



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 PROCUREMENT DEPARTMENT
 P.O. BOX 310
 BRONSON, FL 32621
 PHONE: (352) 486-5218 EXT. 2
 FAX: (352) 486-5167
 EMAIL: TRETHERWAY-ALI@LEVYCOUNTY.ORG

COVER PAGE

ITB_2023-011 – OUTDOOR DIGITAL LED SIGN BOARD

LAST DAY FOR QUESTIONS: 4/17/2023, 3:00 P.M., EST DUE DATE AND TIME: 4/24/23 – 2:00 P.M., EST

SUMMARY OF SCOPE: Levy County is seeking bids for the provision of purchasing an outdoor digital LED sign board, frame and stand for the Levy County Government Center, located at 310 School Street, Bronson, FL 32621.

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 and are considered as part of my bid:

- COVER PAGE
- ATTACHMENT "1" BID PRICING FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED
- VENDOR INFORMATION FORM
- W9

Company Name: KENCO SIGN & ANNOUNCING L.L.C.
 Name: 1539 GARDEN AVE.
 Address: HOLLY HILL, FLA. 32117
 Mailing Address (if Different): _____
 Email Address (Required): ledpartners1@gmail.com
 Telephone: 386-672-1590 FEIN: 455041877

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: *Raymond K...*
 DATE SUBMITTED: 3.20.23

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

ATTACHMENT 1 BID PRICING 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, any addenda that may have been issued, and any other documentation required for ITB_2023_011, Outdoor Digital LED Sign Board. Total bid price shall constitute the cost portion of the determination of bid award.

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

Item	Description	Qty.	Total Price
1	Furnish, Deliver, and Install New Outdoor LED Sign, Frame and Stand, including mounting and electrical wiring.	①	^{10MM} \$ 31,000 ^{5/PANEL 112x200 MATRICES} WATCHPIRE \$32,500.00
2	Software	1	\$ INCLUDED
3	Training	1	\$ INCLUDED
4	Warranty (minimum 1 year)	1	\$ 2 YEAR KENCO 5 YEAR WATCHPIRE
Total Bid			\$ 32,500.00

Time for completion of the work bid in the above bid price:

120 Days

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of Business: KENCO SIGN & AWNING LLC

Contact Person: Raymond Webb

Email Address: LEDpartnersfl@gmail.com

Phone Number: 386.672.1590

Date: 3.20.23

Authorized Signature: Raymond Webb

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

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

By RAYMOND WEBB PRESIDENT
(Print this individuals name and title)

For KENCO SIGN & AWNING L.L.C.
(Print name of entity submitting statements)

Whose business address is 1539 GARDEN AVE.

and if applicable whose Federal Employer Identification Number (FEIN) is 455041877

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.

Raymond Webb

(Signature)

State of Florida

County of Volusia

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization; this 21 day of March, 2023, by Raymond Webb (name), as president (title) for Kenco Sign & Awning LLC (name of bidder) Personally known OR Produced Identification (type of identification).

Kelly Minott

(Signature) Notary Public

Kelly Minott

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

My Commission expires 7/4/2024

(SEAL)



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, RAYMOND WEBB of the County of VOLUSIA

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

1. I am Raymond Webb of the firm of KENOSIGN & ANNINO L.L.C. 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 ITB for said project.

Raymond Webb
(Signature of Proposer Representative)

3.29.23
(Date)

State of Florida
County of Volusia

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 21st day of March, 2023 by Raymond Webb (name), as president (title) for Kenosign & Annino LLC (name of bidder) Personally known OR Produced Identification (type of identification).

Kelly Minott
(Signature) Notary Public

(SEAL)

(Printed, typed or stamped commissioned name of notary public)
My Commission expires 7/4/2024



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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: KENCO GIBB & AUNING LLC,
 Home Office Address: 1539 GARDEN AVE.
 City, State, Zip: HOLLY HILL, GA. 32117
 Address (Servicing Levy County if Different from Above): SAME

Name/Title of Levy County Representative (Bidder): RAYMOND WLEBA PRES,
 Email: ledpartnersfl@gmail.com
 Telephone: 386.672.1590 Fax: 386.677.2910
 Signature: [Signature] Date: 3.21.23

