#### **PROPOSAL CHECKLIST**

The following are the requirements of this RFP, as indicated below. Use of this checklist <u>may</u> help ensure that your submission is complete.

In accordance with the plans, specifications, scope of services, and/or scope of work included in this RFP document, the **First Year Total** for this project is:

(\$ 10,395.00

Place a checkmark in the "Done" column as you complete and enclose each item.						
Required	quired Done Requirement					
✓	х	Acknowledgment of Addenda Page				
<b>✓</b>	х	roposal Submittal Page				
✓	х	Proposal				
✓	x	W9				
<b>✓</b>	х	Certificate of Insurance (per specification)				

#### Note:

Your proposal must include language detailing what the percentage increase in the monthly price will be each year after year one.

#### PROPOSAL SUBMITTAL SIGNATURE PAGE

By signing this Proposal, the Proposer certifies that it satisfies all legal requirements as an entity to do business with the Town, including all Conflict of Interest and Code of Ethics provisions.

rim name:
Rust Tech Services, LLC
Street Address:
1841 W 10th St, #6W, Riviera Beach, FL 33404
Mailing Address (if different from Street Address):
PO Box 2288, Jupiter, FL 33468
Telephone Number(s): <u>561-744-1225</u>
Fax Number (s):
Email Address: rusttech@bellsouth.net
Federal Employer Identification Number: 26-0419133
Signature: <u>Cynthia Haines</u>
(Signature of authorized agent)
Print Name: Cynthia Haines
Title: Office Manager
Date: 1/24/23

By signing this document, the Proposer agrees to all terms and conditions of this Solicitation and the resulting contract/agreement.

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE TOWN MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT THAT UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF ITS PROPOSAL.

<b>VCKNIU/WI</b>	FDGFMFNT	<b>OF ADDENDA</b>
ACINIACANI		OF ADDLINDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHIC	HEVER APPLIES
PART I: List below the dates of issue for each addendum received in connection with	this Solicitation:
Addendum #1, Dated	
Addendum #2, Dated	
Addendum #3, Dated	
Addendum #4, Dated	
Addendum #5, Dated	
Addendum #6, Dated	
Addendum #7, Dated	
Addendum #8, Dated	
Addendum #9, Dated	
Addendum #10, Dated	
PART II:	
X NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS S	OLICITATION
Firm Name: Rust Tech Services, LLC	
Signature: Cynthia Haines	
Name and title (Print): Cynthia Haines	
Date: 1/24/23	



## Services, LLC

P.O. Box 2288 Jupiter, Florida 33468-2288 (561) 744-1225 (866) 771-RUST (7878)

Email: <a href="mailto:rusttech@bellsouth.net">rusttech@bellsouth.net</a> www.rusttechservices.com

RUST TECH SERVICES PROVIDES A WATER TREATMENT ADDITIVE FOR WELL WATER IRRIGATION SYSTEMS TO CONTROL STAINING. THE SOLUTION IS A FOOD GRADE COMPLEX POLYPHOSPHATE LIQUID CONCENTRATE ADDITIVE WHICH WILL REDUCE CLOGGING IN SPRINKLER HEADS, VALVES AND LINES.

Date: 1/24/23

This agreement ensures Rust Tech Services will supply, install and maintain a rust inhibitor system for: Town of Lake Park Properties

640 Old Dixie Highway, Lake Park, FL 33403
Attn: Dwayne Bell dbell@lakeparkflorida.gov

561-881-3345

#### This agreement includes:

Existing well water stains will be removed at no charge.

Rust Tech Services technicians service the property, maintain the rust inhibitor equipment and fill the chemical tank every two weeks.

You will only be billed for service, never a delivery charge.

The monthly price is based on irrigating 3-4 days per week. Any additional irrigating will be billed accordingly.

Our service technicians will remove any reoccurring rust stains at no charge.

There will be a 3% increase in the monthly price each year.

