



**Lee County Procurement Management,**

It is our privilege to submit a formal cleaning proposal for your review today. In situations like this, every vendor wants to showcase their services and JAN-PRO Cleaning & Disinfecting is no exception. What we hope will serve to differentiate our proposal today are the customer benefits that make JAN-PRO Cleaning & Disinfecting a uniquely better cleaning partner for the over 35,000 global clients that are served every day.

- Regular communication with your business owner
- The best value for the best services as required
- The confidence and demonstrated reliability to provide personnel for the needed service at each location

Whether you judge by reputation, franchise owner commitment, the unique cleaning processes themselves or by the written service guarantee, we know you will find JAN-PRO Cleaning & Disinfecting to be a worthy service partner for your organization and look forward to addressing any additional questions you may have.

Yours Sincerely,

Vito Papasodero  
Sales & Customer Representative  
Vito.Papasodero@Jan-Pro.com  
C: (239)789-8330  
Jan-Pro Development Of Southwest Florida

Cleaning and disinfecting services provided by independently owned and operated Jan-Pro Cleaning & Disinfecting franchisees.

## About Us

### The Company

JAN-PRO Franchising International, Inc. operates its business in the commercial cleaning franchising industry and licenses its master franchise owners and unit franchisees under the JAN-PRO® trademark. Founded in 1991, JAN-PRO has over 87 master franchise offices in four countries with over 7,000 unit franchisees. Master license expansion plans are ongoing on a national and international level.

JAN-PRO has built a solid reputation as a quality franchise organization within the commercial cleaning industry. The company has been highly ranked in magazines such as Entrepreneur, Income Opportunities, Home Business and Business Start-up, as well as in the Franchise Handbook. JAN-PRO® customers include a number of prestigious accounts, many of which are included in "Who's Who in Business."

JAN-PRO is now the *World's #1 Fastest Growing Franchise* system according to 2008 Entrepreneur Magazine.

JAN-PRO operates under a unique professional system. Unlike conventional cleaning companies where employees work at a job, JAN-PRO® unit franchisees are owner-operators who have a vested interest. That's why our owner-operators want to make sure total customer satisfaction occurs.

### We Provide...

- Quality cleaning methods
- Detailed cleaning schedules
- Comprehensive training programs
- Extensive support system
- Quality control systems
- Customer relation services
- Highly skilled personnel

...and these components form a successful commercial cleaning concept that results in a highly motivated workforce to produce long-term customer satisfaction.

### The JAN-PRO® Difference

There are a number of problems inherent with conventional cleaning services:

- Lack of management supervision
- No professional quality control procedures by supervisors
- Inconsistent service levels, resulting from high turnover and untrained workers
- No professional management concern for customer satisfaction
- Breakdown in communication for customer service requests

Basically, employees of conventional cleaning services feel they work at a job rather than operate a business.

### What's the Answer?

JAN-PRO!

EXHIBIT E  
PROJECT FUNDING PACKAGE

**Quality, Value, Performance.**

At JAN-PRO, we realize the test every cleaning company must pass is whether the value of its service is worth the cost. That is why our goal is to provide the highest quality, most up-to-date, professional cleaning service at the best possible price. JAN-PRO will tailor each cleaning program to meet your individual needs, assuring you better value for your money. At JAN-PRO you pay only for the cleaning services that you want. JAN-PRO® owner/operators are dedicated to providing consistent, reliable service on an ongoing basis.

**Owner/Operators Provide the Highest Level of Excellence**

JAN-PRO® franchisees have a vested interest in ensuring every customer need is met in a timely and quality fashion. As owner/operators, so they have a pride of ownership results in an enhanced level of service for customers.

**The JAN-PRO Process**

What is the definition of "clean"? Ask 100 people and you'll likely get 100 different answers. At JAN-PRO you'll only ever hear one answer:

"It's Only Clean When Our Processes Confirm It's Clean."

**Communication**

JAN-PRO is available to assist you by telephone response during the normal business hours on all cleaning procedures. Our regional offices' operations staff is poised to administer immediate assistance to customers.

**Customer Satisfaction**

JAN-PRO offers a professional touch to the cleaning industry by providing you with a well-trained franchise business owner who focuses on customer appreciation, and possesses the attitude, desire and determination to maintain the superior quality of cleaning you require for your company.

**Detailed Cleaning Schedules**

JAN-PRO will address your specific cleaning requirements by preparing a daily, weekly and monthly cleaning schedule to meet your needs. This eliminates guesswork.

**We're Ready When You Are**

JAN-PRO is ready to put our skills and experience to work for you today. We welcome the opportunity to survey your cleaning and maintenance needs and submit a proposal for our professional services. Contact us today for a free consultation and estimate



Proudly representing independently owned and operated JAN-PRO Cleaning & Disinfecting™ franchisees

## JAN-PRO FRANCHISE DEVELOPMENT OF SOUTHWEST FLORIDA

### AWARDS AND RECOGNITION

- OFFICE OF THE YEAR IN OUR TIER LEVEL 2006,2017,2018,2020
- GOLD CIRCLE AWARD FOR TOP OFFICE WORLDWIDE 2016,2017,2018
- NAMED BEST COMMERCIAL CLEANING SERVICE BY DIGITAL.COM 2021
- RECONIZED BY ENTREPRENAUR MAGAZINE TOP GLOBEL COMMERCIAL CLEANING COMPANY 2017
- JAN-PRO Cleaning & Disinfecting has ranked #1 in the category in Entrepreneur's 2023 Franchise 500 for the 15<sup>th</sup> consecutive year!

### PARTNERS & AFFILIATES

- BOSTON RED-SOX FOUNDATION (SWING FOR THE SOX CHILDRENS FOUNDATION )
- GOLOSANO CHILDRENS HOSPITAL
- LYNX FRANCHISING
- QUIGLEY EYE CENTERS
- LEE HEALTH

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EXHIBIT E  
PROJECT FUNDING PACKAGE



JAN-PRO.COM

Proudly representing independently owned and operated JAN-PRO Cleaning & Disinfecting™ franchisees

## JAN-PRO FRANCHISE DEVELOPMENT OF SOUTHWEST FLORIDA

### COMPANY EXPERIENCE

- » FORT MYERS MIGHTY MUSSELS
- » STARTING REVENUE \$6595/MONTH - CURRENT REVENUE \$9530/MONTH
- » 14400 6 MILE CYPRESS PARKWAY FT. MYERS FL, 33912
- » JUDD LOVELAND
- » 239.533.7664
- » [JLOVELAND@MIGHTYMUSSELS.COM](mailto:JLOVELAND@MIGHTYMUSSELS.COM)
- » EVENT CLEANS, PRE & POST GAME CLEANS, OFFICE CLEANS, LOCKER ROOM CLEANS, POWER WASHING, CONCERTS
  
- » BOSTON RED-SOX
- » STARTING REVENUE \$58,245 YEAR - CURRENT REVENUE \$96,245 YEAR
- » BRENNAN WHITLEY
- » 239.226.4755
- » [BWHITLEY@RED-SOX.COM](mailto:BWHITLEY@RED-SOX.COM)
- » EVENT CLEANS, PRE & POST GAME CLEANS, OFFICE CLEANS, LOCKER ROOM CLEANS, POWER WASHING, CONCERTS
  
- » PITTSBURGH PIRATES (SPRING TRAINING)
- » CURRENT REVENUE \$57,895.00
- » RAY MORRIS
- » [RAY.MORRIS@PIRATES.COM](mailto:RAY.MORRIS@PIRATES.COM)
- » SPRING TRAINING PRE & POST GAME CLEANS, OFFICE CLEANS, LOCKER ROOM CLEANS, POWER WASHING.

#### Jan-Pro Development of Southwest Florida

Recognizes that the County reserves the right to evaluate the proposed Firm on their past performance and prior dealings with Lee County (i.e., failure to meet specifications, poor workmanship, late delivery, etc.) as part of their experience criteria.

Cleaning and disinfecting services provided by independently owned and operated Jan-Pro Cleaning & Disinfecting franchisees.



## Tab 3

### Our Approach to Janitorial Services

At JAN-PRO® of Central Texas, we're a janitorial service company with a plan. Our three-system approach to the janitorial service we offer ensures we deliver efficient and effective results after every cleaning. Where other Waco-area cleaning companies might take a blanket approach to their janitorial services, we create a custom cleaning plan for every business we clean using our JAN-PRO Signature Clean® system. The Signature Clean® system includes industry-specific cleaning plans so we're equipped to tackle the biggest cleaning challenges in any industry.