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. 1-3 Dated March 14, 23 Signature [Signature]
 Addendum No. _____ Dated _____ Signature _____
 Addendum No. _____ Dated _____ Signature _____
 Addendum No. _____ Dated _____ Signature _____

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DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder RAYMONS WORA (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: KENCO SIGN & PAINTING LLC
Signature: [Handwritten Signature]
Title: PRESIDENT
Date: 3.21.23

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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: Raymond Word

Printed Name: RAYMOND WORD

Bidder Name: KENCO SIGN SPANNING LLC

Date: 3.21.23

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VENDOR INFORMATION FORM

DATE: 3.21.23

COMPANY NAME: KENCO SIGNAWNING LLC,

PHYSICAL ADDRESS: 1539 GARDEN AVE,

MAILING ADDRESS: SAME

CITY: HOLLY HILL STATE: FLA. ZIP: 32117

TELEPHONE NUMBER: 386.672.1590

FAX NUMBER: 386.677.2910

TOLL FREE NUMBER: 1-800-526-3291

EMAIL: ledpartnersfl@gmail.com

FEID NUMBER: 45504877 OR SSN: _____

CONTACT PERSON: RAYMOND WOOD

TITLE: MANAGER

CONTACT NUMBER: 386.527.6506

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.

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Levy County Board of County Commissioners
Procurement Department
310 School Street
P.O. Box 310
Bronson, FL 32621
Phone: 352-486-5218

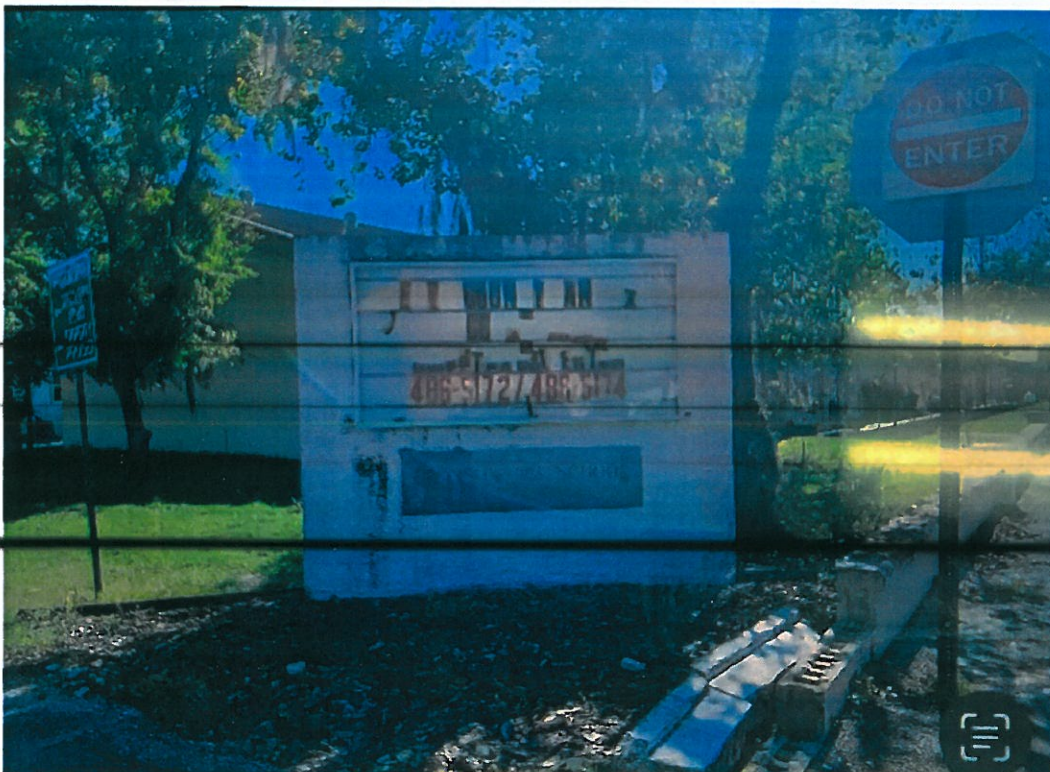
Addendum 1: ITB_2023_011
Issued: March 14, 2023
Pages: 1

Signature: Alicia Trotheway

Proposers shall acknowledge receipt of this Addendum on their submittal.

