



Tree Trimming Services
RFP 2017-25

Part A – Technical Response



Due: July 7th, 2017

1	Company Declaration
2	Qualifications of Proposer
3	Financial Stability
4	Experience of Proposer
5	Project Approach and Schedule
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9	Company Information
10	Qualifications (Insurance, Licenses, Equipment List)
11	Staffing
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**Company Profile and Declaration
Form 1**


Project Name: Town of Miami Lakes Tree Trimming Services

Solicitation Number: RFP No. 2017-25

Submitted By: SFM Services, Inc.
(Respondent Firms' Legal Name)

N/A
(Respondent D/B/A Name, if used for this Project)

Christian Infante, President
(Name and Title of Officer Signing the Submittal for the Respondent)


(Signature of Officer)

N/A
(Contact Name, if different from Officer)

9700 NW 79 Ave.
(Street Address)

Hialeah, Gardens, FL 33016
(City/State/Zip Code)

cinfante@sfmtservices.com (305) 818-2424
(Email Address) (Phone Number)

Declaration

I, Christian Infante, hereby declare that I am the
(Print Name)

President of SFM Services, Inc.
(Title) (Name of Company)

the ("Respondent") submitting the Company Profile and Declaration, and that I am duly authorized to sign this Company Profile and Declaration on behalf of the above-named company; all information in this Company Profile and Declaration and information and documents submitted in response to this RFP are, to the best of my knowledge, true, accurate, and complete as of the submission date.

The Respondent further certifies as follows:

1. This Company Profile and Declaration is submitted as part of the Respondent's submittal ("Submittal") in response to the above stated RFP issued by the Town of Miami Lakes.
2. Respondent has carefully examined all the documents contained in the RFP and understands all instructions, requirements, specifications, drawings/plans, terms and conditions, and hereby offers and proposes to furnish the products and/or services described herein at the prices, fees and/or rates quoted in the Respondent's Submittal, and in accordance with the requirements, specifications, drawings/plans, terms and conditions, and any other requirements of the RFP Documents.
3. The Submittal is a valid and irrevocable offer that will not be revoked and shall remain open for the Town's acceptance for a minimum of 120 days from the date Submittals are due to the Town, to allow for evaluation, selection, negotiation, and any unforeseen delays, and Respondent acknowledges that if its Submittal is accepted, Respondent is bound by all statements, representations, warranties, and guarantees made in its Submittal, including but not limited to, representation to price, fees, and/or rates, performance and financial terms.
4. Respondent has the necessary experience, knowledge, abilities, skills, and resources to satisfactorily perform the requirements under this RFP.
5. Respondent is in full compliance with all applicable Federal, State, and local laws, rules, regulations and ordinances governing its business practices
6. All statements, information and representations prepared and submitted in response to the RFP are current, complete, true, and accurate. Respondent acknowledges that the Town will rely on such statements, information, and representations in selecting a Respondent, and hereby grants the Town permission to contact any persons identify in this RFP to independently verify the information provided in the Submittal.
7. Submission of a Submittal indicates the Respondent's acceptance of the evaluation criteria and technique and the Respondent's recognition that some subjective judgments may be mad by the Town as part of the evaluation process.
8. No attempt has or will be made by the Respondent to induce any other person or firm to not submit a response to this RFP.
9. No personnel currently employed by the Town participated, directly or indirectly, in any activities related to the preparation of the Respondent's Submittal.
10. Respondent has had no contact with Town personnel regarding the RFP, the Project or evaluation of Submittals in response to this RFP. If contact has occurred, except as permitted under the Cone of Silence, so state and include a statement identifying in detail the nature and extent of such contacts and personnel involved.
11. The pricing, rates or fees proposed by the Respondent have been arrived at independently, without consultation, communication, or agreement, for the purpose of restriction of competition, as to any other Respondent or competitor; and unless otherwise required by law, the prices quoted have not been disclosed by the Respondent prior to submission of the Submittal, either directly or indirectly, to any other Respondent or competitor.
12. Respondent has reviewed a copy of the Contract, included as an Attachment to the RFP.
13. Respondent is not currently disqualified, de-listed or debarred from doing business with any public entity, including federal, state, county or local public entities. If yes, Respondent must

provide a detailed explanation of such disqualification, de-listing or debarment, including the reasons and timeframe.

14. Respondent has visited the site(s) where the work is to be performed and is familiar with the conditions under which the work will be performed and that the Respondent has fully reviewed the drawing/plans and specifications and is fully familiar with the work to be performed. The failure to become fully familiar with the site conditions and drawings shall not form the basis for any request for additional compensation or completion of Project in compliance with the RFP documents.

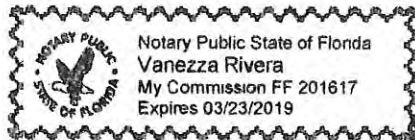
This declaration was executed in Miami-Dade County, State of Florida on 2017.

(signature)

Subscribed and sworn to before me this 30 day of June, 2017.

(signature)

(Notary Seal/Stamp)



Company Qualification Questionnaire

Form 2, Part 1

Additional pages may be added if necessary utilizing the same format. Some information may not be applicable apply. In such instances insert "N/A".

1. Years has your company been in business under its current name and ownership? 11

a. Professional Licenses/Certifications (include name and number)* Issuance Date

Christian Infante ISA Cert # FL-5916A 6/2008

Jose Infante ISA Cert # FL-0273A 1/1998

Jose Infante FNGLA # M3900033 3/2010

(*include active certifications of small or disadvantage business & name of certifying entity)

2. Type of Company: ☐ Individual ☐ Partnership ☒ Corporation ☐ LLC ☐ Other

If other, please describe the type of company: N/A

a. FEIN/EIN Number: 59-2766887

b. Dept. of Business Professional Regulation Category (DBPR): Construction

i. Date Licensed by DBPR: 11/2007

ii. License Number: FR03461

c. Date registered to conduct business in the State of Florida: 8/12/2003

i. Date filed: 1/9/1987

ii. Document Number: M44559

d. Primary Office Location: 9700 NW 79 Ave, Hialeah Gardens, FL 33016

e. What is your primary business? Landscaping and Tree Trimming
(This answer should be specific)

f. Name of ISA Certified Arborist, license number, and relationship to company:

Christian Infante, Certified Arborist, # FL5916A - President

g. Name and Licenses of any prior companies

Name of Company License No. Issuance Date

South Florida Maintenance Services, Inc. # 174396-3 8/12/2004
PM Security Services, Inc. # 304257-9 9/6/2003

3. Company Ownership

a. Identify all owners or partners of the company:

Name Title % of ownership

Christian Infante President 49%

Jose Infante Vice President 51%

b. Is any owner identified above an owner in another company? ☒ Yes ☐ No

If yes, identify the name of the owner, other company names, and % ownership

Jose Infante - 51% Christian Infante - 49% SFM Janitorial Services, LLC
Jose Infante - 51% Christian Infante - 49% SFM Security Services, LLC

c. Identify all individuals authorized to sign for the company, indicating the level of their authority (check applicable boxes and for other provide specific levels of authority)

Signatory Authority

Name	Title	All	Cost	No-Cost	Other
<u>Christian Infante</u>	<u>President</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Jose Infante</u>	<u>Vice President</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation for Other: _____

4. Employee Information

a. Total No. of Employees: 720

b. Total No. of Managerial/Admin. Employees: 33

c. Number of Trades Personnel and total number per classification:
(Apprentices must be listed separately for each classification)

General Labor Code # 540, # of employees - 697

Managers Code # 702, # of employees - 30

Officers Code # 701, # of employees - 3

5. Employer Modification Rating: .94

6. Insurance & Bond Information:

a. Insurance Carrier name & address: Old Republic Insurance Company
c/o Wells Fargo Insurance Services, USA, Inc.
2601 S. Bayshore Drive, Ste. 1600 Coconut Grove, FL 33133

b. Insurance Contact Name, telephone, & e-mail: Jose Sardinas
(305) 443-4886 jose.sardinas@wellsfargo.com

c. Insurance Experience Modification Rating (EMR): .94
(if no EMR rating please explain why)

d. Number of Insurance Claims paid out in last 5 years & value: 48 - \$647,302.24

e. Bond Carrier name & address: Security Bond Associates, Inc.
10131 SW 40 St. Miami, FL 33165

f. Bond Carrier Contact Name, telephone, & e-mail: Mr. Burt Harris
(305) 552-5414 harrisbond@aol.com

g. Number of Bond Claims paid out in last 5 years & value: none

7. Have any lawsuits been file against your company in the past 5 years? ☒ Yes ☐ No

If yes, identify each lawsuit and its current disposition. For each lawsuit provide the year, the basis for the claim or judgment, and the settlement unless the value of the settlement is covered by a written confidentiality agreement. If additional space is required, continue on a separate sheet.

Case # 13-33615-QA-01 Jesova Mesa VS Town of Miami Lakes,

3rd Party VS SFM Services, Inc. FKA South Florida

Maintenance Services, Inc. This case was Settled and Closed.

8. To the best of your knowledge, is your company or any officers of your company currently under investigation by any law enforcement agency or public entity. ☐ Yes ☒ No

If yes, provide details on a separate sheet.

9. Key Staff or Principals (including stockholders with over 10% ownership) of the company ☐ have/☒ have not been convicted by a Federal, State, County or Municipal Court of or have any pending violations of law, other than traffic violations. Explain any convictions or pending action on a separate sheet.

10. Has your company been assessed liquidated damages or defaulted on a project in the past five (5) years? ☐ Yes ☒ No

If yes, provide an attachment that provides an explanation of the project and an explanation.

11. Has the Proposer or any of its principals failed to qualify as a responsible proposer, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years? ☐ Yes ☒ No

If yes, provide details on a separate sheet.

12. Has the proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? ☐ Yes ☒ No

If yes, give date, court jurisdiction, action taken, and any other explanation deemed necessary.

13. Provide an attachment listing all equipment, with a value over \$3,000, owned by your company. Please refer to Article B7.02 of Attachment A, the Contract, for vehicle and equipment requirements for this RFP.

14. Provide an attachment listing of all equipment that your company does not own but plans to rent, lease, or borrow for the performance of the Work

Company Qualification Questionnaire
Form 2, Part 2
Safety Qualifications

Solicitation Number: RFP No.: 2017-25

Project Name: Town of Miami Lakes Tree Trimming Services

Please provide the following information concerning your company's safety performance and record.

Company's Name: SFM Services, Inc.

Address: 9700 NW 79 Ave. Hialeah Gardens, FL 33016

Phone No.: (305) 818-2424 Email Address: cinfante@sfmservices.com

Web Page (if existing): www.sfmservices.com

Name of company representative completing this form: Christian Infante

Title: President

Date questionnaire completed: 6/29/2017

Previous calendar year total employee hours worked: 245,440

Previous calendar year OSHA 300 logs:

- Attach latest updated annual recordable injury/illness OSHA 300 log
- Attach OSHA 300 log from the previous three (3) calendar years.

Previous calendar year OSHA Lost Work Day Incident Rate: = 3.2

Lost Work Day Incident Rate = Total number of recordable injuries or illnesses with days away from work x 200,000 divided by the total number of hours worked by all employees.

Previous Calendar Year OSHA Recordable Incident Rate: = 9.7

Recordable Incident Rate = Total number of OSHA recordable injuries and illnesses x 200,000 divided by the total number of hours worked by all employees.

Previous Calendar Year Severity Rate: = 0.81

Severity Rate = Total number of lost work days x 200,000 divided by the total number of hours worked by all employees.

EMR: Experience Modification Rate: List your company's EMR for the last three (3) years and attach documentation from your insurance company on their letterhead with their representative's signature and title. If your company does not have an EMR enter "N/A".

Year	EMR
_____	_____
_____	_____
_____	_____

Citations: Has your company received any citations in the past three (3) years from any government agency? ☐ yes ☒ no If yes, include copy of citation(s) and abatement action(s).

Safety Program: Does your company have a written Safety and/or Health Program, including a mission statement, policies, and procedures

☒ yes

☐ no

If yes, check the following that your safety program includes:

Accident Reduction Program

☒

Safety Committee

☒

Asbestos Abatement Program

☐

Drug Free/Substance Abuse Program

☒

If checked, attach a brief description of the Program (not to exceed ½ page per Program)

*See
Enclosed.*

Please check the following that your training program includes:

Asbestos abatement

☐

Hot Work

☐

Asbestos awareness

☐

Injury/Illness Record Keeping

☐

Asbestos training

☐

Lockout/Tagout

☐

Company safety policy

☒

New Hire Orientation

☐

Company safety rules

☒

OSHA 10 hour certification

☐

Confined spaces

☐

OSHA 30 hour certification

☐

CPR/First aid training

☒

Pre-job safety inspection

☐

Electrical safety

☐

Respiratory protection

☐

Fall Protection

☒

Scaffold training

☐

Fire Prevention

☐

Is your Project Manager certified in accredited "OSHA 10-hour or "30-hour construction industry federal course: ☐ yes ☒ no If yes, which course: _____

Is your Project Manager certified in CPR/First Aid? ☒ yes ☐ no

Is your Construction Superintendent certified in accredited "OSHA 10-hour or "30-hour construction industry federal course: ☐ yes ☒ no If yes, which course: N/A

Is your Construction Superintendent certified in CPR/First Aid? ☐ yes ☒ no

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees (former employees, and their representatives) have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	2	9	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
4	176
(K)	(L)

Injury and Illness Types

Total number of...	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
(M)	11	1	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3944, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name SFM LANDSCAPE SERVICES

Street 9700 NW 79 AVE

City HALEAH GARDENS

State FL

Zip 33016

Industry description (e.g., Manufacture of motor truck trailers)

LANDSCAPE

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

5 6 1 7 3 0

Employment information

Annual average number of employees

118

Total hours worked by all employees last year

245,440.00

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Joseph H. Hines
Company executive

786-547-6704
Phone

COO
Title

2/7/17
Date

OSHA's Form 300 (Rev. 01/2004)
Log of Work-Related Injuries and Illnesses

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Fill in the form for each injury or illness that occurred on the premises. If you're not sure whether an injury or illness is recordable, call your local OSHA office for help.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