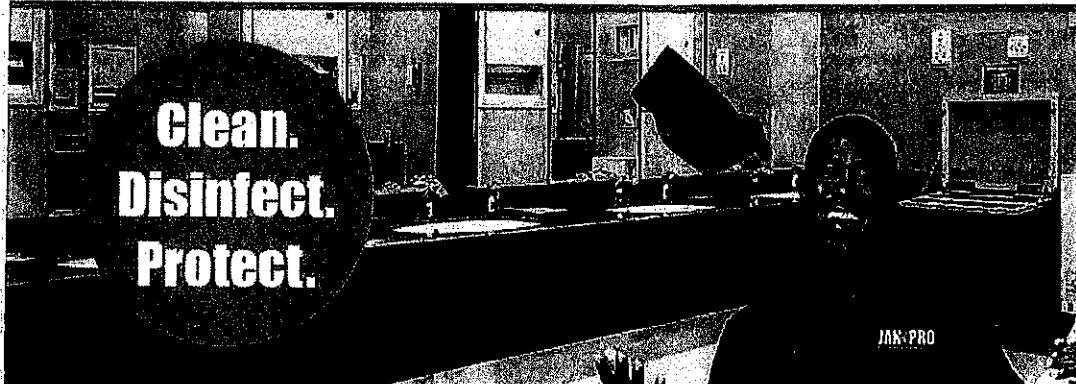
As part of our commitment to superior janitorial services, we insist on utilizing the JAN-PRO Technics® suite of cutting-edge cleaning systems and products. JAN-PRO Technics® is a proprietary program of cleaning products that allows us to deliver a higher-grade of clean. These systems include our EnviroShield® disinfecting system that wipes out 99.99% of all bacteria on contact by utilizing a state-of-the-art misting system. We also use HEPA-filter vacuums for cleaner floors and cleaner air. Our vacuums can remove dirt up to .3 microns for improved air quality.

All of our janitorial services are measured using our JAN-PRO Tracker® system. This system uses a 50-point checklist to periodically inspect your facility to confirm that we deliver thorough and consistent cleaning results. We inspect your facility before the first clean, after 30 days of service and periodically thereafter to ensure we are always meeting or exceeding our standards for janitorial cleaning excellence.

### Guaranteed Janitorial Service for Businesses in Waco

Our hands-on owner/operators have gone through an extensive training program to be certified in the JAN-PRO Signature Clean® standards we adhere to. They personally verify that our janitorial services are performed as efficiently and effectively as possible. If you ever spot an issue with our janitorial services, do not hesitate to let us know. We'll be there to amend our service within the next 24 hours. If not, your next standard cleaning comes free.

## OUR PROCESS



### **The process is simple: Trusted + Clean = Guaranteed.**

The JAN-PRO Cleaning & Disinfecting Process is designed to guarantee customer satisfaction through quality, technology, and measurement for a consistent clean from the same reliable cleaning franchisees – every time.

#### **STEP 1:**

#### **JAN-PRO Signature Clean® Services = Quality Commitment**

Every cleaning franchisee goes through an in depth brand standard certification program which includes:

- How to work safely in public areas
- How to maintain bacteria-free surfaces
- How to work faster & greener
- How to dust offices without disturbing them
- The importance of chemical dwell time
- Treatments for hard floors
- Thorough carpet-cleaning techniques
- OSHA safety protocols

Cleaning franchisees are uniformed, bonded, and insured  
– so you can trust the job will be done safely and professionally.



Cleaning and disinfecting services provided by independently owned and operated Jan-Pro Cleaning & Disinfecting franchisees.

## OUR PROCESS

### STEP 2:

#### **JAN-PRO Technics® Technology = Quality Delivered**

The JAN-PRO Technics® technology is the science behind our services. JAN-PRO Cleaning & Disinfecting delivers quality using the most advanced products and equipment, including:

- Hospital-strength disinfectants for the broadest kill range of surface bacteria
- HEPA-rated backpack vacuums that filter out 99.97% of particles from the air
- Microfiber cloths and mops that trap dirt more efficiently and effectively
- Eco-friendly cleaning chemicals that cover a greater area while using less product
- The best safety equipment available

### STEP 3:

#### **JAN-PRO Tracker® Audits = Quality Measured**

JAN-PRO Cleaning & Disinfecting franchisees use the JAN-PRO Tracker audit to routinely check their work and benchmark their results:

- First, your cleaning needs are assessed so cleaning franchisees can decide where to focus their expertise.
- After the initial period (usually 30 days), a brand standard audit is conducted on your property using a 50-point checklist – so no spot, nook, or cranny is overlooked.
- Adjustments are made if needed, and the audits continue on a regular schedule.



Cleaning and disinfecting services provided by independently owned and operated Jan-Pro Cleaning & Disinfecting franchisees.



## Tab 4

### Frank Papanodero – President

From April 2006 to present, Frank has been the President for JAN-PRO Southwest Florida.

From October 1998 through March 2005, Frank served as Operations Manager and sales associate for Jan-Pro Southwest Florida. Frank was chosen by his old boss to take over ownership and has been growing the business since along the way accumulating dozens of certifications and awards from Jan-Pro International.

### Vito Papanodero – Sales/Customer Rep

From January 2013 to the present, Vito has been sales director and customer representative.

As Lead Supervisor Vito will work closely with your facilities management team and will be on call 24/7. Vito has been currently overseeing and personally attending to every facility in this RFP, he knows all the site Facility Managers and employees.

Site Supervisors will remain and have 4-7 years of experience in stadium cleaning and the janitorial industry all around. They will monitor the efforts of the crew throughout each game and help where needed. As areas are completed it will be the Site Supervisors' main task to check the work and bring deficiencies to the crews' attention for immediate corrective action.

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form#1 - Solicitation Form, Page 2

3 **Business Relationship Disclosure Requirement:** Sections 112.313(3) and 112.313(7), FL§, prohibit certain business relationships on the part of public officers and employees, their spouses, and their children. See Part III, Chapter 112, FL § and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers, Candidates and Employees" for more details on these prohibitions. However, Section 112.313(12), FL § (1983), provides certain limited exemptions to the above-referenced prohibitions, including one where the business is awarded under a system of sealed, competitive bidding; the public official has exerted no influence on bid negotiations or specifications; and where disclosure is made, prior to or at the time of the submission of the bid, of the official's or his spouse's or child's interest and the nature of the intended business. The Commission on Ethics has promulgated this form for such disclosure, if and when applicable to a public officer or employee.  
**If this disclosure is applicable request form "INTEREST IN COMPETITIVE BID FOR PUBLIC BUSINESS" (Required by 112.313(12)(b), Florida Statute (1983)) to be completed and returned with solicitation response. It is the proposer's responsibility to disclose this relationship, failure to do so could result in being declared non-responsive.**

Business Relationship Applicable (request form)       Business Relationship NOT Applicable

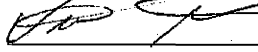
4 Disadvantaged, Minority, Women, Veterans Business Enterprise (DBE, MBE, WBE, VBE)  Yes  No  
Proposer? If yes, please attach a current certificate.

**ALL PROPOSALS MUST BE EXECUTED BY AN AUTHORIZED AUTHORITY OF THE PROPOSER, WITNESSED AND SEALED (IF APPLICABLE)**

Jan-Pro Development Of Southwest Florida  
Company Name (Name printed or typed)

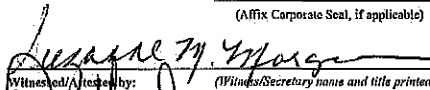

Vito Papasodero  
Authorized Representative Name (printed or typed)

Sales-Customer Representative  
Authorized Representative's Title (printed or typed)

  
Authorized Representative's Signature



(Affix Corporate Seal, if applicable)

  
Witness/Secretary by: (Witness/Secretary name and title printed or typed)  
  
Witness/Secretary Signatures

Any blank spaces on the form(s), qualifying notes or exceptions, counter offers, lack of required submittals, or signatures, on County's Form may result in the submission being declared non-responsive by the County.

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form 2 -- Affidavit Certification of Immigration Laws



AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

SOLICITATION NO.: RFP230441WCD  
SOLICITATION NAME: Custodial Services-Lee County Sports Parks & Stadiums

LEE COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) (SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

LEE COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY LEE COUNTY. PROPOSER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

BY REGISTERING AS A VENDOR, SUBMITTING A RESPONSE TO A SOLICITATION, OR ENTERING INTO A CONTRACT, YOU ARE OBLIGATED TO COMPLY WITH THE PROVISIONS OF SECTION 448.095, FLA. STAT., "EMPLOYMENT ELIGIBILITY." FURTHER, BY YOUR REGISTRATION AS A VENDOR, RESPONSE TO A SOLICITATION, ENTERING INTO A CONTRACT, YOU AFFIRM AND REPRESENT THAT YOU ARE REGISTERED WITH THE E-VERIFY SYSTEM AND ARE USING SAME, AND WILL CONTINUE TO USE SAME AS REQUIRED BY SECTION 448.095, F.S. COMPLIANCE WITH SECTION 448.095 INCLUDES, BUT IS NOT LIMITED TO, UTILIZATION OF THE E-VERIFY SYSTEM TO VERIFY THE WORK AUTHORIZATION STATUS OF ALL NEWLY HIRED EMPLOYEES, AND REQUIRING ALL SUBCONTRACTORS TO PROVIDE AN AFFIDAVIT ATTESTING THAT THE SUBCONTRACTOR DOES NOT EMPLOY, CONTRACT WITH, OR SUBCONTRACT WITH, AN UNAUTHORIZED ALIEN. FAILURE TO COMPLY WILL LEAD TO TERMINATION AS A VENDOR, DISQUALIFYING YOU FOR AWARD OF A SOLICITATION, DENIAL OF ENTERING INTO A CONTRACT AND/OR, CANCELLATION OF AN ACTIVE CONTRACT, OR IF YOUR SUBCONTRACTOR KNOWINGLY VIOLATES THE STATUTE, THE SUBCONTRACT MUST BE TERMINATED IMMEDIATELY. ANY CHALLENGE TO TERMINATION UNDER THIS PROVISION MUST BE FILED NO LATER THAN 20 CALENDAR DAYS AFTER THE DATE OF TERMINATION. IF TERMINATED FOR A VIOLATION OF THE STATUTE BY THE VENDOR, THE VENDOR MAY NOT BE ALLOWED TO DO BUSINESS WITH THE COUNTY OR BE AWARDED A SOLICITATION OR CONTRACT FOR A PERIOD OF 1 YEAR AFTER THE DATE OF TERMINATION. ALL COSTS INCURRED TO INITIATE AND SUSTAIN THE AFOREMENTIONED PROGRAMS SHALL BE THE RESPONSIBILITY OF THE VENDOR.

Company Name: JAS Pro Development of Southwest Florida  
[Signature] Sales-Customer Representative 08/23/2023  
Signature Title Date

STATE OF Florida  
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me, by means of  physical presence or  online notarization, this 23rd day of August 2023, by VITO PAPA SODER who has produced  
(Print or Type Name)

FLDL P123861861110 as identification.  
(Type of Identification and Number)

[Signature]  
Notary Public Signature

Suzanne M Morgan  
Printed Name of Notary Public



118711 8/19/2025  
Notary Commission Number/Expiration

The signee of this Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form 3 Reference Survey

Lee County Procurement Management  
Reference Survey

Reference surveys submitted can be a maximum of twelve (12) months old. If using a previous reference, Proposers must clearly identify the project name and number the reference is being submitted for.

Project Name & Number: Custodial Services-Lee County Sports Parks & Stadiums RFP230297WCD

|                  |                             |  |                 |
|------------------|-----------------------------|--|-----------------|
| <b>Section 1</b> |                             | <b>Please return completed form to:</b>                    |                 |
| <b>FROM:</b>     | Judd Loveland               | <b>Bidder/Proposer:</b>                                    | Vito Papasodero |
| <b>COMPANY:</b>  | Mighty Mussels              | <b>Due Date:</b>   | 08/23/2023      |
| <b>PHONE #:</b>  | 239.533.7664                | <b>Total # Pages:</b>                                      | 1               |
| <b>FAX #:</b>    |                             | <b>Phone #:</b>  | 239.482.8800    |
| <b>EMAIL:</b>    | jloveland@mightymussels.com | <b>Fax #:</b>  |                 |
|                  |                             | <b>Bidder/Proposer E-Mail:</b> Vito.Papasodero@Jan-Pro.com |                 |

|  |  |                      |  |
|--|--|----------------------|--|
| <b>Section 2</b>   |  |                      |  |
| <b>Proposer Name:</b> Jan-Pro Development of Southwest Florida     |  |                      |  |
| <b>Reference Project Name:</b>                                     | <b>Project Address:</b>                      | <b>Project Cost:</b> |  |
| Mighty Mussels Office & Stadium Cleanup                            | 1440 6 Mile Cypress Pkwy Ft. Myers FL, 33912 | \$85,000             |  |
| <b>Summarized Scope:</b>   |  |                      |  |
| Office cleaning, Carpet Cleaning, Stadium Pre & Post Game Cleaning |  |                      |  |

You as an individual or your company has been given as a reference on the project identified above. Please provide your responses in section 3 below.

|  |                         |
|--|-------------------------|
| <b>Section 3</b>   | Indicate: "Yes" or "No" |
| 1. Did this company have the proper resources and personnel by which to get the job done?  | YES                     |
| 2. Were any problems encountered with the company's work performance?  | NO                      |
| 3. Were any change orders or contract amendments issued, other than owner initiated?   | NO                      |
| 4. Was the job completed on time?  | YES                     |
| 5. Was the job completed within budget?  | YES                     |
| 6. On a scale of one to ten, ten being best, how would you rate the overall work performance, considering professionalism; final product; personnel; resources.<br>Rate from 1 to 10. (10 being highest) | 9                       |
| 7. If the opportunity were to present itself, would you rehire this company?   | YES                     |
| 8. Please provide any additional comments pertinent to this company and the work performed for you:<br>Great service and communication, always on call 24/7  |                         |

**Section 4** Please submit non-Lee County employees as references

Judd Loveland  
Reference Name (Print Name)

*Judd Loveland*  
Reference Signature

Form 4 -Negligence or Breach of Contract Disclosure Form

REVISED 02/22/2017



**ALLEGED NEGLIGENCE OR BREACH OF CONTRACT  
DISCLOSURE FORM**

"Please fill in the form below. Provide details for each incident of alleged negligence, breach of contract or non-compliance with governmental regulation that has occurred over the past 10 years. Examples of non-compliance with governmental regulation include but are not limited to zoning violations, code enforcement violations, civil or criminal citations, denial, or revocation of permits. Provide details for all entities currently or previously owned in whole or in party by the proposer in the last 10 years. Please complete in chronological order with the most recent incident starting on page 1. Please do not modify this form (expansion of spacing allowed) or submit your own variation."

**Company Name:** Jan-Pro Development of Southwest Florida

| Type of Incident<br><i>Alleged Negligence,<br/>Breach of Contract,<br/>or Non-Compliance</i> | Incident Date<br><i>And<br/>Date Filed</i> | Plaintiff<br><i>(Company, person, entity-<br/>acted against your<br/>company or state if your<br/>company initiated the action)</i> | Case<br><i>Number</i> | Court<br><i>(Name of<br/>State and<br/>County)</i> | Project<br><i>(Address and Name)</i> | Allegation<br><i>(Stated reason your company<br/>was accused of negligence,<br/>breach of contract or non-compliance<br/>of governmental regulation or the<br/>allegations your company made)</i> | Final Outcome<br><i>(Who prevailed and how)</i> |
|--|--|---|-----------------------|--|--------------------------------------|---|---|
| N/A  | N/A  | N/A   | N/A                   | N/A  | N/A                                  | N/A   | N/A   |
|  |  |   |                       |  |                                      |   |   |
|  |  |   |                       |  |                                      |   |   |
|  |  |   |                       |  |                                      |   |   |

EXHIBIT E  
PROJECT FUNDING PACKAGE

Make as many copies of this sheet as necessary to provide a 10-year history of the requested information. If there is no action pending or action taken in the last 10 years, complete the company name and write "NONE" in the first "Type of Incident" box of this page and return with your proposal package. This form should also include the primary partners listed in your proposal. Do not include litigation with your company as the plaintiff. Final outcome should include who prevailed and what method of settlement was made. If a monetary settlement was made the amount may remain anonymous.

Proposals may be declared "non-responsive" due to omissions of "Negligence or Breach of Contract" on this disclosure form. Additionally, proposals may be declared "not responsible" due to past or pending lawsuits that are relevant to the subject procurement such that they call into question the ability of the proposer to assure good faith performance. This determination may be made by the Procurement Management Director, after consulting with the County Attorney.