Questions/Clarifications/Answers:

1. Do you have a drawing that shows what the County is envisioning? The specs call for a 9' x 11' "Frame" but the electronic portion is only 4' x 8'.
 - a. **The County does not have a drawing for the sign. The measurements were taken from the sign that is currently on the property that will be removed.**



Raymond W. Miller
3/22/23

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. RAYMOND WEBB	
2 Business name/disregarded entity name, if different from above KENDSIGN AWNING L.L.C.	
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"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 1539 GARDEN AVE.	Requester's name and address (optional)
6 City, state, and ZIP code HOLY HILL, FLA 32117	
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											

59 - 5041877

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 ▶ Raymond Webb	Date ▶ 3.21.23
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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.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

ELECTRICAL CONTRACTORS LICENSING BOARD

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



LICENSE NUMBER ES12001286

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com

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.





BUSINESS TAX RECEIPT

City of Holly Hill
1065 Ridgewood Ave
Holly Hill, FL 32117
386-248-9442 www.hollyhillfl.org

EXPIRATION DATE: September 30, 2023

ISSUED TO: KENCO SIGN AND AWNING LLC
1539 GARDEN AVENUE

HOLLY HILL FL 32117-2109

LICENSE YEAR: 10/22-09/23
LICENSE NUMBER: 23-00020463
FEE: \$113.65

DATE: September 02, 2022

COMMENTS: MANUFACTURE & INSTALLATION OF SIGNAGE
BUSINESS LOCATION: 1539 GARDEN AVE
BUSINESS OWNER: WEBB, RAYMOND K

VALID PROVIDING ALL STATE CERTIFICATION/REGISTRATION REQUIREMENTS ARE MET.

BUSINESS CLASSIFICATION

CODE	DESCRIPTION	AMOUNT PAID
23446	SIGN CONTRACTOR	66.15
00001	SIGN - POLE #1	0.25000 X 30.00 = 7.50
00100	FIRE INSPECTION	40.00000 X 1.00 = 40.00

- THIS DOCUMENT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS, PENALTY FOR FAILURE TO DO SO.
- TAX RECEIPT DOES NOT GUARANTEE JOB AND/OR WORK PERFORMANCE.
- BUSINESS MUST COMPLY WITH CITY ORDINANCES.

