow down of Terms and Conditions from the Federal Regulations and/or Grant Agreement

Subcontracts: If the Bidder subcontracts any portion of the work under this Agreement, a copy of the signed subcontract must be available to the City of Cocoa for review and approval. The bidder agrees to include in the subcontract that:

- A. The subcontractor is bound by the terms of this Agreement;
- B. The subcontractor is bound by all applicable state and federal laws and regulations; and
- C. The subcontractor shall hold the City of Cocoa, grant recipient and granting agency harmless against all claims of whatever nature arising out of the subcontractor's performance of work under this Agreement, to the extent allowed and required by law.

Grant Conditions and Federal Provisions

On behalf of the Bidder, I acknowledge, and agree to perform all of the specifications and grant requirements identified in this solicitation document(s).

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in **Attachment "N", Grant Conditions and Federal Provisions Acknowledgement of Terms, Conditions and Grant Clauses**, acknowledge, and agree to perform all of the specifications and grant requirements identified in this solicitation document(s) and subsequent awarded Agreement as a result of this solicitation process should I be the successful Proposer.

Proposer/Contractor Name: Micnor Corp-DBA: US Lawns of Brevard

Mailing Address: 374 Commerce Pkwy, Rockledge, FL 32955

Telephone Number: 321-636-0655 Fax Number: 321-806-3957 E-mail Address: brandon@uslawnsfbrevard.com

[Signature] Printed Name: Brandon Silverstein FEIN: 20-2319202 DUNS: 14-288-3730

Authorized Signatory

Title: Owner

Date: 8/10/21

CAGE Code: _____
As issued through www.sam.gov

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TITLE: City of Cocoa – Contract Mowing Services

Attachment "P"

E-Verify Contractor Affidavit

I hereby certify that Micnor Corp. [insert contractor company name] does not employ, contract with, or subcontract with an unauthorized alien, and is otherwise in full compliance with, section 448.095, Florida Statutes.

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

A true and correct copy of Micnor Corp. [insert contractor company name] proof of registration in the E-Verify system is attached to this Affidavit.

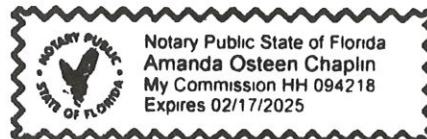
Print Name: Brandon Silverstein
Date: 8/10/21

STATE OF FLORIDA

COUNTY OF Brevard

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this Aug. 10, 2021 (date) by Brandon Silverstein (name of officer or agent, title of officer or agent) of Micnor Corp (name of corporation acknowledging), a FL (state or place of incorporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced (type of identification) as identification.

Amanda Osteen Chaplin
[Notary Seal] Notary Public
Amanda Osteen Chaplin
Name typed, printed, or stamped
My Commission Expires: 02/17/2025



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REQUEST FOR PROPOSALS (RFP)

TITLE: City of Cocoa – Contract Mowing Services

Attachment "K"

References

Proposer shall submit as a part of the Proposal package, a minimum of five (5) of the most significant projects which were performed within the last three (3) years. Additional references may be provided as set forth below.

Project #1:	
Project/Event Name: <u>City of Cape Canaveral</u>	
Type of Project/Service: <u>Landscape Maintenance</u>	
Address: <u>PO Box 329, Cape Canaveral, FL 32920</u>	
Contracting Agency/Client: <u>City of Cape Canaveral</u>	Locality Population: <u></u>
Contact Name and Phone #: <u>Tim Carlisle 321-474-5728</u>	
Contact Email Address and Fax #: <u></u>	
Contract Amount: <u>\$273,000/Yr.</u>	Date Work Performed: <u>Ongoing</u>
Project #2:	
Project Name: <u>City of Cocoa</u>	
Type of Project/Service: <u>Landscape Maintenance</u>	
Address: <u>65 Stone St., Cocoa, FL 32922</u>	
Contracting Agency/Client: <u>City of Cocoa</u>	Locality Population: <u></u>
Contact Name and Phone #: <u>Ken Terrell 321-302-6089</u>	
Contact Email Address and Fax #: <u></u>	
Contract Amount: <u>\$250,000/Yr.</u>	Date Work Performed: <u>Ongoing</u>
Project #3:	
Project Name: <u>City of Rockledge</u>	
Type of Project/Service: <u>Landscape Maintenance</u>	
Address: <u>1600 Huntington Lane, Rockledge, FL 32955</u>	
Contracting Agency/Client: <u>City of Rockledge</u>	Locality Population: <u></u>
Contact Name and Phone #: <u>Dan Blaine 321-221-7540</u>	
Contact Email Address and Fax #: <u></u>	
Contract Amount: <u>\$100,000/Yr.</u>	Date Work Performed: <u>Ongoing</u>
Project #4:	
Project Name: <u>Parrish Medical Center</u>	
Type of Project/Service: <u>Landscape Maintenance</u>	
Address: <u>951 N. Washington Ave., Titusville, FL 32796</u>	
Contracting Agency/Client: <u>Parrish Med. Ctr.</u>	Locality Population: <u></u>
Contact Name and Phone #: <u>Jeff Riley 321-307-5557</u>	
Contact Email Address and Fax #: <u></u>	
Contract Amount: <u>\$285,000/Yr.</u>	Date Work Performed: <u>Ongoing</u>
Project #5:	
Project Name: <u>Bayport Condos</u>	
Type of Project/Service: <u>Landscape Maintenance</u>	
Address: <u>561 Casa Bella Dr., Cape Canaveral, FL 32920</u>	
Contracting Agency/Client: <u>Bayport Condos</u>	Locality Population: <u></u>
Contact Name and Phone #: <u>Linda Brown 321-693-7944</u>	
Contact Email Address and Fax #: <u></u>	
Contract Amount: <u>\$40,500/Yr.</u>	Date Work Performed: <u>Ongoing</u>

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