Page Number: \_\_\_\_\_ Of \_\_\_\_\_ Total pages

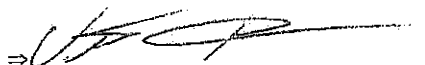
EXHIBIT E  
PROJECT FUNDING PACKAGE

Form 5 - Affidavit Principal Place of Business



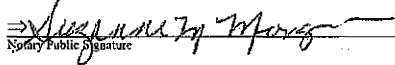
AFFIDAVIT PRINCIPAL PLACE OF BUSINESS

Instructions: Please complete all information that is applicable to your firm

Company Name: Jan-Pro development of Southwest Florida  
 Vito Papasodero Sales-Customer Representative  
 Printed name of authorized signer Title  
  
 Authorized Signature Date: 08/23/2023

The signee of this Affidavit guarantee, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made. **LEE COUNTY RESERVES THE RIGHT TO REQUEST SUPPORTING DOCUMENTATION, AS EVIDENCE OF SERVICES PROVIDED, AT ANY TIME.**

The foregoing instrument was signed and acknowledged before me, by means of  physical presence or  online notarization, this 23rd day of August 2023 by VITO PAPA-SODERO who has produced FLDL A123 861861110 as identification. (Type of Identification and Number)  
 (Print or Type Name)

Notary: State of FLORIDA  
 County of LEE  
  
 Notary Public Signature

 SUZANNE M. MORGAN  
 Commission #181118711  
 Expires August 19, 2025  
 Bonded Through Budget Notary Services

Notary Commission Number and expiration

- Principal place of business is located within the boundaries of: Lee County  
Non-Local
- Local Business Tax License # \_\_\_\_\_
- Address of Principal Place of Business: 13760 Cypress Terrace Circle  
 Ft. Myers FL 33907
- Number of years at this location 6 years
- Have you provided goods or services to Lee County on a regular basis within the past 3 consecutive years  Yes\*  No \*If yes, attach contractual history for past 3 consecutive years
- Number of available employees for this contract 02
- Does your company have a Drug Free Workplace Policy  Yes  No

51 RFP230441WCD Custodial Services-Lee County Sports Parks & Stadiums

Form a-Sub-contractor/consultant List



**SUB-CONTRACTOR/CONSULTANT LIST**

| Sub-Contractor/Consultant Company Name | Area Of Work | Point Of Contact Or Project Supervisor | Contact Info Phone or Email | Qualified DBE, MBE, WBE, VBE or Similar | Amount or Percentage of Total |
|--|--------------|--|-----------------------------|---|-------------------------------|
| N/A                                    | N/A          | N/A                                    | N/A                         | N/A                                     | N/A                           |
|  |              |  |                             |   |                               |
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|  |              |  |                             |   |                               |
|  |              |  |                             |   |                               |
|  |              |  |                             |   |                               |

Please include sub-contractor/consultant name, area of work (i.e. mechanical, electrical, etc.) and a valid phone number and/or email. Also include the dollar value or percentage that the sub-contractor/consultant will be performing. If sub-contractor/consultant qualifies as a current certificate Florida Certified Business Enterprise such as MBE, WBE, DBE, VBE or similar please indicate such above and provide proof of certification.

EXHIBIT E  
PROJECT FUNDING PACKAGE

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form 7: Public Entity Crime Form  
Page 1 of 2

This form must be signed and sworn to in the presence of a notary public or other officer authorized to administer oaths.

1. This sworn statement is submitted to Lee County Procurement Management  
(Print name of the public entity)

by Vito Papasodera Sales-Customer Representative  
(Print individual's name and title)

for Jani-Pro Development of Southwest Florida DBA Clean 17 Inc  
(Print name of entity submitting sworn statement)

whose business address is 13700 Cypress Terrace Circle Ft. Myers FL, 33907

(If applicable) its Federal Employer Identification Number (FEIN) is 34-2048077

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet.) Required as per IRS Form W-9.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1) (g), 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 with the United States, including but not limited to, and bid or contract for goods or services to be provided to any public entity or agency or political subdivision or any other state or of the United States, and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1) (b), Florida Statutes, means a finding of guilt or a conviction of 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 "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
1. A predecessor or successor of a person convicted of a public entity crime:  
or:
  2. 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 the 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 fair market value under an arm's length agreement, shall be a 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) (c), 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 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 management of the entity.

53 RFP230441WCD Custodial Services-Lee County Sports Parks & Stadiums

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form 7 cont. - Public Entity Crime Form  
Page 2 of 2

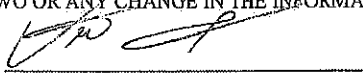
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting those sworn statement. (Please indicate which statement applies.)

NO Neither the entity submitted this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity nor affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

NO The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

NO The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, or agents who are active in 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 subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing 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 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH 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 OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.



(Signature)

08/23/2023

(Date)

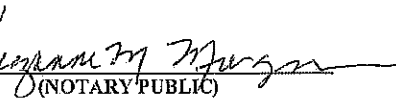
STATE OF Florida  
COUNTY OF Lee

The foregoing instrument was signed and acknowledged before me, by means of  physical presence or  online notarization, this 23<sup>rd</sup> day of August 2023 by VITO PAPESELU who has produced (Print or Type Name)

FLDL P12386186110 as identification.  
(Type of Identification and Number)



SUZANNE M. MORGAN  
Commission # H#118711  
Expires August 19, 2025  
Elected thru Budget Notary Services

  
(NOTARY PUBLIC)

My Commission Expires:

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form B: Certification Regarding Lobbying

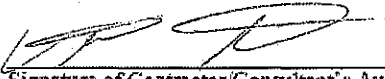
**CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, 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 undersigned, 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 the awarding 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-L.L.L. "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents of all sub-awards at all tiers (including subcontracts, sub-grants, 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 section 1352, title 31, United States Code. 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.

The Contractor/Consultant, Vito Papasodero, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 *et seq.*, apply to this certification and disclosure, if any.



Signature of Contractor/Consultant's Authorized Official

Vito Papasodero Sales-Customer Representative

Name & Title of Contractor/Consultant's Authorized Official

08/23/2023

Date

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form 9: Disclosure of Lobbying Activities

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB  
4040-0013

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>1. * Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input checked="" type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance  |  | <b>2. * Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer application<br><input checked="" type="checkbox"/> b. initial award<br><input type="checkbox"/> c. re-award |  | <b>3. * Report Type:</b><br><input checked="" type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change |  |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>* Name: _____<br>* Street 1: _____ Street 2: _____<br>* City: _____ State: _____ Zip: _____<br>Congressional District, if known: _____  |  |  |  |  |  |
| <b>5. If Reporting Entity in No.4 is Subawardee. Enter Name and Address of Prime:</b><br>_____  |  |  |  |  |  |
| <b>6. * Federal Department/Agency:</b><br>_____   |  |  | <b>7. * Federal Program Name/Description:</b><br>_____<br><small>CFDA Number, if Applicable:</small> _____ |  |  |
| <b>8. Federal Action Number, if known:</b><br>_____   |  |  | <b>9. Award Amount, if known:</b><br>\$ _____  |  |  |
| <b>10. a. Name and Address of Lobbying Registrant:</b><br>Prefix: _____ * First Name: <u>Vito</u> Middle Name: _____<br>* Last Name: <u>Papasodero</u> Suffix: _____<br>* Street 1: <u>11428 Lake Cypress Loop</u> Street 2: _____<br>* City: <u>FT. Myers</u> State: <u>Florida</u> Zip: <u>33913</u>  |  |  |  |  |  |
| <b>b. Individual Performing Services (including address if different from No. 10a)</b><br>Prefix: _____ * First Name: _____ Middle Name: _____<br>* Last Name: _____ Suffix: _____<br>* Street 1: _____ Street 2: _____<br>* City: _____ State: _____ Zip: _____  |  |  |  |  |  |
| <b>11. Information requested through this form is submitted by the 31 U.S.C. section 1352. This disclosure of lobbying activities is a Federal representation of fact upon which reliance was placed by the Federal Government when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. The information will be recorded in the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b><br>* Signature: _____<br>* Name: Prefix: _____ * First Name: <u>Vito</u> Middle Name: _____<br>* Last Name: <u>Papasodero</u> Suffix: _____<br>Title: <u>Sales</u> Telephone No.: <u>239-482-8800</u> Date: <u>08-23-2013</u> |  |  |  |  |  |
| <b>Federal Use Only:</b>  |  |  |  |  | <small>Authorized for Local Use production Standard Form 104 (Rev. 7-97)</small> |

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form # 10: Immigration Law Affidavit Certification (E-Verify)

Attachment: Immigration Law Affidavit Certification

This Affidavit is required and should be signed by an authorized principal of the firm, notarized and submitted with County Procurements where applicable. Further, Vendors / Bidders are required to enroll in the E-Verify program, and provide acceptable evidence of their enrollment, upon request by County personnel. Acceptable evidence consists of a copy of the properly completed E-Verify Company Profile page or a copy of the fully executed E-Verify Memorandum of Understanding for the company.

Lee County will not intentionally award County contracts to any vendor who knowingly employs unauthorized alien workers, constituting a violation of the employment provision contained in 8 U.S.C. Section 1324 a(e) Section 274A(e) of the Immigration and Nationality Act ("INA").