LIST OF JOB REFERENCES

FLORIDA SHORES TRUCKING

3220 FL-442, EDGEWATER, FL 32132

CONTACT: ED ALDRIDGE

PHONE: 386-428-0841

eda19811@msn.com

HUDSON FURNITURE SHOWROOM, INC

3290 W STATE ROAD 46 SANFORD, FL 32771

CONTACT: FRED HUDSON

PHONE: 386-451-9855

fhudson@hudsonsfurniture.com

SURETY BANK

990 N WOODLAND BLVD. # 1, DELAND, FL 32720

CONTACT: RYAN JAMES

PHONE: 386- 734-1647

rjames@mysuretybank.com

ALPIZAR LAW

1528 PALM BAY RD NE, PALM BAY, FL 32905

CONTACT: LEEANNE STANLEY

PHONE: 321-676-2511

LeeAnne@alpizarlaw.com

CITY OF APOPKA - RECREATIONS

120 E MAIN STREET APOPKA, FL 32703

CONTACT: CYNTHIA EDWARDS

PHONE: 407-703-1640

cedwards@apopka.net

CITY OF SOUTH MIAMI

CONTACT: AURELIO CARMENATES

6130 SUNSET DRIVE SOUTH MIAMI, FL 33143

PHONE: 305-403-2072

ACarmenates@southmiamifl.gov

HILLSBOROUGH COUNTY PUBLIC SCHOOLS

PO BOX 3408

TAMPA, FL 33601

CONTACT: DANIEL STERMER

PHONE: 813- 635-1125

CONTACT: TONY MOORE

PHONE: 813-757-9399

tony.moore@hcps.net

BROWARD COUNTY PUBLIC SCHOOLS

7720 WEST OAKLAND PARK BOULEVARD, SUITE 323

SUNRISE, FL 33351

CONTACT: JOE SPENCE

PHONE: 754-321-1534

joe.spence@browardschools.com

HARD ROCK HOTELS

918 N ATLANTIC AVE

DAYTONA BEACH, FL 32118

CONTACT: ABBAS ABSULHUSSEIN

PHONE: 386-947-7300

abbas@humphreyre.com

VAN WEZEL PERFORMING ARTS

777 N TAMiami TRAILP

SARASOTA, FL 34236

CONTACT: DAVID BOSWELL

PHONE: 941-263-6448

David.Boswell@sarasotaf1.gov



KENCSIG-01

SANCHEZV

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/17/2023

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 Insurance Office of America 1855 West State Road 434 Longwood, FL 32750	CONTACT NAME: Veronica Sanchez		
	PHONE (A/C, No, Ext): (407) 283-6866	FAX (A/C, No):	
E-MAIL ADDRESS: Veronica.Sanchez@ioausa.com			
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Kenco Sign and Awning, LLC; LED Partners Florida, LLC 1539 Garden Avenue Holly Hill, FL 32117	INSURER A : Evanston Insurance Company		35378
	INSURER B : Auto-Owners Insurance Company		18988
	INSURER C : LUBA Casualty Insurance Company		12472
	INSURER D : XL Specialty Insurance Company		37885
	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			3AA476889	5/16/2022	5/16/2023	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							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
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			4213596702	5/13/2022	5/13/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EZXS3079510	5/16/2022	5/16/2023	EACH OCCURRENCE \$ 2,000,000
							AGGREGATE \$ 2,000,000
							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			WC307-0123721-2022A	11/16/2022	11/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Equipment Floater			UM00076593MA22A	5/16/2022	5/16/2023	Scheduled Equip. 117,932
D	Equipment Floater			UM00076593MA22A	5/16/2022	5/16/2023	Rented/Leased 25,000

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

CERTIFICATE HOLDER Levy County Board of County Commissioners Procurement Department 310 School Street PO Box 310 Bronson, FL 32621	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>R. Sean Stetgen Jr.</i>
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Standard Warranty

Signs & awnings manufactured and installed by Kenco Sign & Awning LLC:

Guarantee: Seller warrants that the Display shall be free from defects in materials and workmanship for a period of 24 months from the date of delivery. For purposes of this warranty, materials are defined as the components of the Display including paints, inks, plastics, face materials, metal components, electrical components, neon tubes, incandescent and fluorescent lamps, and components of the supporting structure and foundation. Whether the workmanship or material is defective will be determined by the standard of commercial reasonableness regarding materials and workmanship in the sign & awning manufacturing industry.

Seller shall repair or replace free of charge any material or workmanship found to be defective during the first 24 months after the date of delivery. Seller shall have the option to select repair or replacement as the remedy.

The warranty does not cover the following:

- ◆ Damages or destruction from the elements, lightning, rain, wind, fire, earthquake or acts of God;
- ◆ Any part of the component which has been modified, in any way, other than by seller;
- ◆ Mercury filled neon tube effected by use in cold weather;
- ◆ Damage or destruction from misuse, abuse, vandalism, or malfeasance by others;
- ◆ Damage due to normal wear and tear;
- ◆ Purchaser fails to maintain the product;
- ◆ Products, materials or workmanship by others including but not limited to electronic message centers, time & temperature units and/or video displays;
- ◆ This warranty is not transferable to third parties

Product manufactured & delivered but not installed by Kenco Sign & Awning LLC:

Product manufactured and delivered for installation by others will have a 90-day limited guarantee subject to the conditions listed above. The warranty does not include workmanship or materials provided by the installing company. Freight damages must be reported to the shipper for a claim within 48 hours.

Kenco Sign & Awning LLC is not responsible for procuring authorization for or reimbursing any person or corporation for warranty repairs not reported to and corrected by Kenco Sign & Awning LLC. All requests for warranty must be reported to our Sign Service Division at 386-672-1590. Do not call a local sign company as materials and workmanship provided by others will void all warranties.

Kenco Sign & Awning LLC expressly disclaims all other warranties, expressed or implied, including without limitation the implied warranties of merchantability or fitness for a particular purpose.