#### The 2023 monthly cost of Rust Tech Services is based on irrigating 3-4 days per week:

CRA Parking Lot, 8 <sup>th</sup> St & Foresteria Dr	\$183.75
Ilex Park, 8 <sup>th</sup> St & Ilex Court	\$ 68.25
Blakely Park, 2 <sup>nd</sup> St & Jasmine	\$152.25
Lake Shore Park, Lake Shore Dr (East side)	\$204.75
Kelsey Park, Lake Shore Dr (West side)	\$257.25

Rust Tech Services, LLC requires a thirty day cancellation notice by either party. In the event of a service agreement, invoices submitted are due within 30 days of invoice date. Delinquent accounts of 60 days or more are subject to a 1.5% monthly finance charge. If delinquent accounts are referred for collection or legal action, the customer agrees to pay all reasonable costs for collection including reasonable attorney fees.

Any fees associated with electronic payment network companies and vendor management companies will be invoiced to the customer.

Rick Haines	
Rick Haines	Customer Signature
Rust Tech Services Representative	•

IN RUST WE TRUST!



## Services, LLC

P.O. Box 2288 Jupiter, Florida 33468-2288 (561) 744-1225 (866) 771-RUST (7878)

Email: <a href="mailto:rusttech@bellsouth.net">rusttech@bellsouth.net</a> www.rusttechservices.com

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Our service technicians will remove any reoccurring rust stains at no charge.

There will be a 3% increase in the monthly price each year.

#### The 2024 monthly cost of Rust Tech Services is based on irrigating 3-4 days per week:

CRA Parking Lot, 8th St & Foresteria Dr	\$189.26
Ilex Park, 8 <sup>th</sup> St & Ilex Court	\$ 70.30
Blakely Park, 2 <sup>nd</sup> St & Jasmine	\$156.82
Lake Shore Park, Lake Shore Dr (East side)	\$210.89
Kelsey Park, Lake Shore Dr (West side)	\$264.97

Rust Tech Services, LLC requires a thirty day cancellation notice by either party. In the event of a service agreement, invoices submitted are due within 30 days of invoice date. Delinquent accounts of 60 days or more are subject to a 1.5% monthly finance charge. If delinquent accounts are referred for collection or legal action, the customer agrees to pay all reasonable costs for collection including reasonable attorney fees.

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Rick Haines	
Rick Haines	Customer Signature
Rust Tech Services Representative	·

IN RUST WE TRUST!



## Services, LLC

P.O. Box 2288 Jupiter, Florida 33468-2288 (561) 744-1225 (866) 771-RUST (7878)

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Date: 1/24/23

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640 Old Dixie Highway, Lake Park, FL 33403
Attn: Dwayne Bell dbell@lakeparkflorida.gov

561-881-3345

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Rust Tech Services technicians service the property, maintain the rust inhibitor equipment and fill the chemical tank every two weeks.

You will only be billed for service, never a delivery charge.

The monthly price is based on irrigating 3-4 days per week. Any additional irrigating will be billed accordingly.

Our service technicians will remove any reoccurring rust stains at no charge.

There will be a 3% increase in the monthly price each year.

#### The 2025 monthly cost of Rust Tech Services is based on irrigating 3-4 days per week:

CRA Parking Lot, 8 <sup>th</sup> St & Foresteria Dr	\$194.94
Ilex Park, 8 <sup>th</sup> St & Ilex Court	\$ 72.41
Blakely Park, 2 <sup>nd</sup> St & Jasmine	\$161.52
Lake Shore Park, Lake Shore Dr (East side)	\$217.22
Kelsey Park, Lake Shore Dr (West side)	\$272.92

Rust Tech Services, LLC requires a thirty day cancellation notice by either party. In the event of a service agreement, invoices submitted are due within 30 days of invoice date. Delinquent accounts of 60 days or more are subject to a 1.5% monthly finance charge. If delinquent accounts are referred for collection or legal action, the customer agrees to pay all reasonable costs for collection including reasonable attorney fees.