Lee County may consider the employment by any vendor of unauthorized aliens a violation of Section 274A (e) of the INA. Such Violation by the recipient of the Employment Provisions contained in Section 274A (e) of the INA shall be grounds for unilateral termination of the contract by Lee County.

Vendor attests that they are fully compliant with all applicable immigration laws (specifically to the 1986 Immigration Act and subsequent Amendment(s)) and agrees to comply with the provisions of the Memorandum of Understanding with E-Verify and to provide proof of enrollment in The Employment Eligibility Verification System (E-Verify), operated by the Department of Homeland Security in partnership with the Social Security Administration at any time upon request by the County.

Company Name Jan-Pro Development of Southwest Florida

Print Name Vito Papasodero Title Sales - Customer Rep

Signature [Signature] Date 08/23/2023

State of Florida

County of Lee

The foregoing instrument was signed and acknowledged before me, by means of  physical presence or  online notarization, this 23<sup>rd</sup> day of August, 2023 by

Vito PAPASODERO who has produced FLDL P123 86156111 D as identification.  
(Print or Type Name) (Type of Identification and Number)

[Signature]  
Notary Public Signature

Suzanne M Morgan  
Printed Name of Notary Public

HH 118711 8/19/25  
Notary Commission Number/Expiration



SUZANNE M. MORGAN  
Commission # HH 118711  
Expires August 19, 2025  
Bonded Thru Budget Notary Services

The signee of these Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made.

EXHIBIT E  
PROJECT FUNDING PACKAGE

Form # 11: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

**Certification Regarding  
Debarment, Suspension, Ineligibility  
And Voluntary Exclusion**

**CONSULTANT/CONTRACTOR/VENDOR Covered Transactions**

- (1) The prospective CONSULTANT/CONTRACTOR/VENDOR, \_\_\_\_\_ of the Sub-Recipient certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the Sub-Recipient's subcontractor is unable to certify to the above statement, the prospective subcontractor shall attach an explanation to this form.

**CONSULTANT/CONTRACTOR/VENDOR**

Clean 17 Inc DBA Jain-Pro Development of Southwest Florida

By:   
Signature

Vilo Papisodero Sales - Customer Representative  
Name and Title

13700 Cypress Terrace Circle  
Street Address

Fort Myers FL, 33907  
City, State, Zip

06/23/2023  
Date

EXHIBIT E  
PROJECT FUNDING PACKAGE

Local Business Tax Receipt



JAN PRO CLEANING SYSTEMS OF SOUTHWEST FL  
CLEAN 17 INC  
13700 CYPRESS TER CIR 100  
FT MYERS, FL 33907

Dear Business Owner:

Your 2022 - 2023 Lee County Local Business Tax Receipt is attached below for account number / receipt number: **1073853 / 9904478**

If there is a change in one of the following, refer to the instructions on the back of this receipt.

- Business name
- Ownership
- Physical location
- Business closed

This is not a bill. Detach the bottom portion and display in a public location.

I hope you have a successful year.

Sincerely,

Lee County Tax Collector

2022-2023  
LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 1073853  
Receipt Number: 9904478

Account Expires: September 30, 2023

Location:  
13700 CYPRESS TER CIR 100  
FT MYERS, FL 33907

JAN PRO CLEANING SYSTEMS OF SOUTHWEST FL  
JAN PRO CLEANING SYSTEMS OF SOUTHWEST FL  
CLEAN 17 INC  
13700 CYPRESS TER CIR 100  
FT MYERS, FL 33907

|   |            |
|---|------------|
| May engage in the business of:                    |            |
| JANITORIAL SERVICE                                |            |
| THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY |            |
| Payment Information:                              |            |
| PAID INT-00-00309376                              | 07/19/2022 |
|   | \$ 50.00   |

03424 10/22/12



EXHIBIT E  
PROJECT FUNDING PACKAGE

**Certificate of Registration**

DR-11  
R. 10/12

Issued Pursuant to Chapter 212, Florida Statutes

|                    |                             |
|--------------------|-----------------------------|
| 46-8013377071-3    | 07/19/05                    |
| Certificate Number | Registration Effective Date |

This certifies that

JAN PRO CLEANING SYSTEMS  
CLEAN 17 INC.  
12165 METRO PKWY STE 238-248  
FORT MYERS FL 33966-8333

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit tax as required by Florida law. This certificate is non-transferable.

**POST THIS CERTIFICATE IN A CONSPICUOUS PLACE**

**THIS IS YOUR SALES & USE TAX CERTIFICATE OF REGISTRATION  
(DETACH AND POST IN A CONSPICUOUS PLACE)**



**THIS IS YOUR ANNUAL RESALE CERTIFICATE FOR SALES TAX**

Note: New dealers who register after mid-October are issued annual resale certificates that expire on December 31 of the following year.

**These certificates are valid immediately.**



DR-11R, R. 10/12



**2013 Florida Annual Resale Certificate for Sales Tax**

DR-13  
R. 10/12

**THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2013**

| <u>Business Name and Location Address</u>   | <u>Registration Effective Date</u> | <u>Certificate Number</u> |
|---|------------------------------------|---------------------------|
| JAN PRO CLEANING SYSTEMS<br>CLEAN 17 INC.<br>12165 METRO PKWY STE 238-248<br>FORT MYERS FL 33966-8333 | 07/19/05                           | 46-8013377071-3           |

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law. Use signed photocopy for resale purposes.

Presented to: \_\_\_\_\_ (insert name of seller on photocopy) (date) Presented by: \_\_\_\_\_ Authorized Signature (Purchase) (date)



### Local Business Tax Receipt

JAN PRO CLEANING SYSTEMS OF SOUTHWEST FL  
CLEAN 17 INC  
13700 CYPRESS TER CIR 100  
FT MYERS, FL 33907

Dear Business Owner:

Your 2022 - 2023 Lee County Local Business Tax Receipt is attached below for account number / receipt number: 1073853 / 9904478

If there is a change in one of the following, refer to the instructions on the back of this receipt.

- Business name
- Ownership
- Physical location
- Business closed

This is not a bill. Detach the bottom portion and display in a public location.

I hope you have a successful year.

Sincerely,

Lee County Tax Collector

2022-2023  
**LEE COUNTY LOCAL BUSINESS TAX RECEIPT**

Account Number: 1073853  
Receipt Number: 9904478

Account Expires: September 30, 2023

Location:  
13700 CYPRESS TER CIR 100  
FT MYERS, FL 33907

JAN PRO CLEANING SYSTEMS OF SOUTHWEST FL  
JAN PRO CLEANING SYSTEMS OF SOUTHWEST FL  
CLEAN 17 INC  
13700 CYPRESS TER CIR 100  
FT MYERS, FL 33907

|  |            |
|--|------------|
| May engage in the business of:                           |            |
| JANITORIAL SERVICE                                       |            |
| <b>THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY</b> |            |
| Payment Information:                                     |            |
| PAID INT-00-00309376                                     | 07/19/2022 |
|  | \$ 50.00   |

EXHIBIT E  
PROJECT FUNDING PACKAGE



Procurement Management Department  
2115 Second Street, 1<sup>st</sup> Floor  
Fort Myers, FL 33901  
Main Line: (239) 533-8881  
Fax Line: (239) 485-8383  
[www.lee.gov/procurement](http://www.lee.gov/procurement)

Posted Date: August 17, 2023

Solicitation No.: RFP230441WCD

Solicitation Name: Custodial Services-Lee County Sprots Parks & Stadiums

Subject: Addendum Number 2

The following represents clarification, additions, deletions, and/or modifications to the above referenced bid. This addendum shall hereafter be regarded as part of the solicitation. Items not referenced herein remain unchanged, including the response date. Words, phrases or sentences with a strikethrough represent deletions to the original solicitation. Underlined words and bolded, phrases or sentences represent additions to the original solicitation.