Form approved OMB no. 1218-0176

SFM LANDSCAPE SERVICES

Identify the person

Describe the case

Classify the case

City

Establishment name

State

(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of injury or onset of illness (mo/day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:					Enter the number of days the injured or ill worker was:		Check the " Injury " column or choose one type of illness.												
						(G) Death	(H) Days away from work	(I) Job transfer or restriction	(J) Other recordable cases	(K) Away from work (days)	(L) On job transfer or restriction (days)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All other illnesses								
1	HAMIST, GONZALEZ	LANDSCAPER	1/8/2016	REPLACING A MACHINE BELT	HE WAS REPLACING A MACHINE BELT AND HURT HIS HAND, CAUSING A WOUND ON HIS RIGHT HAND AND ABRASION WITH MINOR LACERATION		0						1												
2	ALBERTO, GONZALEZ	LANDSCAPER	1/21/2016	WOOD TRUNK	WHILE HE WAS HANDLING A LARGE WOOD TRUNK, HIS FINGER WAS TRAPPED BETWEEN 2 PCS OF WOOD, CAUSING A LACERATION ON HIS RIGHT INDEX FINGER		0							1											
3	FRANK, IANNUZZI	SUPERVISOR	2/6/2016	DIGGING 10 HOLES	WHILE HE WAS DIGGING 10 HOLES AND ALSO PICKING UP BAGS OF CEMENT / LUMBER SACRAL, CERVICAL STRAIN/SPRAIN		0							1											
4	HAMIST, GONZALEZ	LANDSCAPER	4/8/2016	PRUNING A PALM TREE	WHILE PRUNING A PALM TREE A BRANCH WENT THROUGH HIS GLOVE, RESULTING IN A WOUND IN HIS RIGHT FINGER		0							1											
5	ANGEL, ALFONSO	LANDSCAPER	6/23/2016	PRUNING A PALM TREE	HE WAS PRUNING A PALM TREE, AND BECAUSE THE NIGHT BEFORE WAS RAINING HE SLIPPED AND HURT AS A RESULT HIS KNEE WAS SWELLED.		0							1											
6	ERICK, PUTOY	LANDSCAPER	7/4/2016	PRUNING A PALM TREE	HE WAS PRUNING A PALM TREE, AND BECAUSE THE NIGHT BEFORE WAS RAINING HE SLIPPED AND HURT AS A RESULT HIS KNEE WAS SWELLED.		0							1											
7	GUSTAVO, RIVERA	LANDSCAPER	7/19/2016	DIGGING A HOLE	HE WAS DIGGING A HOLE, WHEN SUDDENLY HE FELT A STRONG PAIN ON HIS BACK / LOWER BACK PAIN & SPASM		0							1											
8	MARIO, NORI	LANDSCAPER	7/19/2016	TRIMMING SOME PALM LEAVES	HE WAS TRIMMING SOME PALM LEAVES USING A SAW, WHEN HE FELT PAIN IN HER LOWER BACK		0							1											
9	JUAN CARLOS, MONTENEGRO	LANDSCAPER	7/30/2016	TRIMMING A CANNERY PALM	HE WAS TRIMMING A CANNERY PALM, WHEN A LEAVE SUDDENLY FELL, AND STANG HIS RIGHT HAND CAUSING AN ALLERGIC REACTION.		2																		
10	CARLOS, REYES	LANDSCAPER	10/11/2016	CUTTING A COCONUT TREE	HE WAS CUTTING A COCONUT TREE, WHEN THE COCONUT FELL OVER HIM, RESULTING IN A LACERATION ON HIS LEFT FOREARM		0							1											
11	ERICK, PUTOY	LANDSCAPER	11/19/2016	USING A WEED EATER	WHILE HE WAS WORKING HE GOT AN INJURY ON HIS RIGHT EYE, WHEN HIS PEER JULIAN ARTEAGA WAS WORKING WITH THE WEED EATER, WHEN SUDDENLY A STONE HIT ERICK'S EYE.		0							1											
12	PATRICK, GUSTIN	LANDSCAPER	12/29/2016	SITTING IN THE BACK PART OF A COMPANY VEHICLE	DUE TO A CAR ACCIDENT THAT HIT THE TRAILER ONLY, THAT IMPACT CAUSED ON HIM A THORACIC CONTUSION - LUMBAR SACRAL STRAIN.		0							1											
Page Totals						0	2	0	0	0	0	0	0	11	0	0	0	1	0	0	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA, Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 15
U.S. Department of Labor
Occupational Safety and Health Administration
Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	5

Number of Days

Total number of days away from work

(K) _____ (L) _____

Injury and Illness Types

Total number of ...	
(M)	(N)
(1) Injuries	5
(2) Skin disorders	0
(3) Respiratory conditions	0
(4) Poisonings	0
(5) Hearing loss	0
(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about this estimate or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-5644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name **SFM LANDSCAPE SERVICES**

Street **9700 NW 79TH AVE**

City **HALEAH GARDENS** State **FL** Zip **33016**

Industry description (e.g., *Manufacture of motor truck trailers*)
LANDSCAPE

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees **14**

Total hours worked by all employees last year **723840**

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company executive **[Signature]** Title **HR Mgr.**
Phone **305.818.1222** Date **02/02/16**

Save Input

Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 15

U.S. Department of Labor

Occupational Safety and Health Administration

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Establishment name LANDSCAPE
City HIALEAH GARDENS State FL

Form approved OMB no. 1218-0176

Identify the person

(A)

Case no.

(B)

Employee's name

(C)

Job title
(e.g., Welder)

Describe the case

(D)

Date of injury or onset of illness
(e.g., 2/1/10)

(E)

Where the event occurred
(e.g., Loading dock north end)

(F)

Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill
(e.g., Second degree burns on right forearm from acetylene torch)

Classify the case

SELECT ONLY ONE box for each case based on the most serious outcome for that case:

(G)

Death

(H)

Days away from work or restriction

(I)

Job transfer or restriction

(J)

Other recordable cases

Enter the number of days the injured or ill worker was:

(K)

Away from work

(L)

On job transfer or restriction

Select the "Injury" column or choose one type of illness:

(M)

(1)

Injury

(2)

Skin disorder

(3)

Respiratory condition

(4)

Poisoning

(5)

Hearing loss

(6)

All other illnesses

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)
Reset	1	ADIER ACOSTA	LANDSCAPER	2 / 11 month / day	SITE OF WORK	LEFT EYE IMPACT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input checked="" type="radio"/> (1)
Reset	2	MIGUEL GUTIERREZ	LANDSCAPER	3 / 1 month / day	JUNGLE ISLAND	LEFT EYE IMPACT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (2)
Reset	3	JOSE MARTINEZ	LANDSCAPER	4 / 28 month / day	NORTH MIAMI	LEFT HAND PUNCTURE WOUND	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (3)
Reset	4	MICHAEL CORREDERA	LANDSCAPER	5 / 18 month / day	SITE OF WORK	LEFT LOWER LEG CONTUSION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (4)
Reset	5	JUAN C RODRIGUEZ	LANDSCAPER	6 / 5 month / day	SITE OF WORK	LEFT KNEE SPRAIN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (5)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (6)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (1)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (2)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (3)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (4)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (5)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (6)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (1)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (2)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (3)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (4)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (5)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (6)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (1)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (2)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (3)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (4)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (5)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (6)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (1)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (2)
Reset				/			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	____ days	____ days	<input type="radio"/> (3)
Reset													

I have prepared a brief outline of this collection of information as estimated to average a 14-minute response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: U.S. Department of Labor, OSHA Office of Statistical Analysis, Room N-164, 200 Constitution Avenue, NW, Washington, DC 20120. Data sent the completed forms to this office.

Save Input

Add a Form Page

Page totals

Page 1 of 1

(1)	Injury
(2)	Skin disorder
(3)	Respiratory condition
(4)	Poisoning
(5)	Hearing loss
(6)	All other illnesses

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	3

Number of Days

Total number of days away from work

(K) _____ (L) _____

Injury and Illness Types

Total number of (M)	(1) Injuries	(4) Poisonings	(5) Hearing loss	(6) All other illnesses
3	0	0	0	0
0	0	0	0	0
0	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspect of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name SFM LANDSCAPE SERVICES

Street 9700 NW 79TH AVE

City HIALEAH State FL Zip 33016

Industry description (e.g., Manufacture of motor truck trailers) LANDSCAPE

Standard Industrial Classification (SIC), if known (e.g., 3715)

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information (If you don't have these figures, see the Worksheet on the next page to estimate.)

Annual average number of employees 73

Total hours worked by all employees last year 3950920

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Company representative Title H.K. Mawyer

Phone 305-818-2424 Date 2/9/15

Save Input

Log of Work-Related Injuries and Illnesses

Form approved OMB no. 1218-0176

Establishment name	SFM Landscape Services
City	Hialeah Gardens
State	FL

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 14



Note: You can type input into this form and save it.

Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

[illegible]

Company Qualification Questionnaire

Form 2, Part 3

Team Member Table

This form is to identify the Key member of the Project Team, which includes the Field Supervisor, Certified Arborist and other similar staff. Additional Key Staff are to be added as applicable. Only employees of the Proposer are to be listed on this form.

Name of Person	Title	% of Time Devoted to Project	Years in Industry	Years with Proposer	Years in Position with Proposer	Licenses & Certifications (name)
Robert Sunshine	Field Supervisor	As Needed	8	3	3	FL-6141A Arborist
Christian Infante	Certified Arborist	As Needed	18	18	3	FL-5916A Arborist
Mario Cantero	Manager	As Needed	4	4	4	Best Mgmt. Practices
Christian Infante	President	As Needed	18	18	3	MOT # 177632

* Please see enclosed certifications.

SFM Services, Inc. and Subsidiaries, SFM Security Services, Inc., and Gaming
Facilities Services, LLC
Consolidated Combined Financial Statements
December 31, 2016

Perez & Company Financial Auditors, LLC
CERTIFIED PUBLIC ACCOUNTANTS

Perez & Company Financial Auditors, LLC

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

Board of Directors of
SFM Group
Hialeah, Florida

We have audited the accompanying consolidated combined financial statements of SFM Services, Inc. and subsidiaries, SFM Security Services, Inc., and Gaming Facilities Services, LLC, (the "SFM Group"), (Florida Corporations), which comprise the consolidated combined balance sheet as of December 31, 2016, and the related consolidated combined statements of income, retained earnings, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated combined financial statements referred to above present fairly, in all material respects, the financial position of SFM Services, Inc. and subsidiaries and SFM Security Services, Inc. as of December 31, 2016, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

The additional information in Schedule 1, 2, 3, 4 and 5 are presented for purposes of additional analysis of the consolidated financial statements. We have issued reports dated April 26, 2017, in connection with these schedules which should be read.

Perez & Company Financial Auditors

April 26, 2017

SFM Services, Inc. and Subsidiaries, SFM Security Services, Inc. and Gaming Facilities Services,
LLC

Combined Consolidated Balance Sheet
As of December 31, 2016

Assets

Current Assets

Cash	\$	512,573	
Accounts receivables, net of the allowance for doubtful accounts of \$100,067		4,015,441	
Due from related parties		1,250,036	
Costs and estimated earnings in excess of billings on uncompleted contracts		986,213	
Inventory - Supplies		85,504	
Prepaid expenses		71,565	
Other receivables		<u>417,695</u>	
Total Current Assets	\$		7,339,027

Property & Equipment

Automobiles, trucks and vessel	\$	2,256,682	
Furniture and fixtures		102,500	
Leasehold and building improvements		342,934	
Office equipment		205,148	
Machinery and Equipment		2,409,467	
Software		54,523	
Less Accumulated depreciation & amortization		<u>(3,461,846)</u>	
Net Property & Equipment			1,909,408

Other Assets

\$ 401,881

Total Assets

\$ 9,650,316

Read Independent Auditors' Report
Read Accompanying Notes to the Financial Statements

SFM Services, Inc. and Subsidiaries, SFM Security Services, Inc. and Gaming Facilities Services,
LLC
Combined Consolidated Balance Sheet (Continued)
As of December 31, 2016

Liabilities & Equity

Current Liabilities

Accounts payable and accrued expenses	\$ 1,155,157	
Due to related parties	82,314	
Line of credit	112,759	
Current portion of long-term debt	<u>259,748</u>	
Total Current Liabilities		\$ 1,609,978

Long Term Liabilities

494,471

Stockholders' Equity

Common stock	\$ 1,100	
Additional paid in capital	49,900	
Retained earnings	<u>7,494,867</u>	
Total Stockholders' Equity		\$ <u>7,545,867</u>

Total Liabilities & Equity

\$ 9,650,316

Read Independent Auditors' Report
Read Accompanying Notes to the Financial Statements

SFM Services, Inc. and Subsidiaries, SFM Security Services, Inc. and Gaming Facilities
Services, LLC

Combined Consolidated Statements of Income
For the year ended December 31, 2016

Revenues		\$	23,223,408
Cost of Sales			<u>17,394,234</u>
Gross Profit			5,829,174
General & Administrative Expenses			<u>3,166,602</u>
Operating Income			2,662,572
Other Income(Expenses)			
Other income	\$	2,958	
Interest income		14,157	
Management fee income		-	
Bad debt recovery		240	
Interest expense		<u>(43,601)</u>	
Total Other Income and Expenses			<u>(26,246)</u>
Net Income		\$	<u>2,636,326</u>

Read Independent Auditors' Report
Read Accompanying Notes to the Financial Statements

SFM Services, Inc. and Subsidiaries, SFM Security Services, Inc. and Gaming Facilities Services, LLC
 Combined Consolidated Statements of Changes in Stockholders' Equity
 For the year ended December 31, 2016

	Shares	Amount	Additional Paid - In Capital	Retained Earnings	Total Stockholders' Equity
Balance, January 1, 2016	1,100	\$ 1,100	\$ 49,900	\$ 5,508,512	\$ 5,559,512
Net Income	-	-	-	2,636,326	2,636,326
Distributions	-	-	-	(649,971)	(649,971)
Balance, December 31, 2016	<u>1,100</u>	<u>\$ 1,100</u>	<u>\$ 49,900</u>	<u>\$ 7,494,867</u>	<u>\$ 7,545,867</u>

Read Independent Auditors' Report
 Read Accompanying Notes to the Financial Statements

**SFM Services, Inc. and Subsidiaries, SFM Security Services, Inc. and Gaming Facilities Services,
LLC**

**Combined Consolidated Statements of Cash Flows
For the year ended December 31, 2016**

Operating Activities	
Net Income	\$ 2,636,326
Adjustments to reconcile net income to net cash provided by operating activities:	
Depreciation and amortization	411,565
Bad debt	1,687
Increase in accounts receivable	(1,141,341)
Increase in cost in excess of billings	(204,415)
Increase in due from affiliates	(79,441)
Decrease in other receivables	(312,808)
Decrease in supplies inventory	(11,163)
Decrease in prepaid expenses	194,886
Increase in other assets	(87,922)
Decrease in accounts payable	(133,238)
Net cash provided by operating activities	\$ 1,274,136
Investing Activities	
Purchase of property and equipment, net of disposals	\$ (315,338)
Net cash used for investing activities	\$ (315,338)
Financing Activities	
Proceeds from long term debt, net of repayments	\$ 105,133
Draws from line of credit, net of paydowns	(544,243)
Shareholder distributions	(649,971)
Net cash used for financing activities	\$ (1,089,081)
Net cash from all activities	\$ (130,283)
Cash at beginning of year	642,856
Cash at end of year	<u>\$ 512,573</u>
Supplemental Cash Flow Information	
Cash utilized to pay interest	\$ 43,601

**SFM Services, Inc. and Subsidiaries and
SFM Security Services, Inc.**
Consolidated Combined Financial Statements
December 31, 2015

A. Martinez & Co. Financial Auditors, LLC
CERTIFIED PUBLIC ACCOUNTANTS

A. Martinez & Co. Financial Auditors, LLC

CERTIFIED PUBLIC ACCOUNTANTS

CERTIFIED FORENSIC ACCOUNTANTS

CERTIFIED FAMILY MEDIATORS

INDEPENDENT AUDITORS' REPORT

Board of Directors of
SFM Services Group
Hialeah, Florida

We have audited the accompanying consolidated combined financial statements of SFM Services, Inc. and subsidiaries and SFM Security Services, Inc., (the "SFM Group"), (a Florida Corporation), which comprise the consolidated combined balance sheet as of December 31, 2015, and the related consolidated combined statements of income, retained earnings, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

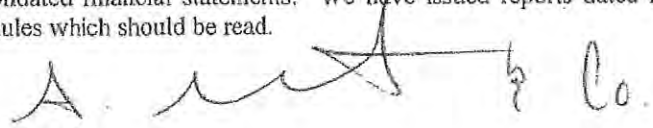
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated combined financial statements referred to above present fairly, in all material respects, the financial position of SFM Services, Inc. and subsidiaries and SFM Security Services, Inc. as of December 31, 2015, and the results of their operations and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

The additional information in Schedule 1, 2, 3, 4 and 5 are presented for purposes of additional analysis of the consolidated financial statements. We have issued reports dated April 28, 2016, in connection with these schedules which should be read.