Any fees associated with electronic payment network companies and vendor management companies will be invoiced to the customer.

Rick Haines	
Rick Haines	Customer Signature
Rust Tech Services Representative	-

IN RUST WE TRUST!

RUSTSER-01

**BBELL** 

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/10/2022

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

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

PRODUCER	CONTACT Diane Traynor					
CAL Risk Management	PHONE (A/C, No, Ext): (561) 776-9001	FAX (A/C, No): (561) 4	127-6730			
23 Eganfuskee Štreet Suite 102	E-MAIL ADDRESS: Dtraynor@callic.com					
Jupiter, FL 33477	INSURER(S) AFFORDING COVERAGE	NAIC #				
	INSURER A: FCCI Insurance Company		10178			
INSURED	INSURER B : National Trust Insurance Co					
Rust-Tech Services, LLC	INSURER C:					
PO Box 2288	INSURER D :					
Jupiter, FL 33468	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.

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL SUI	BR POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY			,,	,,	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		GL10003680704	2/1/2022	2/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	POLICY X PRO- X LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:						\$	
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO		CA10000919106	2/1/2022	2/1/2023	BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	5,000,000
	EXCESS LIAB CLAIMS-MADE		UMB10002041205	2/1/2022	2/1/2023	AGGREGATE	\$	5,000,000
	DED X RETENTION \$ 10,000						\$	
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A	WC010006549802	2/1/2022	2/1/2023	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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)
The certificate holder is included as additional insured for both ongoing and completed operations for general liability per CGL084, auto liability, and umbrella when required by written contract. General Liability, Auto Liability and Umbrella Liability are primary and non-contributory when required by written contract. Waiver of subrogation applies to general liability, auto liability, and workers compensation for the certificate holder when required by written contract. Umbrella extends over general liability, auto liability and employer's liability coverages. Cancellation: 30-days' notice of cancellation applies except 10-days for non-payment of premium per policy terms and conditions.

CERTIFICATE HOLDER	CANCELLATION
XWX96X8XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
XIXIXIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AUTHORIZED REPRESENTATIVE



#### **Request for Taxpayer Identification Number and Certification**

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

Give Form to the requester. Do not

		lame (as shown on your income tax return). Name is required on this line; do not leave this line blank. st Tech Services, LLC																
		Business name/disregarded entity name, if different from above																
Print or type. Specific Instructions on page 3.					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)													
Print or type.	✓ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► S  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check								Exemption from FATCA reporting									
Print (		LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is								code (if any)								
eci		Other (see instructions) ▶				(Аррі	lies i	to acco	ınts m	aintai	ned out	side ti	ne U.S.)					
Sp	5								and address (optional)									
See	PO	PO Box 2288																
0)	6	6 City, state, and ZIP code																
	Jupiter, FL 33468																	
		ist account number(s) here (optional)																
Pa		Taxpayer Identification Number (TIN)																
		TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	Ŭ.Ŭ	Socia	al se	curity	/ ni	umbe	r		<del>_</del>		_					
resid	ent a	thholding. For individuals, this is generally your social security number (SSN). However, f ien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other					-			-								
TIN, I		is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	ta ∟ O				L			L								
·						r identification number												
Number To Give the Requester for guidelines on whose number to enter.					T	Т			$\equiv$		_							
				2	6	- C	)	4	1	9	1	3	3					
Par	t II	Certification																
Unde	r pe	alties of perjury, I certify that:																
2. I a Se	n no	nber shown on this form is my correct taxpayer identification number (or I am waiting for t subject to backup withholding because: (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of the subject to backup withholding; and	I have no	t be	en i	notifie	ed	by th	ne In	terr								
3 1 2	n a l	I.S. citizen or other I.I.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.

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 > Cynthia Haines

### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

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 taxpaver 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,