1. **ATTACHMENTS**
  - a. Red Sox 2022 Spring Training Schedule
  - b. Sample Completed RFP Solicitation

2. **QUESTIONS/ANSWERS**

| 1.  | On page 17 (Section 5.2), are you referring to an emergency situation where the vendor may need to purchase consumables? Please clarify...   |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
|---|--|---------------------------------|---------------|----------|-------|-------------------|--|----|--------|---|--|----|--------|---|--|----|--------|--|--|----|--------|------------------------------|--|----|--------|
| Answer  | Vendors will not have to purchase consumables.   |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| 2.  | If the restroom attendants are hourly, how many hours are they typically needed per game day?  |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Answer  | Hours will vary as baseball games do not have a set time. They are required to be onsite 3 hours before gates open and games typically take 3-4 hours but could be longer.   |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| 3.  | In addition to baseball games, what other type of events are held at the stadiums? How many events take place per month?   |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Answer  | Lee County host various events throughout the year, ceremonies, concerts, etc. They are not very often but we do host them on occasion.  |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| 4.  | On the cost proposal form, does the "Quantity" refer to the number of required staff or the number of games? For example, Pre-game cleaning has a Quantity of 17. Please clarify...  |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Answer  | Example -- Quantity of 17 for Pre-game is the number of games. Example 2. Quantity of 4,5,4 under section B Restrooms is the number of restrooms.  |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| 5.  | In order to provide a Cost Per Game Rate, can you provide the length of time that will be allotted for cleaning staff to complete tasks?   |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
|   | <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Section A. Spring Training Game</th> <th>Cost Per Game</th> <th>Quantity</th> <th>Price</th> </tr> </thead> <tbody> <tr> <td>Pre-Game Cleaning</td> <td></td> <td>17</td> <td>\$0.00</td> </tr> <tr> <td>Post-Game Trash/Debris removal / Cleaning</td> <td></td> <td>17</td> <td>\$0.00</td> </tr> <tr> <td>Restroom Attendants (male &amp; female all locations) during game</td> <td></td> <td>17</td> <td>\$0.00</td> </tr> <tr> <td>Trash Attendants &amp; Emergency Cleanup during game</td> <td></td> <td>17</td> <td>\$0.00</td> </tr> <tr> <td>Post-game Restroom Cleaning:</td> <td></td> <td>17</td> <td>\$0.00</td> </tr> </tbody> </table> | Section A. Spring Training Game | Cost Per Game | Quantity | Price | Pre-Game Cleaning |  | 17 | \$0.00 | Post-Game Trash/Debris removal / Cleaning |  | 17 | \$0.00 | Restroom Attendants (male & female all locations) during game |  | 17 | \$0.00 | Trash Attendants & Emergency Cleanup during game |  | 17 | \$0.00 | Post-game Restroom Cleaning: |  | 17 | \$0.00 |
| Section A. Spring Training Game                               | Cost Per Game  | Quantity                        | Price         |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Pre-Game Cleaning   |  | 17                              | \$0.00        |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Post-Game Trash/Debris removal / Cleaning                     |  | 17                              | \$0.00        |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Restroom Attendants (male & female all locations) during game |  | 17                              | \$0.00        |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Trash Attendants & Emergency Cleanup during game              |  | 17                              | \$0.00        |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Post-game Restroom Cleaning:                                  |  | 17                              | \$0.00        |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |
| Answer  | Everything must be completed by 7am the next morning.  |                                 |               |          |       |                   |  |    |        |   |  |    |        |   |  |    |        |  |  |    |        |                              |  |    |        |

EXHIBIT E  
PROJECT FUNDING PACKAGE

|        |  |
|--------|--|
| 6.     | On page 23 (Section 14. B), Day Porter is one of the Personnel Requirements, however, the cost proposal has no line item for the Day Porter. Are we to assume that the On-Demand Cleaning Person is referring to the Day Porter?                               |
| Answer | Yes, that is correct. The Day Porter will be on demand cleaning at an hourly rate.   |
| 7.     | Are the hours for the Day Porter the same as the Operating Hours (7:00am-5:30pm)?  |
| Answer | Hours will vary for the Day Porter as it can be at any time for On-demand Cleaning.  |
| 8.     | For Spring training games, a minimum of 2 cleaning staff are needed onsite three hours prior to gates opening. What time does the gate typically open? What is typically a game end time?  |
| Answer | We do not have a sample of an event as they are all different. As for Spring Training schedule, games are played from middle of February through the end of March and they average 17 games in that timeframe.   |
| 9.     | Can you provide us with a sample event and Spring Training Schedule?   |
| Answer | See attached Red Sox 2022 schedule   |
| 10.    | What are the service identifiers to be performed Weekly, Monthly, Quarterly, and Semiannually?   |
| Answer | Please refer to the solicitation section 17 Locations: Everything listed in that section could be performed based on what is asked from the site manager.  |
| 11.    | What is the anticipated start date under this RFP?   |
| Answer | This RFP will be awarded after the Lee County Board of Commissioner approved the project; the current contract is set to expire on 09/30/23.   |
| 12.    | If Section A of the Cost Proposal refers to Spring Training Games, What does Section B refer to (other events, daily cleanings, etc.)?   |
| Answer | Section B refers to all of the restrooms located at the facility.  |
| 13.    | Will storage be provided?  |
| Answer | Lee County will provide all supplies needed for cleaning and there are designated storage areas for cleaning supplies.   |
| 14.    | Do you have a wage requirement?  |
| Answer | Vendor shall submit their bid in accordance with their wage scale, Lee County will not regulate the vendor's wages.  |
| 15.    | We understand that it is a requirement of this bid that vendors should provide consumables (toilet papers, trash bags, etc.). Do you have a specific quantity for each? Or can you provide the incumbent's invoices for the consumables for the past 3 months? |
| Answer | Lee County will provide the cleaning supplies for each location, if the vendor runs out of products and purchase supplies, the vendor will have to provide receipts of the items purchase for reimbursement.   |
| 16.    | Do we need to attend weekly progress meetings?   |
| Answer | Lee County staff will schedule regular meetings with the Vendor and will set a schedule after award.   |

EXHIBIT E  
PROJECT FUNDING PACKAGE

|        |   |
|--------|---|
| 17.    | Is there a sample of a submitted RFP package or a video with instructions on how to submit a RFP, the layout of the 15 page package with forms and dividers ? Any written or audio instructions that are available for vendors to review as guidelines. |
| Answer | See attached.   |

**BIDDER/PROPOSER IS ADVISED, YOU ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WHEN SUBMITTING A BID/PROPOSAL. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE BIDDER/PROPOSER BEING CONSIDERED NON-RESPONSIVE.**

**ALL OTHER TERMS AND CONDITIONS OF THE SOLICITATION DOCUMENTS ARE AND SHALL REMAIN THE SAME.**

*Willie Dennard*

Willie Dennard  
Procurement Analyst Direct Line: 239-533-8831  
Lee County Procurement Management

EXHIBIT E  
PROJECT FUNDING PACKAGE



Procurement Management Department  
2115 Second Street, 1<sup>st</sup> Floor  
Fort Myers, FL 33901  
Main Line: (239) 533-8881  
Fax Line: (239) 485-8383  
[www.leegov.com/procurement](http://www.leegov.com/procurement)

Posted Date: August 10, 2023

Solicitation No.: RFP230441WCD

Solicitation Name: Custodial Services-Lee County Sports Parks & Stadiums

Subject: Addendum Number 1

The following represents clarification, additions, deletions, and/or modifications to the above referenced bid. This addendum shall hereafter be regarded as part of the solicitation. Items not referenced herein remain unchanged, including the response date. Words, phrases or sentences with a strikethrough represent deletions to the original solicitation. Underlined words and bolded, phrases or sentences represent additions to the original solicitation.

1. ATTACHMENTS
  - a. Attachment A Cleaning Checklist
  - b. Restroom Fixtures

2. QUESTIONS/ANSWERS

|        |   |
|--------|---|
| 1.     | <b>RE: RFP230441WCD-Bid-Proposal spreadsheet</b><br>Please clarify Column B. Base Cost. Is this base cost per day, hour, event, or something else?  |
| Answer | The base cost is the amount that the Vendor is charging for the cleaning services to include employees needed to complete the task. This is an overall cost to the Vendor that will be paid by the County.  |
| 2.     | Please provide the approx. Square feet (or floor plans of each location) for each row on the spreadsheet (such as Row 155 Front Lobby Area).  |
| Answer | Lee County does not have the square footage for the locations listed in the solicitation. Vendors should bid based on site location a the number of restrooms to be serviced.   |
| 3.     | <b>Restrooms:</b><br>Please provide the number of restroom fixtures (i.e., urinals, sinks, toilets, etc.) or drawings/plans for each location.  |
| Answer | See attachments.  |
| 4.     | Section C. Other Services as needed. Restroom Attendant – Male & Female cost per event.<br><br>What is the average time per event that Restroom Attendants will need to be present?<br><br>For example, please confirm the attendant is there, similar to a day porter, for the actual event.<br><br>Are 3 hours correct for an average event for the attendant's schedule? |