OUTDOOR DIGITAL LED SIGN BOARD

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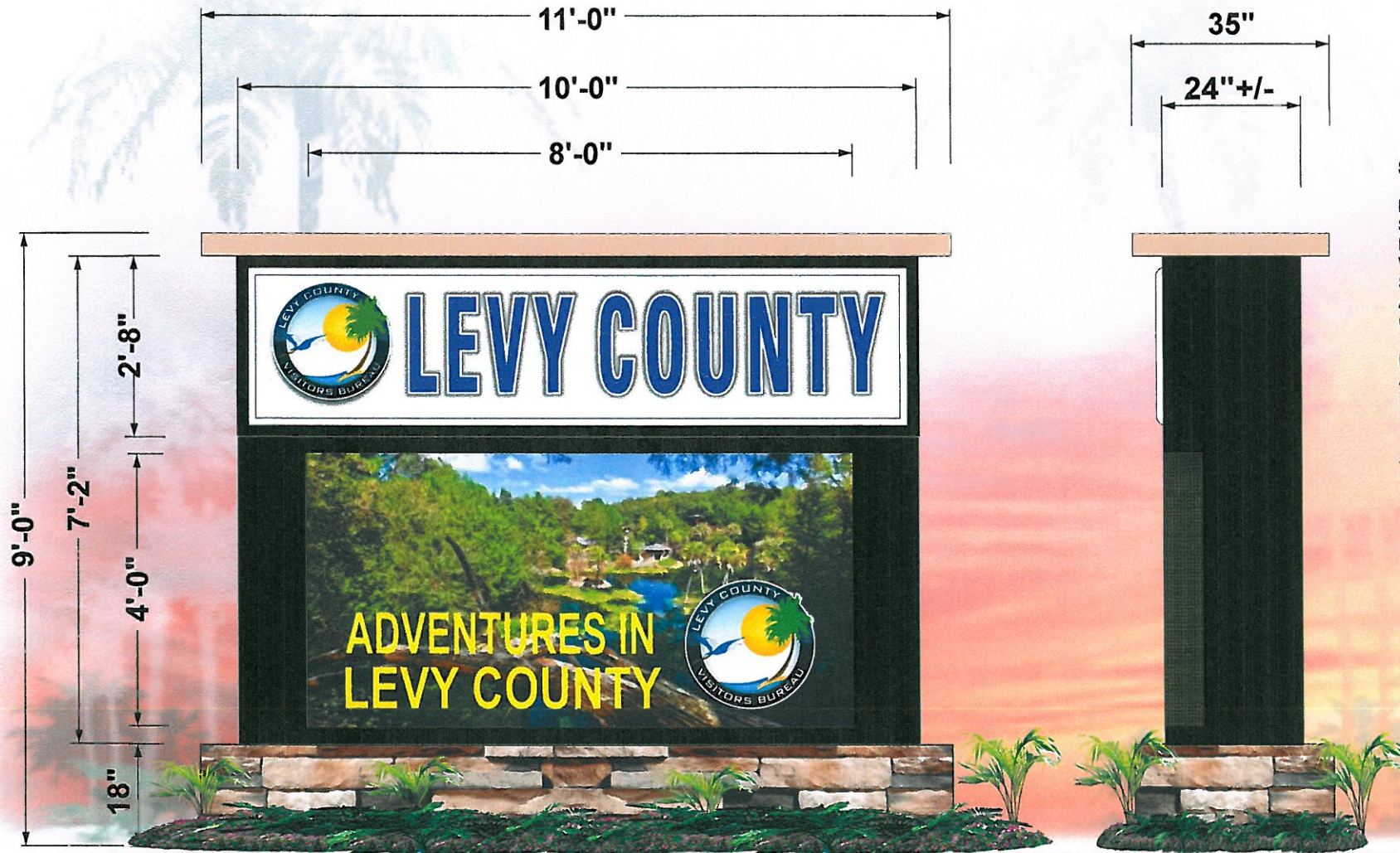
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PROPOSED MONUMENT SIGN



Custom D/F MONUMENT DISPLAY

SIDE VIEW

SPECIFICATIONS

FABRICATE & INSTALL ONE, (1) CUSTOM S/F CUSTOM DISPLAY.
 FABRICATED ALUM. FRAME CONSTRUCTION WITH TEXT COAT MEDIUM SAND FINISH.
 SIGN PAINTED WITH MATTHEWS AUTOMOTIVE PAINT ENAMEL BKGD.
 COLORS TO BE PROVIDED BY CUSTOMER.

