



**LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
PROCUREMENT DEPARTMENT
P.O. BOX 310
BRONSON, FL 32621
PHONE: (352) 670-4301
FAX: (352) 486-5167
EMAIL: TRETHERWAY-ALI@LEVYCOUNTY.ORG**

COVER PAGE

ITB_2025_012 – LEVY COUNTY SOLID WASTE TRANSFER STATION TIPPING FLOOR REPAIR

LAST DAY FOR QUESTIONS: 2/11/2025 – 4:00 PM **DUE DATE & TIME: 2/18/2025 – 2:00 PM**

SUMMARY OF SCOPE: Levy County is seeking services from a General Contractor to repair the concrete tipping floor at the Levy County Solid Waste Transfer Station. This will include cleaning existing floor, repairing rebar, applying bonding agent and placing concrete overlay on approximately 5,000 square feet.

SUBMITTAL OF BID: Levy County only accepts electronic submittals through "E-Bidding" on the DemandStar platform www.DemandStar.com. In order to submit a bid in response to this solicitation the bidder must be registered with DemandStar.

For questions relating to the Bid, contact Ali Tretheway, Procurement Coordinator at tretheway-ali@levycounty.org.

ITEMS THAT MUST BE INCLUDED WITH BID: Submitting an incomplete document may deem the bid non-responsive, causing rejection. Please check each box for each item submitted with bid. Prior to submitting my bid, I have verified that all forms are attached in the following order and are considered as part of my bid:

- COVER PAGE
- BASE BID UNIT PRICE SCHEDULE FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM** (optional, but refer to note below)
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CONTRACT EXCEPTION FORM
- VENDOR INFORMATION FORM
- W9
- CERTIFICATE OF INSURANCE – TO PROVIDE PROOF OF INSURANCE COVERAGES AS NOTED IN SUBSECTION 12
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED

Company Name: White Key Contractors LLC
 Name: David White
 Address: 215 E Main Street Bronson, FL 32621
 Mailing Address (if Different): _____
 Email Address (Required): whitekeycontractors@yahoo.com
 Telephone: 352-486-1018 FEIN: 86-3881138

By signing the form, I acknowledge I have read and understand, and my firm complies with all General Conditions and requirements set forth herein:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: David White
Digitally signed by David White
DN: cn=David White, o=White Key Contractors LLC, ou=White Key Contractors, email=whitekeycontractors@yahoo.com

DATE SUBMITTED: 02/17/2025

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

BASE BID UNIT PRICE SCHEDULE FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, Bid Plans, Form of Contract Documents, any addenda that may have been issued, and any other documentation included in ITB_2025_012, Levy County Solid Waste Transfer Station Tipping Floor Repair.

Total base bid price shall constitute the cost portion of the determination of bid award.

Total base bid price shall include all necessary items and equipment that meets the Scope of Work and all requirements therefor contained in this Invitation to Bid:

ITEM NO.	DESCRIPTION	BASE BID			
		UNIT	PLAN QUANTITY	BID UNIT COST	TOTAL ITEM COST
1	Mobilization	LS	1	\$20,000	\$20,000
2	Demolition	LS	1	\$8,000	\$8,000
3	Preconstruction Survey	LS	1	\$3,000	\$3,000
4	Post construction Survey	LS	1	\$3,000	\$3,000
5	Transition Edge	LF	152	\$50.00	\$7,600
6	Reinforcing Bars	LF	100	\$100.00	\$10,000
7	Isolation Joint	LF	140	\$67.00	\$9,380
8	Concrete	CY	155	\$250.00	\$38,750
TOTAL BASE BID:					\$99,730.00

We agree to complete the work within the following time periods:

Pre Site Work Time: 30 Days Calendar Days

Site Work Time: 10 Days Calendar Days

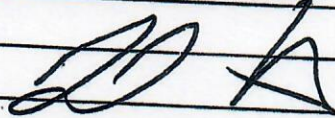
It is further certified that we have visited the site of the Work and made appropriate inquiries to determine the actual conditions prior to submission of this bid.

Name of Business: White Key Contractors LLC

Contact Person: David White

Email Address: whitekeycontractors@yahoo.com

Date: 02/17/2025

Authorized Signature: 

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD**

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES



WHITE, DAVID SCOTT
WHITE KEY CONTRACTORS LLC
215 EAST MAIN STREET
BRONSON FL 32621

LICENSE NUMBER: CGC1530695

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at MyFloridaLicense.com

ISSUED: 08/28/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





WHIT-01

OP ID: JG

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/26/2024

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
Hillcrest Agency
P.O. Box 1364
Mount Dora, FL 32756
Kevin McEwen

352-383-8164

CONTACT NAME: Iris Dobbins

PHONE (A/C, No, Ext): 352-383-8164

FAX (A/C, No): 352-383-5899

E-MAIL ADDRESS: iris@hillcrestinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Gotham Ins Co

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
White Key Contractors LLC
215 E Main St
Bronson, FL 32621

