

**RESOLUTION 20-147**

**A RESOLUTION OF THE CITY OF PANAMA CITY BEACH, FLORIDA, APPROVING AN AGREEMENT WITH GRO PRO, LLC FOR CHEMICAL APPLICATION IN CITY PARKS IN AN AMOUNT NOT TO EXCEED \$22,500.**

**BE IT RESOLVED** that the appropriate officers of the City are authorized to accept and deliver on behalf of the City that certain Agreement between the City and Gro Pro, LLC, for Chemical Application in City Parks, in an amount not to exceed Twenty-Two Thousand, Five Hundred Dollars (\$22,500.00), in substantially the form attached and presented to the Council today, with such changes, insertions or omissions as may be approved by the City Manager and whose execution shall be conclusive evidence of such approval.

THIS RESOLUTION shall be effective immediately upon passage.

**PASSED** in regular session this 13<sup>th</sup> day of August, 2020.

**CITY OF PANAMA CITY BEACH**

By:   
Mark Sheldon, Mayor

**ATTEST:**

  
Jo Smith, Interim City Clerk



# CITY OF PANAMA CITY BEACH AGENDA ITEM SUMMARY

**1. DEPARTMENT MAKING REQUEST/NAME:**

Parks and Recreation

**2. MEETING DATE:**

August 13, 2020

**3. REQUESTED MOTION/ACTION:**

Staff recommends approval of a contract with Gro Pro LLC not to exceed \$22,500.00 for Chemical Application Services at City parks.

**4. AGENDA**

PRESENTATION  
PUBLIC HEARING  
CONSENT  
REGULAR

**5. IS THIS ITEM BUDGETED (IF APPLICABLE)?** Yes  No

N/A

BUDGET AMENDMENT OR N/A

DETAILED BUDGET AMENDMENT ATTACHED Yes  No

N/A

**6. BACKGROUND: (WHY IS THE ACTION NECESSARY, WHAT GOAL WILL BE ACHIEVED)**

On July 27, 2020 Bids were accepted for the City Parks Chemical Application Services. We received one responsive bid from Gro Pro, LLC in the amount of \$45.00 per hour up to 500 hours, for a grand total not to exceed \$22,500.00.

Staff is pleased with the price of the hourly rate to assist our department in maintaining Popeye Park, Maggi Still Park, Scott Field Park, Aaron Bessant Park and Panama City Beach Library/Lyndell Conference Center. These services will assist us with chemical applications.

Gro Pro is a company we have used in the past and their service has been excellent. This service will begin October 1, 2020 and has been budgeted in the 2020-2021 Budget.

Staff is recommending approval.

City Manager, Finance Director and City Attorney approve to enter into a contract for services in the amount of \$45.00 per hour not to exceed 500 hours for a total of \$22,500.00 to Gro Pro LLC .

# PROPOSAL FORM

TO: City of Panama City Beach, Florida

SUBMITTED: July 27, 2020.

## City Parks Chemical Application

The Undersigned, as Bidder, hereby declares that they have examined the proposal specifications and informed themselves fully regarding all conditions pertaining to the services required.

The Bidder proposes and agrees, if this proposal is accepted, to contract with the City of Panama City Beach for the lump sum price listed, to furnish all labor, to provide labor services within the City Parks Chemical Application bid specifications in complete accord with the described and reasonably intended requirements of the Request for Proposals to the satisfaction of the City, with a definite understanding that no additional money will be allowed. Payment for services will be monthly. Contractors submitting bids must have all the applicable City, County, and State Licenses.

**ADDENDUM ACKNOWLEDGMENT:** (Only if addendums have been provided). I, the undersigned bidder, hereby acknowledge receipt of the following addenda: Addendum No.      Addendum No.     .

**SUMMARY OF MATERIAL TO ACCOMPANY THIS BID FORM:**

- Note:
1. Bid Proposal Form
  2. Complete, Executed Agreement (Exhibit C)

Bid prices shall be for 500 hours of labor to provide the services called for, and no further compensation will be allowed. We are estimating 500 hours, but services needed may be less than 500 hours, therefore contractor will be paid hourly. No travel time will be paid; only time spent on the actual job working will be payable.

500 hours estimated at an hourly rate of \$ 45.00/HR OR \$45.00 X 500 HR = \$22,500.00

Note: 500 hours is an estimate. Contractor will be paid hourly for services up to 500 hours. This rate includes your own equipment, staffing, prep work, repairs, etc...