April 28, 2016

SFM Services, Inc. and Subsidiaries and SFM Security Services, Inc.
Combined Consolidated Balance Sheet
As of December 31, 2015

Assets

Current Assets

Cash	\$ 642,856	
Accounts receivables, net of the allowance for doubtful accounts of \$100,067	2,875,787	
Due from related parties	1,161,079	
Costs and estimated earnings in excess of billings on uncompleted contracts	781,798	
Inventory - Supplies	74,341	
Prepaid expenses	266,451	
Other receivables	<u>104,887</u>	
Total Current Assets		\$ 5,907,199

Property & Equipment

Automobiles, trucks and vessel	\$ 2,017,240	
Furniture and fixtures	87,674	
Leasehold and building improvements	322,675	
Office equipment	200,179	
Machinery and Equipment	2,373,625	
Software	54,523	
Less Accumulated depreciation & amortization	<u>(3,050,281)</u>	
Net Property & Equipment		2,005,635

Other Assets

\$ 313,959

Total Assets

\$ 8,226,793

Read Independent Auditors' Report
Read Accompanying Notes to the Financial Statements

SFM Services, Inc. and Subsidiaries and SFM Security Services, Inc.
Combined Consolidated Balance Sheet (Continued)
As of December 31, 2015

Liabilities & Equity

Current Liabilities

Accounts payable and accrued expenses	\$ 1,288,395	
Due to related parties	72,798	
Line of credit	657,002	
Current portion of long-term debt	<u>215,580</u>	
Total Current Liabilities		\$ 2,233,775

Long Term Liabilities

433,506

Stockholders' Equity

Common stock	\$ 1,100	
Additional paid in capital	49,900	
Retained earnings	<u>5,508,512</u>	
Total Stockholders' Equity		\$ 5,559,512

Total Liabilities & Equity

\$ 8,226,793

Read Independent Auditors' Report
 Read Accompanying Notes to the Financial Statements

SFM Services, Inc. and Subsidiaries and SFM Security Services, Inc.
Combined Consolidated Statements of Income
For the year ended December 31, 2015

Revenues	\$ 19,903,795
Cost of Sales	<u>15,173,490</u>
Gross Profit	4,730,305
General & Administrative Expenses	<u>2,795,573</u>
Operating Income	1,934,732
Other Income(Expenses)	
Other income	\$ 17,958
Interest income	9,232
Management fee income	5,000
Bad debt recovery	12,911
Interest expense	<u>(34,834)</u>
Total Other Income and Expenses	<u>10,267</u>
Net Income	<u>\$ 1,944,999</u>

Read Independent Auditors' Report
Read Accompanying Notes to the Financial Statements

SFM Services, Inc. and Subsidiaries and SFM Security Services, Inc.
 Combined Consolidated Statements of Changes in Stockholders' Equity
 For the year ended December 31, 2015

	<u>Shares</u>	<u>Amount</u>	<u>Additional Paid - In Capital</u>	<u>Retained Earnings</u>	<u>Total Stockholders' Equity</u>
Balance, January 1, 2015	1,100	\$ 1,100	\$ 49,900	\$ 4,803,191	\$ 4,854,191
Net Income	-	-	-	1,944,999	1,944,999
Distributions	-	-	-	(1,239,678)	(1,239,678)
Balance, December 31, 2015	<u>1,100</u>	<u>\$ 1,100</u>	<u>\$ 49,900</u>	<u>\$ 5,508,512</u>	<u>\$ 5,559,512</u>

Read Independent Auditors' Report
 Read Accompanying Notes to the Financial Statements

SFM Services, Inc. and Subsidiaries and SFM Security Services, Inc.
Consolidated Statements of Cash Flows
For the year ended December 31, 2015

Operating Activities

Net Income	\$ 1,944,999
Adjustments to reconcile net income to net cash provided by operating activities:	
Depreciation and amortization	295,793
Bad debt	7,129
Increase in accounts receivable	(494,575)
Increase in cost in excess of billings	(462,946)
Increase in due from affiliates	(479,251)
Decrease in other receivables	630,472
Decrease in supplies inventory	149,639
Increase in prepaid expenses	(247,066)
Decrease in other assets	135,052
Increase in accounts payable	48,110
Net cash provided by operating activities	\$ 1,527,356

Investing Activities

Purchase of property and equipment, net of disposals	\$ (1,208,293)
Net cash used for investing activities	\$ (1,208,293)

Financing Activities

Proceeds from long term debt, net of repayments	\$ 113,681
Draws from line of credit, net of paydowns	212,780
Shareholder distributions	(1,239,678)
Net cash used for financing activities	\$ (913,217)

Net cash from all activities	\$ (594,154)
Cash at beginning of year	1,237,010
Cash at end of year	\$ 642,856

Supplemental Cash Flow Information

Cash utilized to pay interest	\$ 34,834
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/5/2017

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 Commercial Lines - (305) 443-4886 Wells Fargo Insurance Services USA, Inc. 2601 South Bayshore Drive, Suite 1600 Coconut Grove, FL 33133	CONTACT NAME: Julio Valdes PHONE (A/C, No, Ext): 3054434886 FAX (A/C, No): E-MAIL ADDRESS: julio.valdes@wellsfargo.com														
INSURED SFM Security Services, Inc. 9700 NW 79 Avenue Hialeah Gardens, FL 33016	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Old Republic Insurance Company	24147	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Old Republic Insurance Company	24147														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES

CERTIFICATE NUMBER: 12047992

REVISION NUMBER: See below

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		MWZY309800	03/01/17	03/01/18	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 \$
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC30979900	03/01/17	03/01/18	<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

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

CERTIFICATE HOLDER

TOWNOFML

Town of Miami Lakes
 6601 Main Street
 Miami Lakes, FL 33014

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

Jeane Brindley

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SFMSE-1

OP ID: MLI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2017

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 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 BROWN & BROWN OF FLORIDA INC 14900 NW 79th Court Suite#200 Miami Lakes, FL 33016-5869 Fausto Alvarez	CONTACT NAME: Fausto Alvarez	FAX (A/C, No): 305-714-4401	
	PHONE (A/C, No, Ext): 305-364-7800	E-MAIL ADDRESS:	
INSURED SFM Services, Inc. SFM Janitorial Services, LLC SFM Landscape Services, LLC Attn: Mr. Infante 9700 NW 79 Avenue Hialeah, FL 33016	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: The North River Ins. Company		21105
	INSURER B: Zurich American Insurance Co.		16535
	INSURER C:		
	INSURER D:		
	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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			5821067232	12/12/2016	12/12/2017	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 6,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Crime			MPL647831603	12/12/2016	12/12/2017	Limit 250,000 Ded. 5,000

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

CERTIFICATE HOLDER

CANCELLATION

TOWNOFML

Town of Miami Lakes
6601 Main Street
Miami Lakes, FL 33014

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

Brown and Brown of Florida, Inc.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2017

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 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 Keen Battle Mead & Company 7850 Northwest 146th Street Suite 200 Miami Lakes FL 33016	CONTACT NAME: Yordanka Marrero PHONE (A/C, No, Ext): (305) 558-1101 FAX (A/C, No): (305) 822-4722 E-MAIL ADDRESS: ymarrero@kbmco.com
INSURED SFM Services, Inc. 9700 NW 79th Avenue Miami FL 33016	INSURER(S) AFFORDING COVERAGE INSURER A: The North River Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 16-17 Auto Master**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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			1337400108	12/12/2016	12/12/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI-single \$ 300,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

TOWN OF MIAMI LAKES Town of Miami Lakes 6601 Main Street Miami Lakes, FL 33014	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 Alex Perez/BECKY
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Additional Named Insureds

Other Named Insureds

9600 LLC	Limited Liability Company, Additional Named Insured
Gaming Facilities Services LLC	Limited Liability Company, Additional Named Insured
IN HOLDINGS INC	Limited Liability Company, Additional Named Insured
SFM Construction LLC	Limited Liability Company, Additional Named Insured
SFM Janitorial Services LLC	Limited Liability Company, Additional Named Insured
SFM Landscape Services LLC	Limited Liability Company, Additional Named Insured
SFM Security Services Inc	Corporation, Additional Named Insured
SFM Services, Inc	Trading Business As
SFM Tree Farm LLC	Limited Liability Company, Additional Named Insured



CRUM & FORSTER®

A FAIRFAX COMPANY

July 6, 2017

The Town of Miami Lakes
6601 Main Street
Miami Lakes, FL 33014


RE: SFM Services, Inc.
RFP No. 2017-25

Please be advised that should SFM Services, Inc. be awarded the above mentioned contract, United States Fire Insurance Company is prepared to issue the Performance and Payment Bonds required in the said contract, providing that the contract is acceptable to the Surety and the amount of the contract does not exceed \$600,000.00.

Please be advised that this letter is not intended to pre-qualify the client for Subcontractor Default Insurance. We accept no responsibility whatsoever as to the qualifying requirements of this client for the underwriting of Subcontractor Default Insurance.

Sincerely,

United States Fire Insurance Company



Burton Harris,
Attorney-In-Fact

BH:oc

**POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

02450428818

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

Burton Harris, Christine Harris, Marina Ramil, Odalis Cabrera

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: **Seven Million, Five Hundred Thousand Dollars (\$7,500,000).**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney revokes all previous Powers of Attorney issued on behalf of the Attorneys-In-Fact named above and expires on January 31, 2018.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

(a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;

(b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 10th day of March, 2016.

UNITED STATES FIRE INSURANCE COMPANY



Anthony R. Slimowicz, Senior Vice President

State of New Jersey }
County of Morris }

On this 10th day of March 2016, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

**SONIA SCALA
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES 3/25/2019**

Sonia Scala

(Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the 6th day of July, 2017

UNITED STATES FIRE INSURANCE COMPANY



Al Wright, Senior Vice President

**Experience of Proposer
Questionnaire**

Form 3

Proposers must have successfully completed at least three (3) contracts, which are comparable in size, scope, complexity and cost within the last five (5) years. The Proposer is to utilize its three (3) most recent completed contracts that are of the same size, scope and complexity of the Town's contract. Listed contracts must have been managed and performed by the business entity submitting the Response. One Data sheet must be completed for each contract. Contracts completed by present employees, officers, or owners of the Proposer for former employers or companies are not acceptable. Do not list contracts performed for the Town of Miami Lakes.

Project Data Sheet

(A separate data sheet is to be used for each project)

1. Contract Name: City of Coral Gables
2. Location: Various streets in the City.
3. Contract Number, if applicable: _____
4. Type of Work: Grounds Maintenance and Tree Trimming
(i.e.: Landscaping, Mowing, Tree Trimming, Grounds Maintenance, etc. Use all that apply.)
5. Size: (i.e.: Capacity, Tonnage, linear feet, square feet, etc.): Over \$500,000.00
6. Scope of Work: Grounds Maintenance and Tree Trimming

7. How many bid/proposal submissions did the owner receive for the contract? 4
8. Business name that performed & managed this contract: SFM Services, Inc.
9. How is this contract similar to the Town's contract? It contains Tree Trimming Services.

10. How many trees were trimmed per week on average? by work order: 170 Palms 3x per year.

11. Contract value at the time of bid: \$ 620,000.00

12. Contract value at completion: \$ 620,000.00

13. Describe the sources and/or causes of the above differences in costs with reference to the following categories as determined by written change order:

- | | | |
|------------------------------------|------------|-----------------------|
| a. Errors or omissions: | _____ % \$ | <u>Does not Apply</u> |
| b. Unforeseen/Hidden conditions: | _____ % \$ | <u>Does not Apply</u> |
| c. Owner generated changes: | _____ % \$ | <u>Does not Apply</u> |
| d. Regulatory agency changes: | _____ % \$ | <u>Does not Apply</u> |
| e. Contractor recommended changes: | _____ % \$ | <u>Does not Apply</u> |
| f. Other: | _____ % \$ | <u>Does not Apply</u> |

Explain other: _____

14. What year did the contract start? 2011

15. What year did the contract complete? 2021

16. Name of the Project Manager: Manuel Torres

17. Name of the Certified Arborist: Robert Fisk & Robert Sunshine

18. Name of the Field Supervisor: Eduardo Rivera

19. Total amount of the work self-performed: 100 % \$ 620,000.00

20. Were subcontractors used on the project? _____ yes _____ no

a. If yes, specify the trade, percentage, and value (add additional pages if necessary)

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

21. Were any Claims* or Dispute filed on the project? _____ yes ☒ no

*A Claim means a demand or assertion by your firm seeking as matter of right, adjustment or interpretation of contract terms, compensation, extension of time or other relief with respect to the terms of the contract or other disputes between the owner and your firm.

22. If a Claim(s) was filed on the project, provide the following details for each Claim*:

- a. Dollar amount for Initial Claim: N/A
- b. Source of Claim: (e.g. contractor, subcontractor, supplier, etc.) _____
- c. Method of resolution (e.g. negotiation, mediation, arbitration, litigation): _____
- d. Final amount of Claim settlement: _____

23. If a formal Dispute(s) was filed on the project, provide the following details for each Dispute. Identify the reason for the Dispute and the resolution (use additional pages if necessary):

N/A

24. Did your company fail/refuse to perform or complete any of the work it was obligated to complete?

_____ yes ☒ no

If yes, explain what work was not performed/completed and reasons why:

N/A

25. Was your company required to perform any work under a directive to proceed pending the resolution of an interpretation of the contract or dispute?

_____ yes ☒ no

26. Identify up to four (4) performance issues encountered by your company during the work and briefly describe how your company resolved each issue:

N/A

Contracting Agency's Name:

City of Coral Gables

Is the Contracting Agency a public entity?



yes

no

Contact Information for Contracting Agency:

Contact Name:

Bob Boberman

Contact's Title:

Landscape Superintendent

Address:

2800 SW 72 Ave

City, State, and Zip Code:

Miami, FL 33155

Telephone Number:

(305) 460-5138

Email Address:

bboberman@coralgables.com

Project Data Sheet

(A separate data sheet is to be used for each project)

1. Contract Name: City of Miami Beach
2. Location: Various on Miami Beach
3. Contract Number, if applicable: _____
4. Type of Work: Tree Trimming, mowing, landscaping, and Maintenance.
(i.e.: Landscaping, Mowing, Tree Trimming, Grounds Maintenance, etc. Use all that apply.)
5. Size: (i.e.: Capacity, Tonnage, linear feet, square feet, etc.): Over \$500,000.00
6. Scope of Work: Tree Trimming, mowing, landscaping, and Maintenance.

7. How many bid/proposal submissions did the owner receive for the contract? 3 to 4
8. Business name that performed & managed this contract: SFM Services, Inc.
9. How is this contract similar to the Town's contract? It contains tree trimming services, and tree removal services.

10. How many trees were trimmed per week on average? 200
11. Contract value at the time of bid: \$ 500,000.00
12. Contract value at completion: \$ 700,000.00
13. Describe the sources and/or causes of the above differences in costs with reference to the following categories as determined by written change order:
 - a. Errors or omissions: _____ % \$ Does not Apply
 - b. Unforeseen/Hidden conditions: _____ % \$ Does not Apply
 - c. Owner generated changes: _____ % \$ Does not Apply
 - d. Regulatory agency changes: _____ % \$ Does not Apply
 - e. Contractor recommended changes: _____ % \$ Does not Apply
 - f. Other: _____ % \$ Does not Apply

Explain other: _____

14. What year did the contract start? 2013
15. What year did the contract complete? 2018
16. Name of the Project Manager: Ned Skiff
17. Name of the Certified Arborist: Robert Sunshine
18. Name of the Field Supervisor: Alain Barriero

19. Total amount of the work self-performed: 100 % \$ 700,000.00

20. Were subcontractors used on the project? _____ yes _____ no

a. If yes, specify the trade, percentage, and value (add additional pages if necessary)

N/A _____ % \$ _____
_____% \$ _____
_____% \$ _____

21. Were any Claims* or Dispute filed on the project? _____ yes ☒ no

*A Claim means a demand or assertion by your firm seeking as matter of right, adjustment or interpretation of contract terms, compensation, extension of time or other relief with respect to the terms of the contract or other disputes between the owner and your firm.

22. If a Claim(s) was filed on the project, provide the following details for each Claim*:

- a. Dollar amount for Initial Claim: N/A
b. Source of Claim: (e.g. contractor, subcontractor, supplier, etc.) _____
c. Method of resolution (e.g. negotiation, mediation, arbitration, litigation): _____
d. Final amount of Claim settlement: _____

23. If a formal Dispute(s) was filed on the project, provide the following details for each Dispute. Identify the reason for the Dispute and the resolution (use additional pages if necessary):

No

24. Did your company fail/refuse to perform or complete any of the work it was obligated to complete?

_____ yes ☒ no

If yes, explain what work was not performed/completed and reasons why:

N/A

25. Was your company required to perform any work under a directive to proceed pending the resolution of an interpretation of the contract or dispute?

_____ yes ☒ no

26. Identify up to four (4) performance issues encountered by your company during the work and briefly describe how your company resolved each issue:

There was a shortage of labor and we increased our recruiting efforts and filled the vacancies.

Contracting Agency's Name:

City of Miami Beach

Is the Contracting Agency a public entity?

✓

yes

no

Contact Information for Contracting Agency:

Contact Name:

Millie McFadden

Contact's Title:

Greenspace Superintendent

Address:

1700 Convention Center Dr.

City, State, and Zip Code:

Miami Beach, FL 33139

Telephone Number:

(305) 673-2605

Email Address:

milliemcfadden@miamibeach.gov

Project Data Sheet

(A separate data sheet is to be used for each project)

1. Contract Name: Tree Trimming & Cleaning and Grobbling
2. Location: Broward County, I95
3. Contract Number, if applicable: E4M62
4. Type of Work: Tree Trimming and Vegetation on I95
(i.e.: Landscaping, Mowing, Tree Trimming, Grounds Maintenance, etc. Use all that apply.)
5. Size: (i.e.: Capacity, Tonnage, linear feet, square feet, etc.): Over \$500,000.00
6. Scope of Work: Trimming Trees, Palms, and vegetation along I95.

7. How many bid/proposal submissions did the owner receive for the contract? 5
8. Business name that performed & managed this contract: SFM Services, Inc.
9. How is this contract similar to the Town's contract? Tree Trimming of trees and Palms.

10. How many trees were trimmed per week on average? 300
11. Contract value at the time of bid: \$ 700,000.00
12. Contract value at completion: \$ 700,000.00
13. Describe the sources and/or causes of the above differences in costs with reference to the following categories as determined by written change order:

- | | | |
|------------------------------------|------|-----------------------|
| a. Errors or omissions: | % \$ | <u>Does not Apply</u> |
| b. Unforeseen/Hidden conditions: | % \$ | <u>Does not Apply</u> |
| c. Owner generated changes: | % \$ | <u>Does not Apply</u> |
| d. Regulatory agency changes: | % \$ | <u>Does not Apply</u> |
| e. Contractor recommended changes: | % \$ | <u>Does not Apply</u> |
| f. Other: | % \$ | <u>Does not Apply</u> |

Explain other: _____

14. What year did the contract start? 2013
15. What year did the contract complete? 2015
16. Name of the Project Manager: Mario Lignarolo
17. Name of the Certified Arborist: Robert Sunshine
18. Name of the Field Supervisor: Jose Perdomo

19. Total amount of the work self-performed: 100 % \$ 700,000.00

20. Were subcontractors used on the project? _____ yes ☒ no

a. If yes, specify the trade, percentage, and value (add additional pages if necessary)

_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

21. Were any Claims* or Dispute filed on the project? _____ yes ☒ no

*A Claim means a demand or assertion by your firm seeking as matter of right, adjustment or interpretation of contract terms, compensation, extension of time or other relief with respect to the terms of the contract or other disputes between the owner and your firm.

22. If a Claim(s) was filed on the project, provide the following details for each Claim*:

- a. Dollar amount for Initial Claim: N/A
- b. Source of Claim: (e.g. contractor, subcontractor, supplier, etc.) _____
- c. Method of resolution (e.g. negotiation, mediation, arbitration, litigation): _____
- d. Final amount of Claim settlement: _____

23. If a formal Dispute(s) was filed on the project, provide the following details for each Dispute. Identify the reason for the Dispute and the resolution (use additional pages if necessary):

N/A

24. Did your company fail/refuse to perform or complete any of the work it was obligated to complete?

_____ yes ☒ no

If yes, explain what work was not performed/completed and reasons why:

N/A

25. Was your company required to perform any work under a directive to proceed pending the resolution of an interpretation of the contract or dispute?

_____ yes ☒ no

26. Identify up to four (4) performance issues encountered by your company during the work and briefly describe how your company resolved each issue:

N/A

Contracting Agency's Name:

FDOT

Is the Contracting Agency a public entity?

☒

yes

☐ no

Contact Information for Contracting Agency:

Contact Name:

Chuck Kummelehne

Contact's Title:

Project Manager / Inspector

Address:

5548 Poweline Rd

City, State, and Zip Code:

Ft. Lauderdale, FL 33309

Telephone Number:

(954) 776-4300

Email Address:

ChuckKummelehne@DOT.STATE.FL.US

**Project Staff Experience
Questionnaire
Form 4**

A. Field Supervisor

1. Name of Field Supervisor to be committed to this Contract and continuously retained throughout:

Fernando Ortega

- a. Attach Field Supervisor's resume.

- b. ISA, ANSI, or other similar certification & number: FNGLA FCLT T69-00393

- c. Employed by the Company: 3 years

- d. Present position/job function:

Project Supervisor / Arbor Care - Installations

- e. Years in present position/job function: 3 years

- f. Prior position with company (if applicable) N/A

- g. Years in prior position/job function: N/A years

- h. The Field Supervisor named above was assigned to the following comparable contracts:

<u>Contract Name</u>	<u>Contract Value</u>
i. <u>City of Coral Gables Tree Succession Project</u>	<u>\$ 3.2m</u>
ii. <u>Town of Miami Lakes Tree Trimming and Removals</u>	<u>\$185K+</u>
iii. _____	_____

- i. The Field Supervisor named above worked on the following contracts for which Project Data Sheets are submitted: (Note: If the designated Field Supervisor did not work in this capacity on at least two (2) comparable contracts for which Project Data Sheets were submitted, provide a Project Data Sheet for two (2) of the contracts listed for A.1.h above.

i. City of Coral Gables

ii. City of Miami Beach

iii. _____

B. Certified Arborist

1. Name of Certified Arborist to be committed to this Contract and continuously retained throughout:

Robert Sunshine

- a. Attach Certified Arborist's resume.

b. ISA Certification & number: ISA FL-6141A

c. Employed by the Company: 3 years

d. Present position/job function: Project Manager / Arbor Care - Installations

e. Years in present position/job function: 3 years

f. Prior position with company (if applicable) N/A

g. Years in prior position/job function: N/A years

- h. The Certified Arborist named above was assigned to the following comparable contracts:

	<u>Contract Name</u>	<u>Contract Value</u>
i.	<u>City of Coral Gables Tree Succession Project</u>	<u>\$ 3.2 m</u>
ii.	<u></u>	<u></u>
iii.	<u></u>	<u></u>

- i. The Certified Arborist named above worked on the following contracts for which Project Data Sheets are submitted: (Note: If the designated Certified Arborist did not work in this capacity on at least two (2) comparable contracts for which Project Data Sheets were submitted, provide a Project Data Sheet for two (2) of the contracts listed for B.1.h above.

i.	<u>City of Coral Gables</u>
ii.	<u>FDOT Tree Trimming and Clearing & Grubbing</u>
iii.	<u></u>

2. Team Members:

Complete Form 2, Part 3, Team Member Table, with respect to all employees or members of your company that will be assigned to this Contract, their planned responsibilities, the anticipated percentage of time each will devote to the Work, the person's years of experience in the industry and educational experience.

Fernando Ortega
4946 SW 94 Terrace
Cooper City, Florida 33328

Education Universidad de Caracas
Santa Rosalia, Caracas, Venezuela

Experience

2014 to present SFM Services, Project Supervisor – Landscape
Oversee all aspects of arbor care and installations projects
Direct all tree pruning and relocations
Material selection and field layouts for all installation projects

2011 to 2014 Just Perfect Landscaping, Project Manager
Project bidding and oversight
Oversee all aspects of arbor care and installation projects

2004 to 2011 Tenex Enterprises, Director Landscape Operations
Oversee all installation projects
Plan takeoffs, estimating and scheduling
Material selection and field layouts

Certifications FNGLA Certified Landscape Technician (FCLT)
Green Industries BMP

Robert Sunshine
Project Manager
RSunshine@sfnsservices.com

Education:

University of Florida - Gainesville, FL.
Bachelors of Business Administration (BBA)
Major area of study – Economics

International Society of Arboriculture
Florida Certified Arborist # FL 6141A

Experience:

2014 to Present SFM Services, Inc.
Project Manager – Estimator, Procurement, Arborist & Landscape
Inspector
Onsite handling of landscape and irrigation subcontractors
Development and estimation of new work, from bidding, sourcing
materials through final installation
Administrative responsibilities include: utility / line locates, permitting,
certified payroll, AIA billing, heavy excel usage, punch list and inspection
through close-out process.

Projects include:

PCL Construction: Zoo Miami – Mission Everglades Project
Florida International University- Mango Building project
City of Coral Gables – Citywide Tree Succession project
FDOT Hillsborough County – Courtney Campbell Beautification
FDOT Monroe County Mile Marker 106.3 - 99.6

2009 – 2013 Frank's Lawn & Tree Service, Inc.
Office Manager / ISA Florida Certified Arborist # FL-6141A
Process field estimates, generating proposals and processing work orders
Finalize job contracts from warranty letters thru as-build's and manuals,
filing of liens and closing out of jobs in computer.

Qualifications

Landscape Inspectors Association of Florida
LIAF Florida Landscape Inspector # 2015-0158
State of Florida Department of Environmental Protection
Green Industries Best Management Practices Certificate # GV13255
Broward County Tree Trimmers License – # A-621

Project Approach & Submittals

Form 5

SFM Responses

A. Project Approach and Work Plan

1. The quantity of equipment and staff will be determined based on the size of the work order provided by the Town of Miami Lakes. Each SFM tree crew is composed of (1) bucket truck, (1) brush chipper, (1) tree trimmer, and (1) groundsman. Crews will be equipped with the necessary safety cones and signs necessary to setup proper MOT when required. SFM is equipped with (3) bucket trucks, (3) brush chippers, and (2) Self-Loader Grapple Trucks (45 CY capacity each).

SFM Services will assign (1) contract manager, who will be the point of contact with the Town of Miami Lakes.

All tree work will be performed as per ANSI standards. SFM Services has (4) ISA Certified Arborists on staff.

Work order billing will be done only after the areas completed have been inspected by SFM's contract manager and QC personnel, and we have received the authorization to proceed with billing from the Town's Project Manager.

2. The following are the permits that SFM expect will be required:

Permit Required:	Project Component:	Permitting Entity:
<u>Lane closure permit</u>	<u>Major corridor program</u>	<u>FDOT</u>

3. SFM does not foresee any difficulties in providing the required services to the Town.
4. SFM has been providing tree trimming services to the Town of Miami lakes since 2012, under the current and active tree trimming contract. We have successfully trimmed and removed thousands of trees in the Town, and have been a fast respondent to all emergency calls during the day, nights, and weekends. Our project managers and in-house arborist have extensive knowledge of tree related work, and expertise in arboriculture.
5. SFM did not note anything of concern on the specifications of this RFP.

SFM Responses

1. In the event SFM is awarded all Phase Work & the Pruning Programs, a total of (3) dedicated tree crews will be assigned to the Town. Assuming the stated total amount of trees/palms of 15,000, and the 10-month work plan previously mentioned, the following will take place:

Phase 1 Area		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10
	Crew 1	3730 trees									
	Crew 2										
	Crew 3										
Phase 2 Area											
	Crew 1	2646 Trees									
	Crew 2										
	Crew 3										
Phase 3 Area											
	Crew 1	4738 Trees									
	Crew 2										
	Crew 3										
Annual Palm Pruning											
	Crew 1	2071 Trees									
	Crew 2										
	Crew 3										
Major Corridor Program											
	Crew 1	1314 Trees									
	Crew 2										
	Crew 3										

The above example illustrates the work plan should the Town wish to trim all of the Town's trees and palms during a 1 year period. In cases where SFM is award less than the areas mentioned above, an accommodating variation of the above-mentioned schedule will be put in place to allow a comfortable work plan, and 1 month buffer to accommodate special requests and emergencies.

The following schedules allows for a work plan that addresses the breakdown listed on Page 42 Section D3 of the RFP:

[illegible]

Phase 2 Area				Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
	Crew 1	2646 trees		Complete 264 trees	Complete 264 trees	Complete 264 trees	Complete 264 trees	Complete 264 trees	Complete 264 trees	Complete 264 trees	Complete 264 trees	Complete 264 trees	Complete 270 trees	Buffer

Phase 3 Area				Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
	Crew 1	4738 trees		Complete 473 trees	Complete 473 trees	Complete 473 trees	Complete 473 trees	Complete 473 trees	Complete 473 trees	Complete 473 trees	Complete 473 trees	Complete 473 trees	Complete 481 trees	Buffer

Project Approach & Submittals

Form 5

SFM Responses

C. Quality Control

1. SFM's quality control program will be tailored to address the different types of work plans provided by the Town. SFM's contract manager and certified arborist will review each work plan as submitted by the Town, which will include a site visit to the assigned areas. Our planned approach will be reviewed with the tree crew assigned allowing us to go over start / stop areas, and work plan expectations and needs.
2. Once trimming of designated areas has been completed, a follow-up inspection by SFM's contract manager and certified arborist will take place to ensure expectations were met, and work plan goals completed. If deficiencies are identified, corrective measures will be taken, and documented if and when needed with the tree crews.
3. After inspection of the work plan, and any remedial work (if needed) has been completed, SFM will notify the Town's project manager. Reports will be submitted to the Town's Project Manager on a monthly basis, and/or as work is completed.
4. Billing for each work plan will commence only after receiving approval to proceed from the Town's project manager.

Project Approach & Submittals

Form 5

SFM Responses

D. Performance Issues

1. The following are possible performance issues identified in the Town's specifications and/or exhibits:
 1. Major Corridor Program: allowable working hours in these areas has been limited to 10am to 2pm. The 4-hour work days could pose an issue in completing these work orders in a timely fashion.
 - a. Solution: In the event these time constraints predict a delay in completing the work order on time, SFM will activate additional trees crews to increase productivity to ensure timely completion.
 2. 10-month work order: The Town has stated that the work orders delivered to the contractor will have a 10-month time limit or completion requirement.
 - a. Solution: Should SFM encounter issues delaying operations, and jeopardizing the 10-month cut off, we will predict such delays with anticipation and activate additional crews to ensure we meet the Town's deadlines.
 3. Pruning at Town Parks: Pruning with the Town's parks requires an attention to detail and pre-planning to avoid damage to any playground equipment, walkways, irrigation systems, and sod.
 - a. Solution: SFM will request meeting with Town personnel to flag all irrigation heads, and confirm any prior damage to the systems, walkways, playground equipment, etc. SF will also use the most appropriate equipment to minimize the chance of damage, ie boom lift, polecat, etc.

SWORN STATEMENT ON PUBLIC ENTITY CRIMES

SECTION 287.133(3)(a), FLORIDA STATUTES

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 the Town of Miami Lakes

by Christian Infante, President
[print individual's name and title]

for SFM Services, Inc.
[print name of entity submitting sworn statement]

whose business address is

9700 NW 79 AVE.
Hialeah Gardens, FL 33016

and (if applicable) its Federal Employer Identification Number (FEIN) is 59-2766887

(If the entity has no FEIN, include the 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)9g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or the United States, including, but not limited to, any bid or contract for goods and services to be provided to any public entity or an agency or political subdivision of any other state or of the United States 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 a conviction or a public entity crime, with or without an 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 a 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, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an entity.

6. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. **[Indicate which statement applies.]**

☒ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, not any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

☐ This 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 subsequent to July 1, 1989.

☐ 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 subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **[attach 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 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO

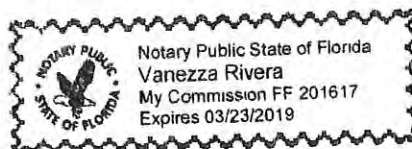
UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

BEFORE ME, the undersigned authority, personally appeared Christian Infante to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that Christian Infante executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this 30 day of June, 2017.

My Commission Expires:

Vanezza Rivera
Notary Public State of Florida at Large



NON-COLLUSIVE AFFIDAVIT

State of Florida }

County of Miami Dade } SS:

Christian Infante being first duly sworn, deposes and says that:

- a) He/she is the President, (Owner, Partner, Officer, Representative or Agent) of SFM Services, Inc., the Bidder that has submitted the attached Proposal;
- b) He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
- c) Such Proposal is genuine and is not collusive or a sham Proposal;
- d) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from proposing in connection with such work; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the attached Proposal or of any other Bidder, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;
- e) Price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

Witness [Signature]
Witness [Signature]

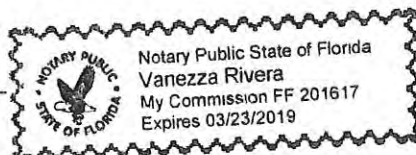
By: [Signature]
Christian Infante
(Printed Name)
President
(Title)

BEFORE ME, the undersigned authority, personally appeared Christian Infante to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that Christian Infante executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this 30 day of June, 2017.

My Commission Expires:

Vanezza Rivera
Notary Public State of Florida at Large



ANTI-KICKBACK AFFIDAVIT

STATE OF FLORIDA }
 }
COUNTY OF MIAMI-DADE }

SS:

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the Town of Miami Lakes, its elected officials, and SFM Services or its design consultants, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

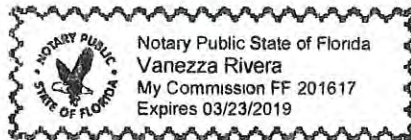
By: [Signature]
Title: President

BEFORE ME, the undersigned authority, personally appeared Christian Infante to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that Christian Infante executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this 30 day of June, 2017.

My Commission Expires:

[Signature]
Notary Public State of Florida at Large



CONFLICT OF INTEREST AFFIDAVIT

State of Florida }

County of Miami Dade }

Christian Infante being first duly sworn, deposes and says that he/she is the (Owner, Partner, Officer, Representative or Agent) of SFM Services, Inc. the Proposer that has submitted the attached Proposal and certifies the following;

Proposer certifies by submitting its Proposal that no elected official, committee member, or employee of the Town has a financial interest directly or indirectly in this Proposal or any compensation to be paid under or through the award of a contract, and that no Town employee, nor any elected or appointed official (including Town committee members) of the Town, nor any spouse, parent or child of such employee or elected or appointed official of the Town, may be a partner, officer, director or employee of Proposer, and further, that no such Town employee or elected or appointed officer, or the spouse, parent or child of any of them, alone or in combination, may have a material interest in the Proposer. Material interest means direct or indirect ownership of more than 5% of the total assets or capital stock of the Proposer. Any contract award containing an exception to these restrictions must be expressly approved by the Town Council. Further, Proposer recognizes that with respect to this solicitation, if any Proposer violates or is a party to a violation of the ethics ordinances or rules of the Town, the provisions of Miami-Dade County Code Section 2-11.1, as applicable to Town, or the provisions of Chapter 112, part III, Fla. Stat., the Code of Ethics for Public Officers and Employees, such Proposer may be disqualified from furnishing the goods or services for which the Proposal is submitted and may be further disqualified from submitting any future bids or proposals for goods or services to the Town. The terms "Proposer" as used herein, includes any person or entity making a bid or proposal to the Town to provide goods or services.

Proposer further certifies that the price or prices quoted in the Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

Witness

Witness

By:

Christian Infante

(Printed Name)

President

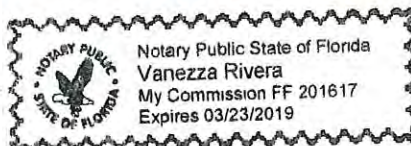
(Title)

BEFORE ME, the undersigned authority, personally appeared Christian Infante to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that Christian Infante executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this 30 day of June, 2017.

My Commission Expires:

Notary Public State of Florida at Large



Form COI

COMPLIANCE WITH PUBLIC RECORDS LAW

The Town of Miami Lakes shall comply with the Public Records Law as provided by Chapter 119, Florida Statutes, and all applicable amendments. Applicants must invoke the exemptions to disclosure provided by law in the response to the solicitation and must identify the data or other materials to be protected by separate envelope, and must state the reasons why such exclusion from public disclosure is necessary. The submission of a response authorizes release of your firm's credit data to the Town of Miami Lakes.


If the company submits information exempt from public disclosure, the company must identify with specificity which pages/paragraphs of their submittal/proposal package are exempt from the Public Records Act, identifying the specific exemption section that applies to each. The protected information must be submitted to the Town in a separate envelope marked "EXEMPT FROM PUBLIC RECORDS LAW". Failure to identify protected material via a separately marked envelopment will cause the Town to release this information in accordance with the Public Records Law despite any markings on individual pages of your submittal/proposal.

- (a) CONTRACTOR acknowledges TOWN'S obligations under Article 1, Section 24, Florida Constitution and Chapter 119, Florida Statutes, to release public records to members of the public upon request. CONTRACTOR acknowledges that TOWN is required to comply with Article 1, Section 24, Florida Constitution and Chapter 119, Florida Statutes, in the handling of the materials created under this Agreement and that said statute controls over the terms of this Agreement.
- (b) CONTRACTOR specifically acknowledges its obligations to comply with Section 119.0701, Florida Statutes, with regard to public records, and shall:
 - 1. Keep and maintain public records that ordinarily and necessarily would be required by TOWN in order to perform the services required under this Agreement;
 - 2. Provide the public with access to public records on the same terms and conditions that TOWN would provide the records and at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
 - 3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed, except as authorized by law; and
 - 4. Meet all requirements for retaining public records and transfer, at no cost to the TOWN, all public records in possession of CONTRACTOR upon termination of this Agreement and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to TOWN in a format that is compatible with the information technology system of TOWN.
- (c) Failure to comply with this Section shall be deemed a material breach of this Contract for which TOWN may terminate this Agreement immediately upon written notice to CONTRACTOR.

By submitting a response to this solicitation, the company agrees to defend the Town in the event we are forced to litigate the public records status of the company's documents.

Company Name: SFM Services, Inc.

Authorized representative (print): Christian Infante

Authorized representative (signature): 

Date: 6-30-17



PUBLIC RELATIONS AFFIDAVIT

Bidder's Name: SFM Services, Inc.

Solicitation No.: RFP No. 2017-25

By executing this affidavit, Proposer discloses any personal or business relationship or past experience with any current Town employee or elected representative of the Town.

Proposer shall disclose to the Town:

- a) Any direct or indirect personal interests in a vendor held by any employee or elected representative of the Town.

Last name	First name	Relationship
<u>NO</u>		
Last name	First name	Relationship
Last name	First name	Relationship

- b) Any family relationships with any employee or elected representative of the Town.

Last name	First name	Relationship
<u>NO</u>		
Last name	First name	Relationship
Last name	First name	Relationship
Last name	First name	Relationship


Authorized Signature

6-30-17
Date:

Christian Infante
Print Name

President
Title:

POLITICAL ACTIVITY AFFIDAVIT

State of Florida }
 } SS:

County of Miami Dade

Christian Infante being first duly sworn, deposes and says that he/she is the (Owner, Partner, Officer, Representative or Agent) of SFM Services, Inc. the Proposer(s) that has submitted the attached Proposal and certifies the following;

Proposer(s) certifies by submitting its Proposal that if selected to provide Services for the Town of Miami Lakes ("Town") that the owner, employees or any representatives of the Proposer **will not** participate or be involved in any political activities related to the election of any individual running for a political office in the Town, nor will Proposer advocate or express their personal opinions on any issues affecting the Town. The limitation on involvement in political activities in the Town includes but is not limited to:

- Campaigning on behalf of or against any candidate or slate of candidates seeking, or currently holding an elected office in the Town
 - Expressing opinions, written or oral, about, in support of, or against any candidate, or slate of candidates seeking, or currently holding an elected office in the Town.
 - Advocate or expound any personal opinions in favor of or against any issues affecting the Town.
 - Contribute money, directly or indirectly, to any candidates or slate of candidates seeking, or currently holding an elected office in the Town.
 - Seek, offer, or request political contributions for any candidate or slate of candidates seeking or currently holding an elected office in the Town.
 - Provide any direct, indirect, or in-kind goods or services to any candidate seeking or currently holding an elected office in Town. This includes any political action committees, independent groups or individuals supporting, or against any candidate or slate of candidates current an elected office holder.
 - Organize, attend or participate in political fundraising functions, or other similar activities for any candidate or slate of candidates seeking or currently holding an elected office in the Town.
 - May not directly or indirectly promote or seek donations or funding for any candidate or slate of candidates seeking or currently holding an elected office in the Town.
 - Organize, participate in, or attend political rallies, or meetings related to any candidate or slate of candidates seeking or currently holding an elected office in the Town.
 - Use their authority or influence to participate or interfere with an election in the Town.
 - Distribute campaign material on behalf of any candidates or slate of

candidates for an elected office in the Town.

- Circulate nominating or recall petitions for any candidate seeking

or currently holding an elected office in the Town.

- Advocate to have any individual appointed to or removed from any Town Committee

Further, Proposer(s) recognizes that with respect to this solicitation, if any Proposer(s) violates or is a party to a violation of any of the requirements of this Affidavit that its contract with the Town may be terminated for default and that the Proposer(s) may be further disqualified from submitting any future bids or proposals for services to the Town. The terms "Proposer" as used herein, include any person or entity making a Proposal herein to the Town to provide services to Town.

Where the Proposer is comprised of a Team as defined in the RFP the Affidavit must be submitted for each company comprising the Team.

Signed, sealed and delivered in the presence of:

Witness

Witness

By:

Christian Infante

(Printed Name)

President

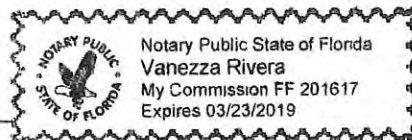
(Title)

BEFORE ME, the undersigned authority, personally appeared Christian Infante to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that Christian Infante executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this 30 day of June, 2017.

My Commission Expires:

Notary Public State of Florida at Large



E-VERIFY COMPLIANCE CERTIFICATION

In accordance with County Policy and Executive Order Number 11-116 from the office of the Governor of the State of Florida, Bidder hereby certifies that the U.S. Department of Homeland Security's E-Verify system will be used to verify the employment eligibility of all new employees hired by the contractor during the contract term, and shall expressly require any subcontractors performing work or providing services pursuant to the contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term; and shall provide documentation of such verification to the Town upon request.

As the person authorized to sign this statement, I certify that this company complies/will comply fully with the above requirements.

DATE: 6-30-17

SIGNATURE: 

COMPANY: SFM Services, Inc

NAME: Christian Infante

(Typed or Printed)

ADDRESS: 9700 NW 79 Ave.

TITLE: President

Hiialeah Gardens, FL 33016

E-MAIL: Cinfante@sfmtservices.com

PHONE NO.: (305) 818-2424



RFP 2017-25
Tree Trimming Services
Addendum #1
Due Date: July 7, 2017

This addendum is incorporated into and made a part of the Request for Proposal ("RFP"). The following may include clarifications, revisions, additions, deletions, or answers to questions received relative to the RFP, which take precedence over the RFP documents. Underlined word(s) indicate additions. Deletions are indicated by strikethrough.

Clarifications:

1. Form PP, Price Form is hereby replaced in its entirety with the Form PP-R1, which can be found on the Town's website at (http://miamilakes-fl.gov/index.php?option=com_content&view=article&id=289&Itemid=278) or DemandStar. The replacement form must be used to submit the Proposer's Price Component.

Questions and Answers

1. Will the Town reimburse the Contractor for the cost of required permits?

Response: Yes. Please refer to Article B8.04, Reimbursable Expenses, excerpted below for convenience:

B8.04:

"Copies of receipts for all materials purchased for the Work. All reimbursable expenses must receive prior written approval from the Project Manager before the expense is incurred. Reimbursable expenses must only apply to Additional Work issued under Articles C8, Additional Work, and C9, Work Orders, and for permits issued for M.O.T. Reimbursable expenses must not be reimbursed to the Contractor without evidence that the requested reimbursement amount does not exceed the direct cost to the Contractor."

Acknowledgement:

MARIO CANTERO

Name of Signatory

GENERAL MANAGER - LANDSCAPE

Title

7-5-17

Date

Signature

SFM SERVICES, INC.

Name of Bidder

Thomas Fossler
Procurement Specialist



Tree Trimming Services
RFP 2017-25



Due: July 7th, 2017



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Company Information

SFM Services, Inc.
9700 NW 79th Ave.
Hialeah Gardens, FL. 33016
Ph: 305.818.2424
www.sfmnservices.com
Incorporated: January 9th, 1987

SFM Services, Inc. is a local, family owned company recognized for its exceptional landscape maintenance, installation, and Arbor Care. We maintain commercial properties, communities, and municipalities across South Florida. You can see our work along South Florida's most prominent roads including:

- City of Coral Gables
- City of Miami Beach
- City of South Miami
- City of Miami
- City of North Miami Beach
- City of Doral

SFM understands the "Scope of Services" the Town has provided in the RFP documents and is committed to perform the Tree Trimming functions in a positive and timely manner. **SFM has been providing Tree Trimming services to the Town of Miami Lakes since 2003.**

SFM's ownership Mr. Jose Infante and Christian Infante are both ISA (International Society of Arboriculture) Certified Arborists. Jose Infante is also a licensed commercial pesticide applicator and a FNGLA Certified Landscape Maintenance Technician. (See attached certificates) Additionally, SFM has 2 other ISA certified arborists on staff. The SFM team uses the horticultural best management practices possible.

If there any questions regarding this RFP, I can be reached directly at 305.525.9442. As always, I'm available to the Town of Miami Lakes 24/7.

Respectfully Submitted,

Christian Infante

Christian Infante
President

Qualifications

SFM is a complete landscape service company. Aside from routine maintenance SFM also provides with its own in-house work forces the following:

- Landscape Installation
- Tree trimming & removal
- Irrigation Installation
- Landscape Design
- Certified Arborist Consulting
- Disaster Recovery

SFM has been performing the same services requested in this RFP since 1987 to a mixed client base composed of major public facilities, government entities and commercial properties. Some of SFM's notable clients in landscape maintenance services are:

- City of Coral Gables
- City of Miami Beach
- City of South Miami
- City of Miami
- City of North Miami Beach
- City of Doral

SFM currently has approximately 750 employees. Many of them receive continued education through their involvement in the following leading industry associations:

- Florida Nursery, Growers & Landscape Association (FNGLA)
- International Society of Arboriculture (ISA)
- American Public Works Association (APWA)
- American Traffic Safety Services Association (ATSSA)



Enclosed please find certifications and licenses.