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	ADDITIONAL INSURED	SUBROGATION	WARRANTY	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:				GL202400021220	04/24/2024	04/24/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				

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

CERTIFICATE HOLDER

INFORPU

CANCELLATION

FOR INFORMATIONAL PURPOSES
FOR INFORMATIONAL PURPOSES
FOR INFORMATIONAL PURPOSES
FOR INFORMATIONAL PURPOSES
FOR INFORMATIONAL PURP

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
Iris Dobbins

ACORD 25 (2016/03)

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return)
David S White White Key Contractors LLC

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Exempt payee
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
215 E Main Street

City, state, and ZIP code
Bronson, Florida 32621

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

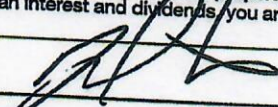
Social security number									
			-			-			
Employer identification number									
8	6	-	3	8	8	1	1	3	8

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).

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 on page 4.

Sign Here Signature of U.S. person ▶ 

Date ▶ **2-18-2025**

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

VENDOR INFORMATION FORM

DATE: 02/18/2025

COMPANY NAME: White Key Contractors LLC

PHYSICAL ADDRESS: 215 E Main Street

MAILING ADDRESS: 215 E Main Street

CITY: Bronson

STATE: Florida

ZIP: 32621

TELEPHONE NUMBER: 352-486-1018

FAX NUMBER:

TOLL FREE NUMBER:

EMAIL: whitekeycontractors@yahoo.com

FEID NUMBER: 86-3881138

OR SSN:

CONTACT PERSON: David White

TITLE: Owner

CONTACT NUMBER: 352-486-1018

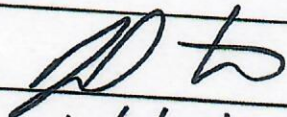
The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONTRACT EXCEPTION FORM

Any bidder who requires/requests revision(s) to the Form of Contract (contained in Part 3 of this ITB) must submit this completed Contract Exception Form during the Question portion of the ITB process. The County is under no obligation to grant any exceptions and bid that are contingent on exceptions to the Contract being granted will not be accepted. If an exception is rejected by the County and the bidder subsequently submits a bid, the bidder is deemed to have waived their request for a Contract exception.

Request for Revision to Form of Contract
Identify the specific Contract provision(s) that Bidder takes exception to:
N/A
Explain the specific revision(s) that are being requested (such as, delete the provision or modify it to state...)
N/A

Signature:  Printed Name: David White
Bidder Name: White Key Contractors LLC
Date: 2.18.25

MUST BE COMPLETED AND TURNED IN DURING THE QUESTION PERIOD AND SUBMITTED WITH BID

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable:

Signature: 

Printed Name: David White

Bidder Name: White Key Contractors LLC

Date: 02/17/2025

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DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder White Key Contractors LLC (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, 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 State 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.

Name of Bidder: White Key Contractors LLC
Signature: 
Title: Owner
Date: 02/17/2025

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BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: White Key Contractors LLC

Home Office Address: 215 E Main Street

City, State, Zip: Bronson, FL 32621

Address (Servicing Levy County if Different from Above): _____

Name/Title of Levy County Representative: David White

Email: whitekeycontractors@yahoo.com

Telephone: 352.486.1018 Fax: —

Signature: [Signature] Date: 2.18.25

Is Bidder a small or minority business, women's business enterprise, or labor surplus area firm? Yes No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. _____	Dated _____	Signature _____
Addendum No. _____	Dated _____	Signature _____
Addendum No. _____	Dated _____	Signature _____
Addendum No. _____	Dated _____	Signature _____

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NON-COLLUSION AFFIDAVIT

I, White Key Contractors LLC of the County of Levy

According to law on my oath, and under penalty of perjury, depose and say that.

1. I am Owner of the firm of White Key Contractors LLC providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this IFB for said project.

(Signature of Proposer Representative)

02/17/2025

(Date)

State of Florida

County of Alachua

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 18th day of February, 2025, by David White (name), as _____ (title) for _____ (name of bidder). Personally known OR Produced Identification _____ (type of identification).

(Signature) Notary Public

KATHERINE UPSHAW



(SEAL)

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 12/01/2027

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SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Levy County Board of County Commissioners

By David White - Owner
(Print this individual's name and title)

For White Key Contractors LLC
(Print name of entity submitting statements)

Whose business address is 215 E Main Street Bronson, FL 32621

and if applicable whose Federal Employer Identification Number (FEIN) is 86-3881138

If the entity has no FEIN, include Social Security Number of the individual signing this Sworn Statement:

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



(Signature)

State of Florida
County of Alachua

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 18th day of Feb, 2025, by David White (name), as _____ (title) for _____ (name of bidder). Personally known OR Produced Identification _____ (type of identification).

Katherine Upshaw

(Signature) Notary Public

KATHERINE UPSHAW



(SEAL)

(Printed, typed or stamped commissioned name of notary public)
My Commission expires 12/01/2027

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL