

FORM 1 - CONTACT INFORMATION SHEET**DUE DATE: Tuesday, July 21, 2026**

Bids due on or before 2:00 PM LOCAL TIME

Proposals must be submitted electronically via Euna Procurement.Check the Addenda for any revised opening dates before submitting your bid. **Bid(s) received after the date and time stated above will not be opened.**

CONTACT:

Jessica Graham, CPPB, FCCM
Procurement/Contracts Manager
(772) 388-8231jessgraham@cityofsebastian.org

ITB TITLE: Citywide Janitorial Services

ITB NO.: 26-18-ITB

Bidder Name and "Doing Business As", if applicable:**Federal Tax Identification Number:****Unique Entity ID (SAM.GOV):****Address:****City:****State:****Zip Code:****Telephone No:****E-Mail Address of Authorized Representative:**

I certify that I have carefully examined the ITB document and associated documents, including the Addenda, accompanying or made a part of this solicitation. I further certify that all information contained in this bid is truthful to the best of my knowledge and belief, and that I am duly authorized to submit this bid on behalf of the bidder named above, and that the bidder is ready, willing, and able to perform if awarded.

In compliance with this solicitation, and subject to all conditions herein, I hereby propose and agree to furnish the goods and /or services specified in the ITB at the prices or rates in my bid, and prices will remain for a period of ninety (90) days to allow the City adequate time to evaluate the bid.

Signature of Authorized Representative (Manual)**Name of Authorized Representative (Typed or Printed)****Title****Date**

All Bids must be properly signed by an authorized representative of the company with the legal capacity to bind the company to the contractual agreement. The Florida Division of Corporations will be used to validate legal capacity. The bid submittal shall be marked non-responsive if legal capacity can't be verified.

The City reserves the right to reject any and all bids or to accept any bid or portion deemed to be in the City's best interest and waive any non-substantial irregularities.

FORM 2
CORPORATE RESOLUTION

I, _____, Board President of _____, a corporation organized and existing under the laws of the State of _____, hereby certify that at a meeting of the Board of Directors of the Corporation duly called and held on _____, 2026, at which a quorum was present and acting throughout, the following resolutions were adopted and are now in full force and effect:

RESOLVED that the following individual of this corporation is authorized to execute on behalf of this corporation bids and agreements, of which bids and agreements include a hold harmless and indemnification clause.

I further certify that the names of the officers of this corporation and any other persons authorized to act under this resolution and their official signatures are as follows:

NAME

OFFICIAL SIGNATURE

IN WITNESS WHEREOF, I have hereunto subscribed my name as Board President **and affixed the seal of the corporation** this ____ day of _____, 2026.

Board President Signature: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of ____ physical presence or ____ online notarization, this ____ day of _____, ____ (year) by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

	(Signature of Notary Public)
	(Name of Notary – Typed, printed or stamped)
	(Notary Seal / Serial Number)
	(Date)

FORM 3
STATEMENT OF BIDDER'S QUALIFICATIONS

Solicitation Title: _____

Solicitation Number: _____

Name of Bidder: _____

Professional License Type and Number: _____

1. Contractor's Compliance with Employment Eligibility Requirements (§448.095, Fla. Stat. – E-Verify)

The E-Verify system is an internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees. Florida Statutes §448.095 provides that any person or entity that has entered or is attempting to enter into a contract with the City of Sebastian to provide labor, supplies or services must register with and use the E-Verify system to verify the work authorization status of all employees. Further, the contractor must maintain certain required employment compliance records of subcontractors for the duration of the contract with the City of Sebastian.

Contractor E-Verify Registration Number: _____

2. How long has your organization performed services under your present name?

3. How long has your company provided janitorial services as a contractor or subcontractor?

4. Has your organization, any officer, or partner failed to complete any work awarded to you? If so, where and why?

5. Has your company been in disputes or litigations in the last five (5) years over past or present projects? If so, describe the nature of the dispute or litigation and state the Owner's Name, Address, Telephone, and number of disputes or litigations. (Use additional sheets if necessary.)

6. Has the bidder's organization or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulations or any other regulatory agency or professional association within the last five (5) years?

() YES () NO

7. Has the bidder's organization been declared in default, terminated, or removed from a contract or job related to the services your company provides in the regular course of business within the last five (5) years?

() YES () NO

8. Has your organization filed any request for equitable adjustment, contract claims, protest, or litigation in the past five (5) years related to the services provided in the regular course of business?

() YES () NO

I hereby certify that all statements made are true and I agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this ITB for the City of Sebastian.

Signature of Contractor's Authorized Official

Date

Name and Title of Contractor's Authorized Official

FORM 4
BIDDER CERTIFICATIONS AFFIDAVIT

I, _____,
(Print Authorized Name) (Title)
of _____
(Company Name)

Affirm and certify that I read and understand, as well as accept all Bidder Certifications in the Invitation to Bid General Terms and Conditions (Exhibit D), to include the following certifications:

- Non-Collusion
- Conflict of Interest
- Public Entity Crimes
- Scrutinized Vendor Certification
- Immigration Laws
- Drug-Free Workplace
- Suspension and Debarment Certification
- Florida Convicted, Suspended, And Discriminatory Complaints

Addenda

- Addenda _____ #1 _____ #2 _____ #3 _____ #4
 - Initial above to confirm receipt of the addenda.

(Signed)

(Title)

(Date)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me, by means of ____ physical presence or ____ online notarization, this _____ day of _____, _____ (year) by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

(Signature of Notary Public)

(Name of Notary – Typed, printed or stamped)

(Notary Seal / Serial Number)

(Date)

FORM 5
APPENDIX A TO PART 34—CERTIFICATION REGARDING LOBBYING

The Bidder or Offeror certifies by signing and submitting this bid or proposal, to the best of his or her knowledge and belief, that:

- 1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the Bidder or Offeror, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature of Contractor's Authorized Official

**Name and Title of Contractor's Authorized
Official**

Date

FORM 6
CONTRACTING WITH ENTITIES OF FOREIGN COUNTRIES OF CONCERN
PROHIBITED AFFIDAVIT

The Contracting with Entities of Foreign Countries of Concern Prohibited Affidavit Form ("Form") is required by Section 287.138, Florida Statutes ("F.S."), which is deemed as being expressly incorporated into this Form. The Affidavit must be completed by a person authorized to make this attestation on behalf of the Bidder/Proposer for the purpose of submitting a bid, proposal, quote, or other response or otherwise entering into a contract with the City. The associated bid, proposal, quote, or other response will not be accepted unless and until this completed and executed Affidavit is submitted to the City.

_____ does not meet any of the criteria set forth in Paragraphs 2 (a) – (c)
(Bidder's/Proposer's Legal Company Name) of Section 287.138, FS.

Pursuant to Section 92.525, F.S., under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Print Name of Bidder's/Proposer's Authorized Representative: _____

Title of Bidder's/Proposer's Authorized Representative: _____

Signature of Bidder's/Proposer's Authorized Representative: _____

Date: _____

FORM 7
HUMAN TRAFFICKING AFFIDAVIT

In compliance with Section 787.06(13), Florida Statutes, this affidavit must be completed by an officer or representative of a nongovernmental entity that is executing, renewing, or extending a contract with the City of Sebastian (the "Governmental Entity").