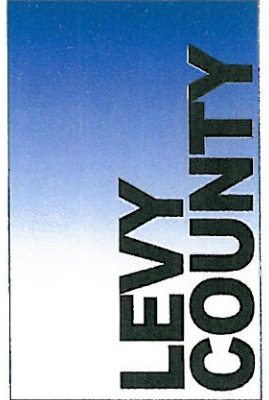
MAIN ID TO BE PANFORMED WHITE ACRYLIC FACES WITH FIRST SURFACE DIGITALLY PRINTED LOGO GRAPHIC AND VINYL COPY

ELECTRONIC MESSAGE CTR.
 ONE (1) S/F FULL COLOR WATCHFIRE DISPLAY

CAB. FAB. ALUM. CONST. FINISH BLACK. (GRAPHIC DEPICTION ON EMC ARE FOR PRESENTATION PURPOSES ONLY)

BASE TO BE CUSTOM FAUX BRICK PANELS OVER WITH FABRICATED ALUM FRAME.

LANDSCAPE BY OTHERS



DATE: 3/17/2023

DESIGNER: RB

REVISIONS / DATE:

- 1)
- 2)
- 3)

SHEET 1 OF 1

ACCOUNT	LEVY COUNTY
ADDRESS	310 School Street
CITY	Bronson, FL
DESIGNER	
SALES REP	RAYMOND WEBB
NOTES	
FILE NAME	
PROGRAM	
APPROVED BY	
DATE	

This design (except registered or existing trademarks in the property of KENCO 2000, INC. And shall not be reproduced or copied in whole or in part without the permission of the above named owner.

K
KENCO
 SIGNS - STATEWIDE
LED
 PARTNERS
FLORIDA
 DIGITAL DISPLAYS
 1539 GARDEN AVENUE
 HOLLY HILL, FL 32117
 386-672-1590
 800-526-3291
 FAX 386-677-2910

Signs are intended to be installed in accordance with the installation instructions provided with the sign sections and the NEC. Authorities having jurisdiction are responsible for the ultimate decision to approve an installation.
 This sign is intended to be installed in accordance with the requirements of Article 600 of the National Electrical Code and/or other applicable local codes. This includes proper grounding and bonding of the sign.

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: KENCO GIBB & AUNING LLC,
 Home Office Address: 1539 GARDEN AVE.
 City, State, Zip: HOLLY HILL, GA. 32117
 Address (Servicing Levy County if Different from Above): SAME

Name/Title of Levy County Representative (Bidder): RAYMOND WIEBA PRES,
 Email: ledpartnersfl@gmail.com
 Telephone: 386.672.1590 Fax: 386.677.2910
 Signature: [Signature] Date: 3.21.23

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. <u>1-3</u>	Dated <u>March 14, 23</u>	Signature <u>[Signature]</u>
Addendum No. <u>2</u>	Dated <u>March 28, 23</u>	Signature <u>[Signature]</u>
Addendum No. _____	Dated _____	Signature _____
Addendum No. _____	Dated _____	Signature _____

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



Levy County Board of County Commissioners
Procurement Department
310 School Street
P.O. Box 310
Bronson, FL 32621
Phone: 352-486-5218

Addendum 2: ITB_2023_011
Issued: March 22, 2023
Pages: 1

Signature: Alicia Trotheway

Proposers shall acknowledge receipt of this Addendum on their submittal.

Questions/Clarifications/Answers:

1. Page 5 of the ITB states: "The current electricity is 20 amps 120 volts." If we determine that our recommendation solution will require increased electrical capacity, with this be provided by the County?
 - a. Yes, this will be provided by the County if necessary.

*O.K.
Kemp Signs
Ray Hill
4/11/23*



Levy County Board of County Commissioners
Procurement Department
310 School Street
P.O. Box 310
Bronson, FL 32621
Phone: 352-486-5218

Addendum 3: ITB_2023_011
Issued: April 12, 2023
Pages: 1

Signature: Alicia Trethewey

Proposers shall acknowledge receipt of this Addendum on their submittal.

Questions/Clarifications/Answers:

1. Is this sign intended to be a metal frame or concrete?
 - a. The County has no preference either are acceptable. The current frame is concrete.

OK with
Ray Miller
Review signs
4/11/23