Lump Sum (12) Month Total Price for the Chemical Application: \$ 1,875.00 X 12MTH = \$22,500.00

Name of COMPANY: Gro Pro LLC

ADDRESS: 13104 Estes Place Suite B CITY: Panama City Beach STATE: FL ZIP: 32413

EMAIL ADDRESS: Jock@gropropcb.com PHONE: 850-832-4152

References: Please list 3 businesses that your company has provided similar services for:

Name	Location	Address or Email	Phone Number
<u>Green Leaf Lawn Care</u>	<u>Lake Menal HOA</u>	<u>josh@greenleafawncare.net</u>	<u>850-596-0375</u>
<u>RCI</u>	<u>Aaron Bessant Park</u>	<u>jhigdon@rotolconsultants.com</u>	<u>228-697-4024</u>
<u>PCB Parks and Rec</u>	<u>Scotts Field</u>	<u>jponek@pcggov.com</u>	<u>850-819-3035</u>

SIGNATURE – (Confirming all information above is correct) Lorie J. Angelle Jr.

Print Name: Lorie J. Angelle Jr. and Title Owner Operator

**EXHIBIT C  
CITY PARKS  
CHEMICAL APPLICATION**

**AGREEMENT**

THIS AGREEMENT is made this 28 day of July, 2020 by and between THE CITY OF PANAMA CITY BEACH, FLORIDA, (hereinafter called "OWNER") and 3ro Pro LLC, doing business as a LLC (an individual), or (a partnership), or (a corporation), having a business address of 104 Estes Place Suite B (hereinafter called "CONTRACTOR"), for the performance of the Work (as that terms is defined below) in connection with the Chemical Application bid, in accordance with the Drawings and Specifications prepared by The City of Panama City Beach Parks and Recreation Department.

1. OWNER and CONTRACTOR, for the consideration herein set forth, agree as follows: The CONTRACTOR shall furnish, at its sole expense, all supervision, labor, equipment, tools, material, and supplies to properly and efficiently perform all of the work required under the Contract Documents and shall be solely responsible for the payment of all taxes, permits and license fees, labor fringe benefits, insurance, and all other expenses and costs required to complete such work in accordance with this Agreement (collectively the "Work"). CONTRACTOR'S employees and personnel shall be qualified and experienced to perform the portions of the Work to which they have been assigned. In performing the Work hereunder, CONTRACTOR shall be an independent contractor, maintaining control over and having sole responsibility for CONTRACTOR'S employees and other personnel. Neither CONTRACTOR shall be deemed servants, employees, or agents of OWNER. No sub-contracting shall be permitted.
  
2. The CONTRACTOR will commence the Work required by Contract per the Bid Documents.
  - i. Dates are as follows:
  - ii. The 'WORK' is to begin October 1, 2020.
  - iii. The 'WORK' is to end September 30, 2021.
  - iv. This contract may be terminated by the City of Panama City Beach at any time with a thirty (30) day notice.

3. The CONTRACTOR agrees to perform all of the Work described in the Contract Documents and comply with the terms therein for the sum of \$ 22,500.00, included within the Bid Proposal Form, as said amount may be hereafter adjusted pursuant to the terms of the Contract Documents ("Contract Price").
4. The OWNER will pay the Contract Price to the CONTRACTOR in the manner and at such times as set forth in Contract Documents.
5. This Agreement shall be binding upon all parties hereto and their respective heirs, executors, administrators, successors, and assigns.
6. Contractor shall comply will all applicable federal, state, municipal, and local laws, and executive order, and all applicable rules, orders, regulations, and requirements of all governmental agencies, departments, or bureaus. Nothing contained herein shall prevent Contractor from contesting with the appropriate governmental body the validity of such law, rule, order, regulation, or requirement that Contractor has not complied therewith.
7. Contractor shall comply with all laws and regulations pertaining to Chemical Treatment on easements. The Contractor shall be held liable for any damage incurred to yards, gardens, vehicles, and other privately-owned property damaged as a result of over-spray or drift. The Contractor will also be responsible for damage incurred to areas not authorized to be treated with chemical application. *Contractor is responsible for any liabilities associated with the damage of gates, fences and other properties adjacent to easements.*
8. This Agreement shall be governed by the laws of the State of Florida.
9. All notices required or made pursuant to this Agreement shall be in writing and, unless otherwise required by the express terms of this Agreement, may be given either (i) by mailing same by United States mail with proper postage affixed thereto, certified, return receipt requested, or (ii) by sending same by Federal Express, Express Mail, Airborne, Emery, Purolator or other expedited mail or package delivery, or (iii) by hand delivery to the appropriate address as herein provided. Notices to OWNER required hereunder shall be directed to the following address:

IN WITNESS WHEREOF, the parties hereto have executed or caused to be executed by their duly authorized officials, this Agreement in two (2) copies each of which shall be deemed an original on the date first written above.

(SEAL)

ATTEST:

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
City Attorney (as to form only)

ATTEST:

\_\_\_\_\_

NAME \_\_\_\_\_  
(Please Type)

OWNER:

CITY OF PANAMA CITY BEACH, FLORIDA

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

(City Manager)

TITLE: \_\_\_\_\_

CONTRACTOR:

BY: Gro Pro LLC \_\_\_\_\_

NAME: Lorie J. Angelle Jr \_\_\_\_\_  
(Please Type)

ADDRESS: 104 Estes Pl. Suite B \_\_\_\_\_

[END OF SECTION 00050]



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
7/28/2020

**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).**

<b>PRODUCER</b> Acentria Insurance - Panama City 306 E 19th St Panama City FL 32405  License#: L100460 GROPROL-01	<b>CONTACT NAME:</b> Lisa Frederickson <b>PHONE (AC. No., Ext):</b> 850-257-2984 <b>FAX (AC. No):</b> 850-257-2981 <b>E-MAIL:</b> lisa.frederickson@acentria.com <b>ADDRESS:</b> <table style="width:100%; border: none;"> <tr> <td style="width:80%; border: none;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="width:20%; border: none;"><b>NAIC #</b></td> </tr> <tr> <td style="border: none;"><b>INSURER A :</b> Southern-Owners Insurance Company</td> <td style="border: none;">10180</td> </tr> <tr> <td style="border: none;"><b>INSURER B :</b> Owners Insurance Company</td> <td style="border: none;">32700</td> </tr> <tr> <td style="border: none;"><b>INSURER C :</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER D :</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER E :</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER F :</b></td> <td style="border: none;"></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A :</b> Southern-Owners Insurance Company	10180	<b>INSURER B :</b> Owners Insurance Company	32700	<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															

**COVERAGES**                                  **CERTIFICATE NUMBER: 1536153831**                                  **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	ADDC INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y	78089898	2/28/2020	2/28/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INAJRY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	5108968800	2/28/2020	2/28/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	78251540	2/28/2020	2/28/2021	<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)

<b>CERTIFICATE HOLDER</b>  City of Panama City Beach 17007 Panama City Beach Parkway Panama City Beach FL 32413	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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**CITY of PANAMA CITY BEACH**

**19622**



**Issue Date:** 03/06/2020  
**Expiration Date:** 2/28/2021 12:00:00AM  
**Business Name:** GRO PRO LLC  
**Business Address:** 104 ESTES PLACE SUITE B PANAMA CITY BEACH FL 32413  
**Mailing Address:** 104 ESTES PLACE SUITE B PANAMA CITY BEACH FL 32413  
**Description:** Contractor Specialty - Landscaping

**POST THIS REGISTRATION IN A CONSPICUOUS PLACE IN YOUR BUSINESS LOCATION.  
NOT TRANSFERABLE FROM LOCATION SHOWN ABOVE.**

**Mary Jan Bossert,  
City Clerk**



# *State of Florida*

## *Department of State*

I certify from the records of this office that GRO PRO, LLC is a limited liability company organized under the laws of the State of Florida, filed on December 27, 2016.

The document number of this limited liability company is L16000232184.

I further certify that said limited liability company has paid all fees due this office through December 31, 2020, that its most recent annual report was filed on July 6, 2020, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Sixth day of July, 2020*



*Randy R.*  
**Secretary of State**

Tracking Number: 0951373235CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

State of

Florida



Department of Agriculture and Consumer Services  
Bureau of Entomology and Pest Control

# CERTIFIED PEST CONTROL OPERATOR

Number: JF217891

LORIE J ANGELLE JR

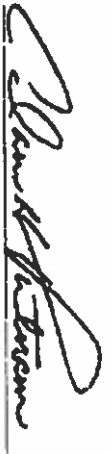
*This is to Certify that the individual named above is a Certified Pest Control Operator and is privileged to practice*

*Lawn and Ornamental*

*in conformity with an Act of the Legislature of the State of Florida regulating the practice of Pest Control and imposing penalties for violations.*



*In Testimony Whereof, Witness this signature at Tallahassee, Florida on March 28, 2014*