The undersigned, on behalf of the entity listed below (the "Nongovernmental Entity"), hereby swears or affirms as follows:

1. I am over eighteen (18) years of age. The following information is based on my own personal knowledge.
2. I am an officer or representative of _____, a Nongovernmental entity, and I am authorized to provide this affidavit on behalf of the Nongovernmental Entity.
3. Neither Nongovernmental Entity, nor any of its subsidiaries or affiliates, uses coercion for labor or services, as such italicized terms are defined in Section 787.06, Florida Statutes, as may be amended from time to time.
4. If, at any time in the future, Nongovernmental Entity does use coercion for labor or services, Nongovernmental Entity will immediately notify Governmental Entity, and no contracts may be executed, renewed, or extended between the parties.
5. Nongovernmental Entity has read the foregoing attestation, confirms that the facts stated in it are true, and is made for the benefit of, and reliance by, Governmental Entity.
6. This declaration is made pursuant to Section 92.525(1)(c), Florida Statutes. I understand that making a false statement in this declaration may subject me to criminal penalties.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING ANTIHUMAN TRAFFICKING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

FURTHER AFFIANT SAYETH NOT.

Company Name

Authorized Signature

Printed Name & Title

Date

FORM 8
REFERENCE LIST

Bidder's Name: _____

List a minimum of three (3) client references that can speak to the proposer's **relevant** experience and performance within the last five (5) years. The City will conduct Reference Checks for the provided references. If the contact information is incorrect or the reference does not respond, the proposer will lose points awarded for this criterion. Use additional sheets as necessary.

*****Do not list the City of Sebastian as a reference.*****

Reference #1	
Company Name:	
Location (City, State):	
Contact Person:	
Contact Number:	
Email Address:	
Dates of Service:	
Services Provided:	
Reference #2	
Company Name:	
Location (City, State):	
Contact Person:	
Contact Number:	
Email Address:	
Dates of Service:	
Services Provided:	
Reference #3	
Company Name:	
Location (City, State):	
Contact Person:	
Contact Number:	
Email Address:	
Dates of Service:	
Services Provided:	

FORM 9
LOCAL VENDOR PREFERENCE AFFIDAVIT

Legal Name of Firm:			
Contact Person:		Telephone:	
Email Address:			
Remit Address:			
Physical Address:			
Sebastian or County Tax Receipt Number:		Current Date Issued	
<input type="checkbox"/> Required copies attached?		Previous Date Issued	
Number of full-time employees working in the City of Sebastian (for city preference) or Indian River County (for county preference):			

I certify that my company meets the following qualifications to be eligible for local vendor preference:

- (1) Maintains a valid business tax receipt issued by either the City of Sebastian or Indian River County, at least one (1) year prior to the opening of a bid for which the business may seek local vendor preference, and
- (2) Maintains a physical business address located within the City of Sebastian or Indian River County, from which the vendor is operating or performing its business, and at which it maintains full-time employees. Note: A post office box shall not be considered a physical business address.

I certify that under the penalty of perjury, the foregoing statements are true and correct. I also acknowledge that any person, firm, corporation or entity intentionally submitting false information to the City in an attempt to qualify for local preference shall lose the privilege to claim local preference status for a period of two (2) years.

Authorized Signature

Date

Printed Name

Title

NOTARY

Witness

Date

SECTION 6

BID PRICE FORM INSTRUCTIONS

ITB Title: Citywide Janitorial Services

The Price sheet is available electronically through the Euna Procurement Portal

Proposers must upload their completed price sheet in .xlsx or .xls format to the Euna Procurement Portal.

1) Pricing on this worksheet is MANDATORY.

a. This pricing is all-inclusive.

i. All rates include the labor, supervision, maintenance, fuel, repairs, overhead, profit, insurance, and any other costs associated with providing the requested services.

b. Contractor shall provide

The Bid Prices shall remain good for ninety (90) days after the due date of this ITB.

The Bidder certifies that the price quoted represents and includes the entirety of the work, fees, profit, overhead, general requirements, general conditions, etc., of the project per the ITB documents. By affixing their signature to the Bid Price Sheet, the Bidder hereby states that they have read all proposal specifications, terms, and conditions outlined in the Invitation to Bid and agree to such. Bidder also declares that the individual signing this Bid Price Sheet has the legal capacity to sign on behalf of Bidder and to obligate Bidder contractually.

Bidder Name: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____