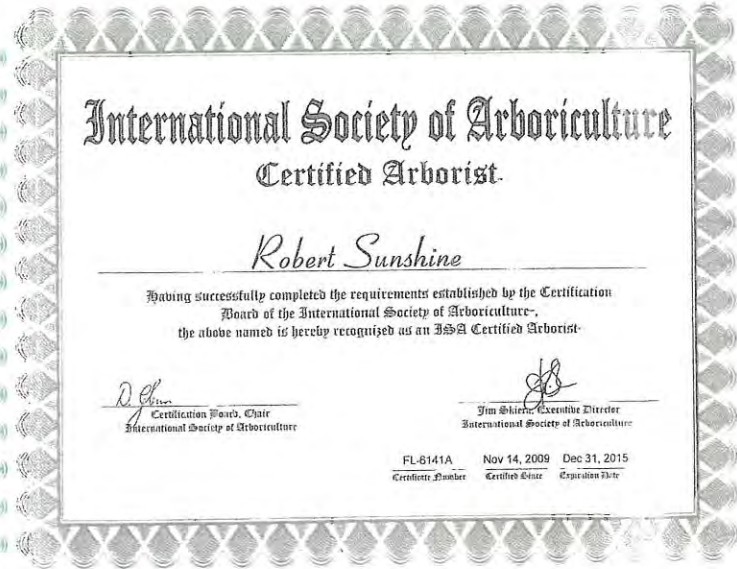
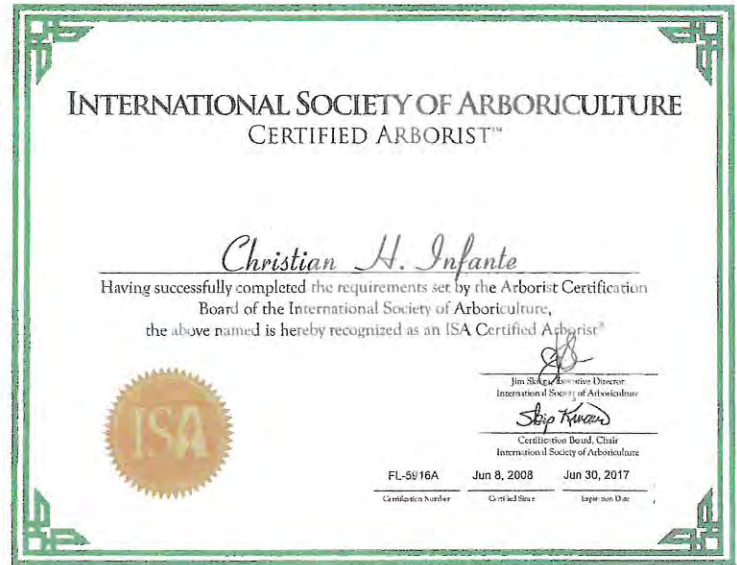
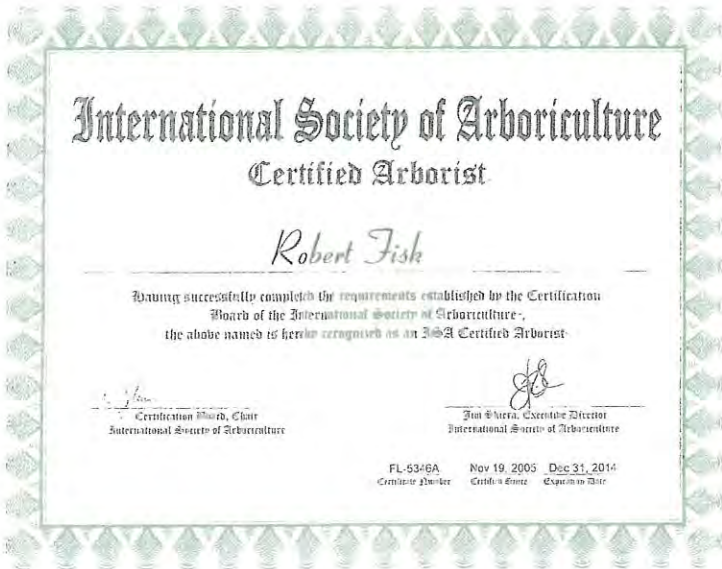
Benefits of Hiring SFM Services:

- Over 750 employees in Miami-Dade County
- Experience maintaining parks & city streets
- SFM ownership will be directly involved
- Equipped for Hurricane Clean Up
- 4 Certified Arborists a phone call away
- SFM Headquarters are 5 miles away from Town



Licenses & Certificates

Arborist Certificates

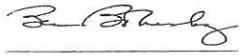


FNGLA Certifications

The mission of the Florida Nursery, Growers & Landscape Association is to promote and protect the success and professionalism of our members.

SFM SERVICES, INC.

is a member of the
Florida Nursery, Growers & Landscape Association
through June 30, 2015


Ben Bolusky, Executive Vice President



*Member in good
standing since 2009*



The Florida Nursery, Growers & Landscape Association
Confers on

Jose Infante

Certificate No. M36 0033

The Title of
FNGLA Certified Landscape Maintenance Technician (FCLMT)

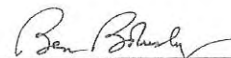
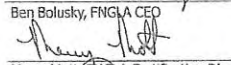


March 31, 2016
Expiration Date


Wes Parrish, FNGLA President

March 2010
Certified Since


Harold Jenkins, FNGLA Certification Chair


Ben Bolusky, FNGLA CEO

Merry Mott, FNGLA Certification Dir

Best Management Practices

	Certificate of Training Best Management Practices Florida Green Industries			
<u>GV7762-1</u> Certificate #				
<u>GV7762</u> Trainee ID #				
The undersigned hereby acknowledges that				
Eduardo Rivera				
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.				
<u>Dr. L.E. Trenholm</u> Issuer	<u>H. Mayer</u> Instructor	<u>12/1/2009</u> Date of Class	<u>Heather Ritchie</u> DEP Program Administrator	
Not valid without seal				

	Certificate of Training Best Management Practices Florida Green Industries			
<u>GV25406-1</u> Certificate #				
<u>GV25406</u> Trainee ID #				
The undersigned hereby acknowledges that				
Mario Cantero				
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.				
<u>Donald R. King</u> Issuer	<u>H. Mayer</u> Instructor	<u>10/29/2013</u> Date of Class	<u>Lee Hanchrow</u> DEP Program Administrator	
Not valid without seal				

Pesticide Licenses & Certifications

Florida Department of Agriculture and Consumer Services
Pesticide Certification Office
Commercial Applicator License
License # CM18951


INFANTE JR, JOSE MIGUEL
9789 NW 45TH LN
DORAL, FL 33178

Categories
5A, 6

Issued: March 31, 2016

Expires: February 29, 2020

Signature of Licensee


ADAM H. PUTNAM, COMMISSIONER

The above individual is licensed under the provisions of Chapter 487, F.S. to purchase and apply restricted use pesticides.

Florida Department of Agriculture and Consumer Services
Pesticide Certification Office
Authorized Purchasing Agent for Restricted Use Pesticide
Authorizing License: CM18951

INFANTE JR, JOSE MIGUEL
9789 NW 45TH LN
DORAL, FL 33178

MARIO CANTERO
9700 NW 79 AVE
HIALEAH GARDENS, FL 33016

Issued: March 31, 2016

Expires: February 29, 2020

Signature of Licensee

Signature of Purchasing Agent

The above purchasing agent is authorized under the provisions of Chapter 487, F.S. to purchase restricted use pesticides for the named licensee.

STATE OF FLORIDA Department of Agriculture and Consumer Services BUREAU OF ENTOMOLOGY & PEST CONTROL		
Date May 13, 2014	File No. LF219647	Expires May 12, 2018
THE LTD COMMERCIAL FERTILIZER APPLICATOR HOLDER NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: May 12, 2018		
ROBERT SUNSHINE 11331 SW 115TH TERRACE MIAMI, FL 33176		
 ADAM H. PUTNAM, COMMISSIONER		

STATE OF FLORIDA Department of Agriculture and Consumer Services BUREAU OF ENTOMOLOGY & PEST CONTROL	
ROBERT SUNSHINE	
LTD COMMERCIAL FERTILIZER APPLICATOR HOLDER	
LF219647	
HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD EXPIRING May 12, 2018	
Signature  COMMISSIONER	

Wallet Card - Fold Here

BUREAU OF ENTOMOLOGY & PEST CONTROL
3125 CONNER BLVD, SUITE N
TALLAHASSEE, FLORIDA 32399-1650

Horticulture Certifications



Maintenance of Traffic Certifications



Occupational Licenses

005182

Local Business Tax Receipt Miami-Dade County, State of Florida -THIS IS NOT A BILL - DO NOT PAY

6221246

BUSINESS NAME/LOCATION
SFM SERVICES INC
9700 NW 79 AVE
HIALEAH GARDENS FL 33016

RECEIPT NO.
RENEWAL
6485858

LBT

EXPIRES
SEPTEMBER 30, 2017
Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER
SFM SERVICES INC
Employee(s) 15

SEC. TYPE OF BUSINESS
213 SERVICE BUSINESS

PAYMENT RECEIVED
BY TAX COLLECTOR
\$67.50 08/09/2016
FPPU12-16-006578

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 6a-276.

For more information, visit www.miamidade.gov/taxcollector

Local Business Tax Receipt Miami-Dade County, State of Florida -THIS IS NOT A BILL - DO NOT PAY

5770822

BUSINESS NAME/LOCATION
SFM LANDSCAPE SERVICES LLC
9700 NW 79 AVE
HIALEAH GARDENS FL 33016

RECEIPT NO.
RENEWAL
1743963

LBT

EXPIRES
SEPTEMBER 30, 2017
Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER
SFM LANDSCAPE SERVICES LLC
Employee(s) 100

SEC. TYPE OF BUSINESS
213 SERVICE BUSINESS

PAYMENT RECEIVED
BY TAX COLLECTOR
\$450.00 08/10/2016
CHECK21-16-111862

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

Equipment

SFM will have all necessary equipment and personnel needed to provide services requested in the RFP. Below please find inventory spreadsheet of vehicles and equipment as well as a few pictures.

(3) Bucket Truck (Altec) (Ford chassis)

(3) Chippers. Bandit & Vermeer

(3) Stump grinders. Carlton

(36) Pick up trucks. Chevy & Ford

(31) Scag Mowers

All smaller equipment used will be ECHO brand.

- Power trim edgers
- Back pack blowers
- String trimmers
- Assorted hand tools

(2) Self loader grapple trucks. (40CY) MACK



ID No.	MAKE	MODEL	YEAR	V.I.N	TAG
116	GMC	SAVANA	2007	1GJHG39U471116823	011LGR
128	CHEVROLET	1500	1997	1GCEC14W6VZ191735	003VVD
131	GMC	sweeper W4500	2005	J8DC4B16157006631	MIJ40N
132	CHEVROLET	SILVERADO	2005	1GCEC19X55Z153401	004VVD
140	CHEVROLET	1500 4 Door V8	2005	2GCEC19V851232133	S275AD
154	Mack	CH 613 DUMP TRUCK	1999	1M1AA18Y5XW112270	N6856K
157	Chevy Van	Uplander	2007	1GNDV23147D125693	784HMG
161	Sterling	SC8000	2007	49HAADB97DX54601	N6024T
162	Schwarze Freightliner	Sweeper M6000SE	2003	1FVABTAK63HK35447	N8191P
164	Freightliner	FL70 Dump TRUCK	1998	1FV6HJBA2WH918765	N8202P
167	Chevy	Express G1500 Cargo Van	2008	1GCFG15X681231153	022XRV
169	Chevy	Express G1500 Cargo Van	2008	1GCFG15X281231344	023XRV
172	Jeep	Patriot Sport	2009	1J4FT28B29D109787	BKVV35
173	Jeep	Patriot Sport	2009	1J4FT28B19D154607	199LII
174	Jeep	Patriot Sport	2009	1J4FT28B89D123984	BKVV36
181	Nissan	Frontier	2011	1N6AD0ER8BC421074	579YUL
190	Ford	Fiesta	2013	3FADP4AJ3DM116491	AFFI15
192	CHEVROLET	Express Cargo Van	2013	1GCSGAFX6D1116611	BPGX20
193	ISUZU	NPR	2013	JALC4W16XD7003278	BTUT18

ID No.	MAKE	MODEL	YEAR	V.I.N	TAG
23	Mack	Self loader Dump Trucks	2000	1M1AA13Y9YW115875	N4542P
25	Mack	Dump Trucks	2000	1M1AA13Y7YW115874	N4541P
102	CHEVROLET	Silverado	2007	2GCEC13C371571201	937JSL
107	CHEVROLET	Silverado 2500	2002	1GCHK23162F225522	134IXI

108	CHEVROLET	Pick up 1500	2005	1GCEC14V95Z174340	148YPJ
111	CHEVROLET	SILVERADO	2007	1GCEC14C37Z565162	936JSL
112	ISUZU	NPR 4.8L	1999	JALB4B148X7006090	553LJY
117	FORD	F-800 Bucket Truck	1995	1FDPF80C7SVA15554	N7722H
120	CHEVROLET	Silverado 1500	2003	1GCEC14X13Z336833	089KCX
121	CHEVROLET	Silverado 1500	2007	1GCEC19X47Z646831	002VVD
122	CHEVROLET	Silverado 2500	2007	1GCHC29U37E102658	P616UH
123	CHEVROLET	Silverado 1500	2007	1GCEC19X17Z644955	179JHP
133	FORD	F-800 Diesel	1997	1FDXF80C7VVA36313	N6031T
135	CHEVROLET	COLORADO	2005	1GCCS148658218739	Q146PH
136	CHEVROLET	SILVERADO	2007	2GCEC13C671616003	938JSL
137	CHEVROLET	SILVERADO	2005	1GCEC14XX5Z216791	Q542SX
138	CHEVROLET	SILVERADO	2005	1GCEC19X052229283	Q541SX
145	CHEVROLET	PK1500	2004	1GCEC14VG4Z331272	V979MP
148	CHEVROLET	1500	2004	1GCEC14X05Z220154	144HKZ
151	CHEVY Ext Cab	2500	2006	1GCHC29U66E105648	U341JE
158	Izuzu	FTR Plancha	1998	4GTJ7C138WJ600941	687HKX
160	CHEVROLET	PK1500	2007	3GCEC13C47G519681	939JSL
166	Tri fun	Truck 3	2009	5YPTT4789P000006	1839EF
179	Ford	F150	2010	1FTEX1CW5AFB42379	885VYP
182	CHEVROLET	Cargo Van	2011	1GCWGGCAXB1175016	646YTT
183	CHEVROLET	Silverado	2011	1GCRCPEX3BZ138837	528YUL
184	FORD	Ranger	2011	1FTKR1AD3BPA19044	103YUA
185	FORD	Ranger Super Cab 4x2	2011	1FTKR1ED2BPA58699	302YTT
188	Suzuki	Mini Truck	2004	DA63T-303159	BHKM05
189	Suzuki	Mini Truck	2005	DA63T-287837	BHKM04

191	Ford	F750 Bucket Truck	2011	3FRNF7FC2BV133774	BJAD11
194	International	4900 (WATER TRUCK)	2000	1HTSDAAN6YH268998	N6855K
195	CHEVROLET	Silverado 1500	2013	1GCREA3DZ275836	AYF2714
197	Ford	F750 Bucket Truck	2011	3FRXF7FC5BV620301	CCIQ18
1000	NISSAN	Frontier	2009	1N6AD07W49C422784	U593YQ
1002	Ford	F150	2005	1FTPW14576KB15815	
1003	Ford	F150	2005		
ID No.	MAKE	MODEL	YEAR	V.I.N	TAG
144	CHEVROLET	COLORADO	2005	1GCCS146658187958	
156	CHEVROLET	Cobalt	2007	1G1AK55F077150967	X122ZV
175	Nissan	Sentra	2010	3N1AB6AP2AL620482	BKWW46
176	Nissan	Sentra	2010	3N1AB6AP1AL601809	BKWW47
178	Nissan	Sentra	2010	3N1AB6AP5AL611081	BKWW45
201	Ford	Fusion	2015	3FA6P0LU3FR197801	DGJN97