EXHIBIT E  
PROJECT FUNDING PACKAGE

|               |   |
|---------------|---|
| <b>Answer</b> | The restroom attendants are hourly. The amount of time each attendant will work is similar to a day porter which is based on the event. |
|---------------|---|

|               |   |
|---------------|---|
| 5.            | <b>RFP230441WCD (PDF).</b><br>Page 16, Item 2. The vendor shall conduct background checks.<br><br>While our background checks will meet/exceed your requirements, are there any other requirements to badge through your system in addition to our own?                                     |
| <b>Answer</b> | The requirements that are listed on Page 16, Item 2 are the only requirements that the vendor is expected to provide to the County. Also, the vendor is responsible for the background requirements listed on Item 6 "Proposer Requirements listed on page 4 of the solicitation documents. |

|               |   |
|---------------|---|
| 6.            | Page 20, Item 3.1.1<br>Please provide Cleaning Task Checklist "Attachment A." |
| <b>Answer</b> | See attachment.   |

|               |   |
|---------------|---|
| 7.            | <b>General Questions</b><br>Who is the incumbent service provider?  |
| <b>Answer</b> | Jan Pro is the incumbent service provided for the current contract. |

|               |   |
|---------------|---|
| 8.            | Do you have an approved budget in mind, or what are you currently paying for the incumbent?   |
| <b>Answer</b> | Lee County Parks and Recreations has factored this solicitation into their budget. The current contract and pricing can be found at the below link. <a href="https://www.leegov.com/procurement/awarded-annual-contracts/downloads?fid=5324&amp;fn=Project2019-07-01T08_35_09.xml">https://www.leegov.com/procurement/awarded-annual-contracts/downloads?fid=5324&amp;fn=Project2019-07-01T08_35_09.xml</a> |

|               |  |
|---------------|--|
| 9.            | Do you have any pain points we should address that are currently a consistent issue? (such as high dusting, missed a spot, etc.).  |
| <b>Answer</b> | The solicitation outlines the work to be done, if there are any additional cleaning that is needed, the sponsoring department will coordinate this cleaning with the Vendor. |

**BIDDER/PROPOSER IS ADVISED, YOU ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WHEN SUBMITTING A BID/PROPOSAL. FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE BIDDER/PROPOSER BEING CONSIDERED NON-RESPONSIVE.**

**ALL OTHER TERMS AND CONDITIONS OF THE SOLICITATION DOCUMENTS ARE AND SHALL REMAIN THE SAME.**

***Willie Dennard***

Willie Dennard  
Procurement Analyst Direct Line: 239-533-8831  
Lee County Procurement Management

EXHIBIT E  
PROJECT FUNDING PACKAGE

VER 03-05-19

ATTACHMENT A

| FACILITY/LOCATION: |  | DATE: |    |   |    |   |    |    |
|--------------------|--|-------|----|---|----|---|----|----|
|                    | EVENT AREA AND ROOM TASKS  | M     | TU | W | TH | F | SA | SU |
| 1.                 | Clean basins and counters with detergent/ disinfectant. (as applicable)  |       |    |   |    |   |    |    |
| 2.                 | Spot clean walls, light switches and doors. (as applicable)  |       |    |   |    |   |    |    |
| 3.                 | Clean trash and debris from all seating areas. Remove any gum or other foreign matter (as applicable). Damp wipe/wash, if needed.                                    |       |    |   |    |   |    |    |
| 4.                 | Empty and place a new liner in trash, sanitary napkin waste containers, and recycle bin receptacles, spot clean and sanitize containers (as needed or applicable).   |       |    |   |    |   |    |    |
| 5.                 | Clean & sanitize drinking fountains.   |       |    |   |    |   |    |    |
| 6.                 | Wash all door glass and adjacent panels (interior & exterior).   |       |    |   |    |   |    |    |
| 7.                 | Damp/Wet mop floors using detergent/disinfectant.  |       |    |   |    |   |    |    |
| 8.                 | Vacuum or sweep carpets & floors (as required/applicable)  |       |    |   |    |   |    |    |
| 9.                 | Remove all cobwebs (as applicable)   |       |    |   |    |   |    |    |
| 10.                | Report any maintenance issues to the County Representative.  |       |    |   |    |   |    |    |
| FACILITY/LOCATION: |  | DATE: |    |   |    |   |    |    |
|                    | RESTROOM(S) AND ROOMS  | M     | TU | W | TH | F | SA | SU |
| 1.                 | Clean basins and counters with detergent/disinfectant. Clean and shine all plumbing/bright work.   |       |    |   |    |   |    |    |
| 2.                 | Clean and wipe down all mirrors, soap dispensers.  |       |    |   |    |   |    |    |
| 3.                 | Clean, urinals, sinks/basins, counters, baby changing stations using detergent/disinfectant, and toilets with bowl cleaner.  |       |    |   |    |   |    |    |
| 4.                 | Clean under and around, sink/basins, urinals, and toilets.   |       |    |   |    |   |    |    |
| 5.                 | Clean/Damp wipe walls, light switches, light fixtures, light lenses, stall partitions, doors and all ledges.   |       |    |   |    |   |    |    |
| 6.                 | Sweep, Damp/Wet mop, and sanitize floors using detergent/disinfectant.   |       |    |   |    |   |    |    |
| 7.                 | Re-supply soap, toilet tissue, paper towels, personal seat covers, sanitary napkins and liners, etc. (Only anti-bacterial or anti-microbial soap will be acceptable) |       |    |   |    |   |    |    |
| 8.                 | Dust all surfaces, High and low, to include spider web removal   |       |    |   |    |   |    |    |
| 9.                 | Sweep entrances to restroom, and remove cobwebs from framework and roll-up doors (inside and outside)  |       |    |   |    |   |    |    |
| 10.                | Empty, clean, and sanitize all trash, recycle, and sanitary waste containers and replace insert/liners as appropriate  |       |    |   |    |   |    |    |
| 11.                | Clean, mop, and sanitize floor   |       |    |   |    |   |    |    |
| 12.                | Report any maintenance issues to the County Representative.  |       |    |   |    |   |    |    |

**RFP230441WCD - Custodial Services-Lee County Sports Parks & Stadiums  
Addendum 1 - Restroom Fixtures**

**Lee County Sports Complex**

|                            |                                    |                           |                                   |
|----------------------------|------------------------------------|---------------------------|-----------------------------------|
| <b>Stadium Concourse</b>   | <b>Stadium Press Box</b>           | <b>Softball Bathrooms</b> | <b>Stadium 3rd Floor 1st Base</b> |
| <i>Mens Restroom</i>       | <i>Mens Restroom</i>               | <i>Mens Restroom</i>      | <i>Mens Restroom</i>              |
| Sinks 10                   | Sinks 2                            | Sinks 3                   | Sinks 3                           |
| Urinals 42                 | Toilets 1                          | Stalls 4                  | Stall 1                           |
| Stalls 10                  | <i>Womens Restroom</i>             | <i>Womens Restroom</i>    | Urinal 2                          |
| <i>Womens Restroom</i>     | <b>Sky Deck</b>                    | Sinks 3                   | <i>Womens Restroom</i>            |
| Sinks 30                   | <i>Mens Restroom</i>               | Stalls 4                  | Sinks 4                           |
| Stalls 78                  | Sink 1                             | <b>Minor League Tower</b> | Stalls 4                          |
| <b>Stadium Handicap</b>    | Toilet 1                           | <i>Mens Restroom</i>      | <b>Stadium 4th Floor 1st Base</b> |
| <i>Mens Restroom</i>       | <i>Womens Restroom</i>             | Sinks 3                   | <i>Mens Restroom</i>              |
| Sinks 2                    | Sink 1                             | Stalls 1                  | Sinks 1                           |
| Toilets 2                  | Toilet 1                           | Urinals 2                 | Toilet 1                          |
| <i>Womens Restroom</i>     | <b>Concourse 1st Base</b>          | <i>Womens Restroom</i>    | <i>Womens Restroom</i>            |
| Sinks 2                    | <i>Mens Restroom</i>               | Sinks 3                   | Sinks 1                           |
| Toilets 2                  | Sinks 4                            | Stalls 3                  | Toilet 1                          |
| <b>Center Field/Family</b> | Stalls 2                           | <b>Adademy Restrooms</b>  | <b>Maintenance Building</b>       |
| <i>Mens Restroom</i>       | Urinals 2                          | <i>Mens Restroom</i>      | Sinks 2                           |
| Sinks 5                    | <i>Womens Restroom</i>             | Sinks 1                   | Toilets 2                         |
| Stalls 2                   | Sinks 4                            | Toilet 1                  |                                   |
| Urinals 7                  | Stalls 4                           | <i>Womens Restroom</i>    |                                   |
| <i>Womens Restroom</i>     | <b>First Aid Restroom</b>          | Sinks 1                   |                                   |
| Sinks 5                    | Sinks 1                            | Toilet 1                  |                                   |
| Stalls 7                   | Toilets 1                          | <b>3rd Base Terrace</b>   |                                   |
| <i>Family Restroom</i>     | <b>1st &amp; 3rd Base Handicap</b> | <i>Mens Restroom</i>      | <b>Total Fixtures 306</b>         |
| Sink 1                     | Sinks 2                            | Sinks 3                   |                                   |
| Toilet 1                   | Toilets 2                          | Urinals 4                 |                                   |
| <b>First Aid Room</b>      | <b>Press Dinning</b>               | Toilets 1                 |                                   |
| Sink 1                     | Sink 1                             | <i>Womens Restroom</i>    |                                   |
| Toilet 1                   | Toilet 1                           | Sinks 3                   |                                   |
|                            |                                    | Stalls 4                  |                                   |