  
Adam H. Putnam  
Commissioner of Agriculture

  
Chief Bureau of Entomology and Pest Control



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Agricultural Environmental Services

**CERTIFICATE OF GENERAL LIABILITY INSURANCE  
PERTAINING TO PEST CONTROL BUSINESS LICENSE**

Section 482.071(4), F.S. and 6E-14.142, F.A.C.  
Telephone: 850-617-7997

Respond to:  
Bureau of Licensing and  
Enforcement  
3125 Conner Blvd, Bldg 8,  
Tallahassee, FL 32399-1650

**Insured:**  
(Pest Control Business)

Gro Pro LLC

---

Business Name

104 Estes Place Suite B

---

Physical Address of Business

Panama City Beach Florida 32413

---

City, State, Zip Code

**PRODUCER:**  
(Insurance Agent)

Acentria Insurance

---

Company Name

1007 Jenks Avenue

---

Street or Mailing Address

Panama City Florida 32401

---

City, State, Zip Code

---

Phone number

78089698

---

Policy Number

2/28/20

---

Policy Effective Date

2/28/21

---

Policy Expiration Date

**Insurance Company(ies) Affording Coverage:**

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Company (Letter A - below)

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Company (Letter B - below)

A. Chapter 482.071(4), Florida Statutes, states, in part, that each person making application for a pest control business license or renewal thereof must furnish to the department a certificate of insurance that meets the requirements for minimum financial responsibility for bodily injury and property damage consisting of:

Bodily injury: \$250, 000 each person and \$500, 000 each occurrence; and  
Property damage: \$250,000 each occurrence and \$500,000 in the aggregate; or  
Combined single-limit coverage: \$500,000 in the aggregate.

The insured firm's coverage meets or exceeds the minimum statutory requirements as stated in "A" above:

*Kevin Heath*

Authorized Insurance Representative Signature

B. Does the insured have insurance for performing wood-destroying organism inspections in the form of errors and omissions (professional liability) coverage in an amount no less than \$500,000 in the aggregate and \$250,000 per occurrence?

x

Yes            No           

*Kevin Heath*

Authorized Insurance Representative Signature

**CERTIFICATE HOLDER**

Florida Department of Agriculture and Consumer Services  
Bureau of Licensing and Enforcement  
3125 Conner Blvd, Bldg 8  
Tallahassee, FL 32399-1650  
(850) 617-7997 FAX: (850) 617-7967

STATE OF FLORIDA  
Department of Agriculture and Consumer Services  
BUREAU OF LICENSING AND ENFORCEMENT

Date  
February 19, 2021

File No.  
JH256294

Expires  
March 31, 2021

THE PEST CONTROL COMPANY FIRM NAMED BY LAW HAS  
REGISTERED UNDER THE PROVISIONS OF CHAPTER 423 FOR THE  
PERIOD EXPIRING, March 31, 2021

AT

104 EYES PLACE, SIXTH  
PANAMA CITY BEACH, FL 32413

GHO PRO, LLC  
104 EYES PLACE, SUITE B  
PANAMA CITY BEACH, FL 32413

Law and Enforcement

*Nicole Fried*  
NICOLE "NIKE" FRIED, COMMISSIONER





AQUATIC/ROADSIDE

Florida Department of Agriculture and Consumer Services  
 Pesticide Certification Office  
 Commercial Applicator License  
 License # CND4472  
 Categories  
 SA, G, S

Issued: October 11, 2016 Expires: October 31, 2020

*David G. Pitt*  
 Registrar of Licenses

*Mark*  
 ADAM H. POTNAM, COMMISSIONER

This document is valid only in the presence of Original #20, F.S. for purchase and apply restrictions

ANGELLE JR, LORIE J  
 399 AZALEA ST  
 PANAMA CITY BEACH, FL 32407

CERTIFIED OPERATOR

STATE OF FLORIDA  
 Department of Agriculture and Consumer Services  
 BUREAU OF LICENSING AND ENFORCEMENT

Date: April 9, 2020 Expires: June 1, 2021  
 File No. JF217891

THE CERTIFIED PEST CONTROL OPERATOR NAMED BELOW HAS REGISTERED UNDER THE PROVISIONS OF CHAPTER 482 FOR THE PERIOD EXPIRING: June 1, 2021

LORIE J ANGELLE JR  
 399 AZALEA ST  
 PANAMA CITY BEACH, FL 32407

*Nickie Grub*  
 NICKIE GRUB, FIELD COMMISSIONER

Lawn and Ornamental