ID No.	MAKE	MODEL	YEAR	V.I.N	TAG
141	CHEVROLET	Silverado 3500	2005	1GCJC39U95E253928	S314IL
186	Jeep	Patriot Sport	2011	1J4NT1GA1BD287534	AEUF71
196	Artic Cat	ATV 350 FIS	2012	RFB12ATV7CK6N0130	N/A

No.	Year	Make	Description	Model	Serial
824		CAT	Backhoe	420 D	CRS26418
825		CAT	Skit Steer	242 B	BXM02084
826		Thomas	Front Loader	173	921117 3 HL
828		John Deer	Gator	HD200	TC2020A020415
829		BUSH HOG	Rotary Mower	SQ600R3	12-461198 (7N99)
832	2003	New Holland	Skid Steer Loader	LS-180 (20030)	LMU0007345
853	2005	CARLTON	SP4012	Stump Grinder	1J9B11226D1167067
854	2005	CARLTON	SP4012	Stump Grinder	1J9B11223D1167463

855	2009	ATHENS	ARADO	055-1622-642	009147
857		TORO	MOWER	REEL MASTER	5500-D
859	2011		Plastic Sprayer Tank w/Sprayer color Red		
867		Progressive SDR- 65	Roller Mower		
869	2009	TMG Aluminum Boat	Boat - 1032	BUJ62372E809	
881	2013	GENIE	Articulating Boom Lift	Z45	Z452513A-4895L
904	1999	BUSH HOG	Side Mount Mower	SM60	12-00970
905		MALETTI	Gear Driven Soil Tiller		
906			Tree Boom for Skidsteer		
907	2013	STIHL	Man Earth Auger	STEBT121	176865380
859	2011		Plastic Sprayer Tank w/Sprayer color Red		
867		Progressive SDR- 65	Roller Mower		
869	2009	TMG Aluminum Boat	Boat - 1032	BUJ62372E809	
881	2013	GENIE	Articulating Boom Lift	Z45	Z452513A-4895L
904	1999	BUSH HOG	Side Mount Mower	SM60	12-00970
905		MALETTI	Gear Driven Soil Tiller		
907	2013	STIHL	Man Earth Auger	STEBT121	176865380

Staffing

SFM Services, Inc. has been incorporated in the State of Florida since 1987. The company is owned and managed by the father and son team of Jose and Christian Infante. Currently the primary markets served are Miami-Dade and Broward County. SFM's workforce is composed of approximately 750 employees.

SFM's team is composed of highly motivated, trained, and experienced personnel. The SFM team has the following certifications and credentials:

- ✓ ISA Certified Arborists
- ✓ M.O.T. (Maintenance of Traffic) Certified
- ✓ FNGLA Maintenance Technicians
- ✓ Licensed Herbicide Applicators
- ✓ Horticultural Certifications
- ✓ Tree Trimmer Licensed



Jose M. Infante, Founder of SFM Services has forty (40) years of experience in the landscape industry. He is also a certified arborist. Mr. Infante is qualified and experienced in all aspects of landscape services. He is also a FNGLA Landscape Maintenance Technician. Mr. Infante was a past chair of the APWA (American Public Works Association). He also holds a pest control applicator license.



Christian Infante, President has nineteen (19) years of experience in the landscape industry. Mr. Infante has a Bachelor's degree in Business Marketing & Management from Florida International University. He is an ISA Certified Arborist and is certified in Maintenance of Traffic.



Mario Cantero, Landscape Manager. Mr. Cantero has been oversees all landscape operations. He has nine (9) years of experience in the service industry. He is M.O.T. certified and certified in Horticultural Studies. Mr. Cantero is currently seeking certification as Arborist with the International Society of Arboriculture.



Robert Fisk, Environmental Planner has a bachelor degree in landscape architecture from Louisiana State University. Mr. Fisk is also an ISA certified arborist and has over 15 years of landscape & irrigation experience.



Robert Sunshine, ISA Certified Arborist and SFM project manager with 10 years of experience in landscape management. Robert has completed overseeing several large landscape and irrigation projects for SFM that include: Zoo Miami, Dania Casino, FDOT Monroe US1 Highway, & FDOT Tampa installation.



SFM Maintenance Crews. Management strongly believes in promoting from within our own staff. All supervisors have begun at the maintenance personnel level. SFM has very low turnover compared to other firms in the industry.



Rodney McNeil, Athletic Fields Specialist. Mr. McNeil has four years of agronomy related studies. He has been directly involved in all of all phases of golf course construction from land clearing through turf grass establishment. He is a member of the Florida Turf Grass Association, Florida Golf Course Superintendents Association, and the Golf Course Superintendents Associations of America.



Alirio Alcala, Asset Manager. Mr. Alcala plans, directs, and coordinates the operation of SFM's fleet of over 80 vehicles and equipment. He also oversees the preventative maintenance program for equipment and vehicles.



Sandy Lopez, Director of Human Resources. Miss Lopez's department handles all payroll and HR related duties with a team of three clerks. Employees with any issues or accident reports meet with Sandy routinely.



Ester Garcia, Controller oversees all the daily accounting activities for SFM. Due to this labor intensive industry, daily reviews of direct labor and overhead absorption and produce analysis for management. Complete monthly financial review with recommendations to management.

Christian Infante
President
cinfante@sfmtservices.com

Education

1992 to 1996	Christopher Columbus High school
1997 to 2002	Florida International University Bachelor's degree in Marketing
2006	University of Florida Certificate Course in Horticulture
2008	ISA Certified Arborist (Lic. # FL-5916A)

Experience

1998 to Present	SFM Services, Inc. Oversee all aspects of landscape operations Implemented floor care programs New account start ups Directly involved in all phases of disaster recovery projects Maintain business relations with clients Oversee all financial aspects of company Prepare government bids New contract negotiations and business development
-----------------	---

Additional Skills

Certified Arborist with ISA
Fluent in English and Spanish
Computer literate: Microsoft Word, Excel, Powerpoint,
Effective Management, Communication, and Leadership
skills, C.P.R. Certified

**Volunteer
Activities**

Miami Lighthouse for the Blind Business Advisory Counsel
Board of directors of Jose Peres ALS Recovery Golf Classic
Pilar Board, Miami Beach Chamber of Commerce

Jose M. Infante
Founder
jinfante@sfmservices.com



Education

1963 to 1967	Christopher Columbus High school
1969 to 1970	University of Miami
1970 to 1973	Miami Dade Community College Associates Degree

Experience

1972 to 1986	Property Management & Maintenance Vice President & Stockholder In charge of all landscape operations Recruitment of personnel
1987 to Present	SFM Services, Inc. Founder & Stockholder Oversee all aspects of Safety Program Oversee all financial aspects of company

Additional Skills

Fluent in English and Spanish
Computer literate: Microsoft Word, Excel, Powerpoint,
Effective Communication and Leadership skills
ISA Florida Certified Arborist

Volunteer

Activities

Director of Cuban Democracy PAC
Member of American Public Works Association

Rodney G. McNeill
Turf Specialist
RMcneill@sfmtservices.com



Education:

- Years of Agronomy Related Studies
- Restricted use of Pesticide License

Experience:

- SFM Services, Inc. athletic field specialist.
- City of Miami Melreese Golf Course
- Red Berry's Baseball World

Member of:

- Golf Course Superintendents Association of America
- Florida Turfgrass Association
- Florida Golf Course Superintendents Association

Qualifications:

- Completed construction and renovation of golf courses including all tee complexes, bunkers, and greens.
- Knowledge of computer controlled irrigation
- Ability to oversee maintenance operations of a 36-hole golf course

Mario Cantero
Landscape Manager
MCantero@sfmtservices.com

Education

1986 to 1990	Coral Gables Sr High school
1991 to 1993	Miami Dade College
1994 to 1996	Tallahassee Community College
2014	Florida International University Certificate Course in Horticulture

Experience

2012 to Present	SFM Services, General Manager – Landscape Division Oversee all aspects of landscape operations New account start ups Directly involved in all phases of disaster recovery projects Maintain business relations with clients Oversee all financial aspects of division Prepare government bids New contract negotiations and business development
2010 to 2012	Eulen America, VP Marketing & Business Development New contract negotiations and start up Maintain business relations with clients Prepare and submit aviation & airline related bids
2001 to 2010	ASM Aviation Services, VP Operations Oversee all aspects of aviation operations at 16 US cities Involved in all contract negotiations and business development New account start ups

Additional Skills

Advanced Maintenance of Traffic (MOT) Certified
Fluent in English and Spanish
Computer literate: Microsoft Word, Excel, Powerpoint
Effective Management, Communication, and Leadership skills

Robert Sunshine
Project Manager
RSunshine@sfmtservices.com

Education:

University of Florida - Gainesville, FL.
Bachelors of Business Administration (BBA)
Major area of study – Economics

International Society of Arboriculture
Florida Certified Arborist # FL 6141A

Experience:

2014 to Present SFM Services, Inc.
Project Manager – Estimator, Procurement, Arborist & Landscape Inspector
Onsite handling of landscape and irrigation subcontractors
Development and estimation of new work, from bidding, sourcing materials through final installation
Administrative responsibilities include: utility / line locates, permitting, certified payroll, AIA billing, heavy excel usage, punch list and inspection through close-out process.

Projects include:

PCL Construction: Zoo Miami – Mission Everglades Project
Florida International University- Mango Building project
City of Coral Gables – Citywide Tree Succession project
FDOT Hillsborough County – Courtney Campbell Beautification
FDOT Monroe County Mile Marker 106.3 - 99.6

2009 – 2013 Frank's Lawn & Tree Service, Inc.
Office Manager / ISA Florida Certified Arborist # FL-6141A
Process field estimates, generating proposals and processing work orders
Finalize job contracts from warranty letters thru as-build's and manuals, filing of liens and closing out of jobs in computer.

Qualifications

Landscape Inspectors Association of Florida
LIAF Florida Landscape Inspector # 2015-0158
State of Florida Department of Environmental Protection
Green Industries Best Management Practices Certificate # GV13255
Broward County Tree Trimmers License – # A-621

Alain Barriero
Field Supervisor
abarriero@sfmservices.com

Education

2013	Best Management Practices Florida Green Industries
2013	University of Florida Extension Office Basic Tree Trimmer Certification
2014	Florida International University Certificate Course in Horticulture

Experience

2003 to Present	SFM Services, Inc. Landscape Supervisor Assure landscape labor budgets are kept. Oversee landscape equipment is maintained properly. Assure fuel budgets are kept.
1995 to 2003	Recio & Associates Landscape Supervisor Assure landscape labor budgets are kept. Oversee landscape equipment is maintained properly. Assure fuel budgets are kept.

Additional Skills

Advanced Maintenance of Traffic (MOT) Certified
Fluent in English and Spanish
Computer literate: Microsoft Word and Excel
Effective Management, Communication, and Leadership skills

Ned Skiff
Project Manager
nskiff@sfmservices.com

Education

1975	Stetson University B.B.A. Marketing
1994	FNGLA Certified Landscape Contractor #0123
2012	ISA/UF Whitefly Management

Experience

20014 to Present	SFM Services, Inc. Landscape Project Manager Oversee landscape maintenance accounts. Maintain client relation and communication Oversee Integrated Pest Management program Assist with plant selection
2006 to 2014	Skiff & Company, Inc. Full service design Landscape construction Landscape and irrigation maintenance Assure fuel budgets are kept.
2003 to 2006	Vila & Son Landscaping Project Manager & Business Development Assured projects were complied to specifications

Additional Skills

FNGLA Certification Test Judge
FNGLA Short Courses 1998, 2004, 2006, 2010
Class B Commercial Driver's License
Effective Management, Communication, and Leadership skills

Richard Wilkonson
Quality Control
RWilkonson@sfnservices.com

Education:

2004-2008	Christopher Columbus High School
2013-2015	Miami Dade College Associate's Degree in Agricultural Science
Current	University of Florida Bachelor's Degree Agricultural Science- Food & Resource Management

Experience:

Current	SFM Services, Inc. Quality Control Monitor maintenance on all accounts. Ensure maintenance is at an exceptional level.
2015 to 2017	Visualscape, Inc. Crew leader responsible for maintenance of various accounts. Led a crew of 5 efficiently and appropriately. Responsible for noting and documenting any issues in landscaping. Spraying chemicals and fertilizer in a residential/commercial landscape
2013-2015	Crandon Golf course Operated heavy machinery used on golf courses. Applied fertilizer and pesticide in large scales. Minor maintenance of large mowers. Trained new employees in safety and correct use of machinery.

Additional Skills

Computer Literate: Microsoft, Linux, Sabre.
Knowledge of proper use of all landscape equipment.
Extensive knowledge of turf grass maintenance and care.

Volunteer Activities

Trump National in Doral; WGC at The Blue Monster
Camillus House-Naranja Cottage
Police Benevolent Association

SAFETY PROGRAM POLICY

To assist in providing a safe and healthy work environment for employees, clients and students, SFM Services has established a workplace safety program. This program is a top priority for SFM. The Human Resources Department has the responsibility of implementing, administering, monitoring and evaluating the safety program. Its success depends on the alertness and personal commitment of all.

When new employees are hired, they watch training videos with all safety procedures. Signed verification forms of them having seen a video before they start working is kept in their file. Several of SFM's management is also certified in Maintenance of Traffic

SFM provides information to employees about workplace safety and health issues through regular internal communications channels such as supervisor-employee meetings, bulletin board postings, memos or other written communications.

Employees and supervisors receive periodic workplace safety training. The training covers potential safety and health hazards and safe workplace practices and procedures to eliminate or minimize hazards.



Each employee is expected to obey safety rules and exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report, or, where appropriate, remedy such situations, may be subject to disciplinary action up to and including termination of employment.

SFM has a Safety Committee Organization as a management tool to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. Management will give top priority to and provide the financial resources for the correction of unsafe conditions.



In the last 7 years, SFM has had two citations from the U.S. Department of Labor Occupational Safety and Health Administration. Both citations were to a tree trimming crew for not wearing a protective helmet and the other for not wearing a body belt attached to the boom. Both were corrected during the inspection and addressed in safety training.

EMPLOYEE SAFETY BBQ



➤ 242 Days without an employee accident!!!



Landscapers Safety Training

Drug Free Workplace Program

SFM Services is committed to providing a safe, efficient and productive work environment for all employees and for that we have a drug free policy, employees may be asked to provide body substances samples (such as urine and /or blood) to determine the illicit or illegal use of drugs and alcohol. We test 15 employees each month. SFM is proud to participate in the National Drug Free Workplace Program.

Objectives/goals:

1. To reduce drug use in the workplace
2. To increase productivity
3. To improve efficiency
4. To reduce accidents in the workplace
5. To demonstrate a more professional attitude and standard of conduct
6. To deliver better customer service



To achieve these goals, SFM conducts:

1. Initial and periodic safety training sessions
2. Drug Abuse Awareness pamphlets
3. Random Drug Screening of existing employees
4. Complete drug Screening of all job candidates prior to start of assignments
5. Alcohol and Drug screening in the event of work-related accidents
6. Formal and informal counseling by trained supervisors

Hiring Format

Prior to commencement of work SFM performs investigative background checks for all employees. While performing investigative background checks which will include the following:

**CRIMINAL
BACKGROUND
CHECK
SYSTEM**

- Social Security Number Verification
- Criminal History Search (7 years)
- Employment Verification
- Violent Sexual Offender Registry Search
- DMV Records (5 years)
- Florida HRS Abuse Registry

Uniform & ID's

We realize the importance that a properly-identified employee can have in a city. For this reason SFM provides uniforms that are easily identifiable and professional. Shirts are made of a polyester-cotton blend that makes it easy for our landscapers to keep them clean. We issue five sets to each landscaper and mend or replace them as needed.

Should the City wish a different type of uniform, we can provide shirts, slacks, windbreakers and parkas, all labeled with the SFM logo. By request, we can provide uniforms tailored to represent you, matching colors and logos.

Just as important as a clear, identifiable uniform is the identification card, that every SFM employee is provided and required to carry with them at all times during work hours.

SFM understands and enforces the need to have all personnel in a city clearly identified. We want to make sure your citizens feel safe in their city parks and that they always know who is working around them.



Our employee IDs serve 2 purposes:

1. TO CLEARLY IDENTIFY AN SFM EMPLOYEE
2. TO TRACK EACH EMPLOYEE'S TIME AS A TIME CARD SWIPE SYSTEM.

SFM crew photographed at City of Miami Beach's Star Island.



Work Experience



City of Coral Gables

2800 SW 72nd Ave. Miami, Fl. 33155

Bob Boberman, Public Service

Ph: 305.460.5130 Fax: 305.460.5133

Email: bboberman@coralgables.com

Date of Service: 2002 to Present

Contract Amount: Over \$500,000.00 per year

Description of Service:

SFM maintains the medians and right of ways for the City of Coral Gables. The contract consists of lawn maintenance, litter control, fertilization, & tree trimming.

SFM is the prime contractor.



City of Doral

8401 NW 53rd Terrace. Doral, Fl. 33166

Carlos Arroyo, Public Works

Ph: 305.593.6725 Fax: 305.470.6850

Email: Carlos.Arroyo@cityofdoral.com

Date of Service: 2006 to Present

Contract Amount: Over \$200,000.00 per year

Description of Service:

SFM provides complete landscape and irrigation maintenance to the City. SFM also completed the City's first beautification project on NW 58th Street. Other services currently provided are street sweeping services and canal cleaning services.

SFM is the prime contractor.



Miami Parking Authority

190 NE 3rd Street. Miami, Fl. 33132

Arthur Noriega, CEO

Ph: 305.373.6789 Fax: 305.371.9451

Email: anoriega@miamiparking.com

Date of Service: 2009 to Present

Contract Amount: Over \$400,000.00 per year

Description of Service:

SFM provides complete landscape maintenance and daily porter service to MPA's 30 parking locations throughout the City of Miami.

SFM is the prime contractor.

**Town of Miami Lakes**

Alex Rey, Town Manager

Ph: 305.364.6100 Fax: 305.558.8511

Email: reya@miamilakes-fl.gov

Date of Service: 2004 to Present

Contract Amount: Over \$200,000.00 per year.

Description of Service:

SFM provides landscape maintenance, tree trimming, litter control, handyman, & canal cleaning services throughout the Town. Landscape planting has also been provided.

SFM is the prime contractor.

**City of Miami Beach (Right of Ways & Buildings)**

Millie McFadden

Ph: 305-673-7720 Fax: 786.394.5424

Email: mililiemcfadden@miamibeachfl.gov

Date of Service: 2011 to Present

Contract Amount: Over \$700,000.00 per year.

Description of Service:

SFM provides complete landscape maintenance (tree trimming, irrigation, litter control, lawn care) throughout the city's right of ways and municipal buildings.

SFM is the prime contractor.

**City of South Miami**

Armando Munoz, Parks Superintendent

Ph: 786.482.5800

Email: amunoz@southmiamifl.gov

Date of Service: 2013 to Present

Contract Amount: Over \$100,000.00 per year.

Description of Service:

SFM provides complete landscape maintenance to City's medians, right of ways, and parks.

SFM is the prime contractor.

➤ Additional references are available upon request.

Distinctive Services Offered:

Disaster Recovery Services

SFM has the necessary equipment and experience to provide complete Disaster Recovery Services. Therefore for any Emergency, **SFM can deploy additional employees.** Some of our clients in disaster recovery services include:

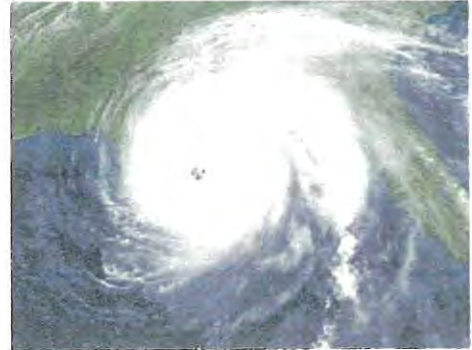
- Miami-Dade County
- Dade County School Board
- Florida Dept. of Transportation
- City of Doral
- Town of Miami Lakes

SFM's additional crews can be dispatched to:

- Install hurricane shutters
- Debris removal & disposal
- Supply generators, 2-way radios, etc.
- Emergency water extraction & restoration
- Trim low hanging dangerous branches

SFM has provided disaster recovery service to several municipalities after the following storms:

- Hurricane Andrew
- Hurricane Wilma
- Hurricane Katrina (Mississippi & Florida)
- Hurricane Francis
- Hurricane Charley
- Hurricane Dennis
- Hurricane Ike (Texas)



Street Sweeping Services

SFM owns a fleet of (7) street sweepers used to clean municipal streets, highways, and parking lots.

SFM Currently Sweeps:

- City of Doral
- City of West Park
- City of Lauderdale Lakes
- FDOT District 4
- Town of Miami Lakes



Pressure Washing Services



SFM has 3 trailer mounted pressure washing rigs equipped with water holding tank and steam pressure capability.

Litter Control Services

SFM offers litter control and large debris removal services to several municipalities throughout Miami-Dade County.

SFM is equipped with:

- Eco friendly utility cars
- Self loader grapple trucks (45CY)



Event Cleaning

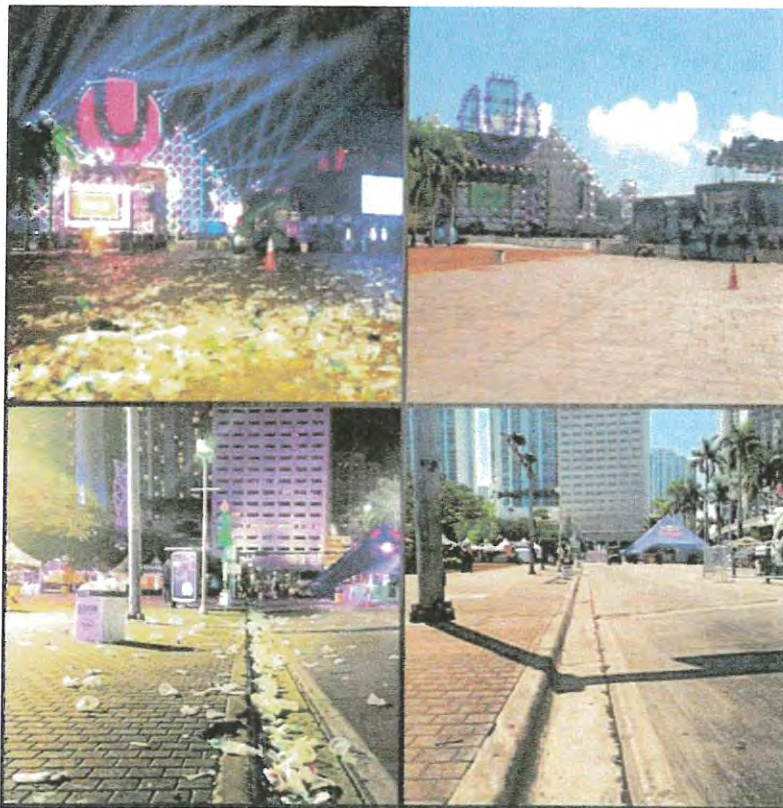
SFM has experience in large event venue maintenance. SFM provided the Orange Bowl Stadium with event cleaning from 1972 to 2007. Other event venues currently serviced are:

- Dade County Fair & Expo. Center
- Ultra Music Festival
- Bayfront Park & Amphitheater
- 2010 Superbowl & Pro Bowl



BEFORE

AFTER



- *Ultra Music Festival (165,000 Attendance)*

Community Involvement

SFM strongly believes in giving back to the community. Christian Infante, VP of SFM is personally involved in several of the charities listed below.

✓ **Baptist Saute & Sip**

SFM has been proud to sponsor this great cause for the last 2 years. Contributions raised are for the Breast Cancer centers and patients.

✓ **Jose A. Perez ALS Golf Classic**

Christian Infante has been on the Golf tournament committee for last 14 years. He has help raised funds for the research of Amyotrophic Lateral Sclerosis also known as ALS, "Lou Gehrig's" disease.

✓ **City of Miami Golf Classic**

Jose Infante is currently on the executive committee for this charity golf tournament. The funds are for programs for persons with disabilities and for the Sandra DeLucca Development Center.

✓ **Zoological Society**

SFM has been a proud sponsor for this non-profit organization for Metrozoo. This charity was founded in 1956.

✓ **The Kiwanis of Little Havanna**

SFM is proud to have made charitable contributions to the Kiwanis since 2004.

✓ **Tee For Tots**

This charity is dedicated to raising funds for pediatric cancer research, specifically neuroblastoma, and to assist with support services for pediatric cancer patients.

League Against Cancer



City of Doral
Earth Day Tree Donation



Miami Dade Schools & Miami
Dolphins Butterfly Garden



Town of Miami Lakes
Tree Trimming Services
RFP 2017-25
Form PP - Price Proposal

Note: Proposer's pricing as submitted will determine the ("Total Price Amount") for the purpose of evaluating the Proposals. However, unless otherwise stated in the Price Sheet Notes the Contractor will be paid based on actual work performed. See Price Sheet Form Notes for line item details.


Section A - Basic Services

Type of Pruning	Description	U/M	Unit Price	Estimated Quantity	Extended Price
Complete Tree Pruning					
<u>Phase Work</u>	Phase 1 Area	Per Tree	\$43.90	3730	\$ 163,747.00
	Phase 2 Area	Per Tree	\$38.81	2646	\$ 102,691.26
	Phase 3 Area	Per Tree	\$35.03	4738	\$ 165,972.14
	Subtotal				\$ 432,410.40
<u>Pruning Programs</u>	Annual Palm Pruning Program	Per Tree	\$15.43	2071	\$ 31,955.53
	Annual Aesthetic Pruning Major Corridor Program	Per Tree	\$49.43	1314	\$ 64,951.02
Total Bid Amount					\$ 529,316.95

Firm's Name:

SFM SERVICES INC

Signature:



Print Name/Title:

MARIO CANTERO, GENERAL MANAGER - LANDSCAPE

Email Address:

MCANTERO@SFM SERVICES.COM

Section B - Additional Services (1 of 2)

Description	U/M	Unit Price
Emergency Response	Fee Per Call	\$300.00
Additional Services		
Arborist	Hourly Rate	\$65.00
Supervisor	Hourly Rate	\$55.00
Tree Trimmer	Hourly Rate	\$45.00
MOT	Fee Per Work Order	\$150.00
Specialty Type Tree Pruning		
Less than 19" DBH	Per Hour	\$66.00
19" to 24" DBH	Per Hour	\$90.00
25" to 36" DBH	Per Hour	\$114.00
Over 36" DBH	Per Hour	\$180.00
Hazard Type Tree Pruning		
0" to 6" DBH	Per Tree	\$12.00
7" to 12" DBH	Per Tree	\$32.10
13" to 18" DBH	Per Tree	\$48.00
19" to 24" DBH	Per Tree	\$60.00
25" to 30" DBH	Per Tree	\$82.80
Over 30" DBH	Per Tree	\$132.00
Palm Tree Pruning		
0'-50' tall	Per Tree	\$30.00
Over 50' tall	Per Tree	\$35.00
Whitefly Treatment		
0" to 6" DBH	Per Tree	\$30.00
7" to 12" DBH	Per Tree	\$60.00
13" to 18" DBH	Per Tree	\$75.00
19" to 24" DBH	Per Tree	\$120.00
25" to 30" DBH	Per Tree	\$135.00
Over 30" DBH	Per Tree	\$165.00
Removal of Tree Suckers*	Per Tree	\$25.00
Tree Watering	Per Tree	\$25.00
Crew Rental - 2-man Crew with Equipment	Per Hour	\$75.00
Root Pruning	Per Tree	\$75.00

* This Fee will apply when the only Work performed is the removal of Tree Suckers. This Fee will not apply where Tree Sucker removal occurs during the course of the Tree Trimming Work.

Firm's Name:

SFM SERVICES INC.

Signature:

Mario

Print Name/Title:

MARIO CANTERO - GENERAL MANAGER - LANDSCAPE

Email Address:

MCANTERO@SFM-SERVICES.COM

Section B - Additional Services (2 of 2)

Description	U/M	Unit Price
Tree Installation, Delivery, and Grow-In Maintenance*		
10' to 12' Height	Per Tree	\$195.00
12' to 14' Height	Per Tree	\$330.00
14' to 16' Height	Per Tree	\$460.00
16' to 18' Height	Per Tree	\$460.00
Over 18' Height**		
Tree Removal & Stump Removal		
0" to 6" DBH	Per Tree	\$140.00
6" to 12" DBH	Per Tree	\$180.00
12" to 18" DBH	Per Tree	\$235.00
18" to 24" DBH	Per Tree	\$825.00
24" to 30" DBH	Per Tree	\$950.00
Over 30" DBH	Per Tree	\$1,190.00
Stump Removal Only		
0" to 6" DBH	Per Stump	\$85.00
6" to 12" DBH	Per Stump	\$85.00
12" to 18" DBH	Per Stump	\$85.00
18" to 24" DBH	Per Stump	\$175.00
24" to 30" DBH	Per Stump	\$200.00
Over 30" DBH	Per Stump	\$350.00
Palm Removal		
Under 18" DBH	Per Tree	\$120.00
19" to 24" DBH	Per Tree	\$175.00
Over 25" DBH	Per Tree	\$350.00
Aesthetic or Service Request Pruning		
0"-6" DBH	Per Tree	\$66.00
7" to 12" DBH	Per Tree	\$66.00
13" to 18" DBH	Per Tree	\$66.00
19" to 24" DBH	Per Tree	\$90.00
25" to 30" DBH	Per Tree	\$114.00
Over 30" DBH	Per Tree	\$114.00

*For Trees under 18', the caliper of the Tree should be between 3" to 5".

**A Work Order Proposal will be requested for Trees in excess of 18' in height.

Firm's Name: SFM SERVICES INC.

Signature: 

Print Name/Title: MARIO CANTERO, GENERAL MANAGER - LANDSCAPE

Email Address: MCANTERO@SFM SERVICES.COM

Section C - Specialty Equipment*

Description	U/M	Unit Price
Bucket truck w/ operator	Per Hour	\$135.00
Water truck w/ operator	Per Hour	\$65.00
Self-loader truck w/ operator	Per Hour	\$105.00
Backhoe w/ operator	Per Hour	\$95.00
Skid steer w/ operator	Per Hour	\$65.00
Vacuum street sweeper w/ oper	Per Hour	\$85.00
	Per Hour	
	Per Hour	
	Per Hour	
	Per Hour	
	Per Hour	
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	Per Hour	
	Per Hour	
	Per Hour	
	Per Hour	

*This Section should be used to list any specialty equipment the Proposer anticipates utilizing during the course of the Work.

Firm's Name:

SFM SERVICES, Inc.

Signature:



Print Name/Title:

MARIO CANTERO, GENERAL MANAGER - LANDSCAPE

Email Address:

MCANTERO @ SFM SERVICES. LOM