**Player Development Center**

**Section B Restrooms/Showers-Maintenance Building**

|                           |   |                          |           |
|---------------------------|---|--------------------------|-----------|
| <b>Break Room</b>         |   | <b>Coach Locker Room</b> |           |
| Toilet                    | 1 | Toilets                  | 2         |
| Sink                      | 1 | Sinks                    | 3         |
| Shower                    | 1 | Urinals                  | 4         |
| <b>Shop</b>               |   | Showers                  | 15        |
| Toilet                    | 1 |                          |           |
| Sink                      | 1 |                          |           |
| <b>Outdoor Restrooms</b>  |   |                          |           |
| <b>Baseball Fields</b>    |   |                          |           |
| <i>Mens</i>               |   |                          |           |
| Toilet                    | 3 |                          |           |
| Urinals                   | 3 |                          |           |
| Sinks                     | 3 |                          |           |
| <i>Womens</i>             |   |                          |           |
| Toilet                    | 4 |                          |           |
| Sinks                     | 3 |                          |           |
| <b>Clubhouse Building</b> |   |                          |           |
| <b>Office Area</b>        |   |                          |           |
| <i>Mens</i>               |   |                          |           |
| Toilet                    | 1 |                          |           |
| Urinals                   | 1 |                          |           |
| Sink                      | 1 |                          |           |
| <i>Womens</i>             |   |                          |           |
| Toilet                    | 1 |                          |           |
| Sink                      | 1 |                          |           |
| <i>Umpire Room</i>        |   |                          |           |
| Toilet                    | 1 |                          |           |
| Sinks                     | 2 |                          |           |
| Urinals                   | 2 |                          |           |
| Showers                   | 3 |                          |           |
|                           |   | <b>Total Fixtures</b>    | <b>58</b> |

**Terry Park**

**Section B Restrooms/Showers**

**Club House 1 (North-Home)**

|         |    |
|---------|----|
| Toilets | 4  |
| Sinks   | 7  |
| Showers | 15 |
| Urinals | 5  |

**Club House 2 (South-Visitors)**

|         |   |
|---------|---|
| Toilets | 1 |
| Sinks   | 2 |
| Showers | 7 |

**Outdoor Restroom Complex**

*Mens*

|         |   |
|---------|---|
| Toilets | 3 |
| Urinals | 5 |
| Sinks   |   |

*Womens*

|         |    |
|---------|----|
| Toilets | 12 |
| Sinks   | 5  |

*Family*

|         |   |
|---------|---|
| Toilets | 1 |
| Sinks   | 1 |
| Urinals | 1 |

**Administration Building**

*Family*

|        |   |
|--------|---|
| Toilet | 1 |
| Sink   | 1 |

**Annex Building**

*Family*

|        |   |
|--------|---|
| Toilet | 1 |
| Sink   | 1 |
| Shower | 1 |

**Extension Building**

*Office Area*

*Mens-Front of Building*

|         |   |
|---------|---|
| Toilets | 2 |
| Urinals | 1 |
| Sinks   | 2 |

*Mens-Rear of Building*

|         |   |
|---------|---|
| Toilet  | 1 |
| Urinals | 1 |
| Sink    | 1 |


*Womens-Front of Building*

|         |   |
|---------|---|
| Toilets | 3 |
| Sinks   | 2 |


*Womens-Rear of Building*

|         |   |
|---------|---|
| Toilets | 2 |
| Sinks   | 1 |

**Total Fixtures 90**

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## My Company Account

# My Company Profile

## Company Information

### Company Name

Clean 17, Inc.

---

### Doing Business As (DBA) Name

Jan-Pro Cleaning Systems of SW FL

### Company ID

1579753

### Enrollment Date

Aug 20, 2020

### Employer Identification Number (EIN)

342048077

### Unique Entity Identifier (UEI)

---

### DUNS Number

---

### Total Number of Employees

10 to 19

### NAICS Code

813

**Sector**

Other Services (Except Public Administration)

**Subsector**

Religious, Grantmaking, Civic, Professional, and Similar Organizations

[Edit Company Information](#)

---

## Employer Category

**Employer Category**

None of these categories apply

[Edit Employer Category](#)

---

## Company Addresses

**Physical Address**

13700 Cypress Terrace Cr  
Fort Myers, FL 33907

**Mailing Address**

Same as Physical Address

[Edit Company Addresses](#)

EXHIBIT E  
PROJECT FUNDING PACKAGE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Exchange Underwriters, Inc<br>2111 N Franklin Dr Ste. 100<br>Washington PA 15301                         | <b>CONTACT NAME:</b> Kara M. Dantry<br><b>PHONE (A/C No. Ext):</b> 724-745-1600<br><b>FAX (A/C No.):</b> 724-745-0224<br><b>EMAIL ADDRESS:</b> kdantry@exchangeunderwriters.com  |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |
|---|--|-------------------------------|-------|--|-------|---------------------------------|-------|-----------------------------------|-------|---------------------------------|-------|--------------------------|-------|------------|
|   | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC#</th> </tr> <tr> <td>INSURER A: Manufacturers Alliance Ins Co</td> <td>36897</td> </tr> <tr> <td>INSURER B: Ohio Casualty Ins Co</td> <td>24074</td> </tr> <tr> <td>INSURER C: American Fire &amp; Cas Co</td> <td>24066</td> </tr> <tr> <td>INSURER D: West American Ins Co</td> <td>44393</td> </tr> <tr> <td>INSURER E: CNA Surety Co</td> <td>13188</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC# | INSURER A: Manufacturers Alliance Ins Co | 36897 | INSURER B: Ohio Casualty Ins Co | 24074 | INSURER C: American Fire & Cas Co | 24066 | INSURER D: West American Ins Co | 44393 | INSURER E: CNA Surety Co | 13188 | INSURER F: |
| INSURER(S) AFFORDING COVERAGE   | NAIC#  |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |
| INSURER A: Manufacturers Alliance Ins Co  | 36897  |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |
| INSURER B: Ohio Casualty Ins Co   | 24074  |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |
| INSURER C: American Fire & Cas Co   | 24066  |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |
| INSURER D: West American Ins Co   | 44393  |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |
| INSURER E: CNA Surety Co  | 13188  |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |
| INSURER F:  |  |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |
| <b>INSURED</b><br>Clean 17, Inc. dba Jan-Pro Cleaning Systems of SW FL<br>13700 Cypress Terrace Circle<br>FL Myers FL 33907 | <b>JANP-26</b>   |                               |       |  |       |                                 |       |                                   |       |                                 |       |                          |       |            |

COVERAGES CERTIFICATE NUMBER: 1344523086 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.

| INSUR LTR | TYPE OF INSURANCE   | ADDITIONAL INSURED | INSURED | Y | Y   | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|-----------|---|--------------------|---------|---|-----|----------------|-------------------------|-------------------------|---|
| D         | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:  |                    |         |   |     | BKW64185053    | 7/1/2023                | 7/1/2024                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| C         | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> AUTOS ONLY |                    |         |   |     | BAA54185053    | 7/1/2023                | 7/1/2024                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B         | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  |                    |         |   |     | USO54185053    | 7/1/2023                | 7/1/2024                | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$  |
| A         | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory to NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N<br>Y  |                    |         |   | N/A | 202201 1033315 | 11/1/2022               | 11/1/2023               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| E         | Third Party Bond  |                    |         |   |     | 69734983       | 7/1/2023                | 7/1/2024                | Limit 50,000  |

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

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>Jan-Pro | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Kara M. Dantry</i> |
|--|---|

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EXHIBIT E  
PROJECT FUNDING PACKAGE



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
8/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |   |                       |
|---|--|---|-----------------------|
| <b>PRODUCER</b><br>Exchange Underwriters, Inc<br>2111 N Franklin Dr Ste. 100<br>Washington PA 15301                         |  | <b>CONTACT NAME:</b> Kara M. Dantry<br><b>PHONE (A/C No. Ext):</b> 724-745-1600<br><b>E-MAIL ADDRESS:</b> kdantry@exchangeunderwriters.com<br><b>FAX (A/C No):</b> 724-745-0224 |                       |
| <b>INSURED</b><br>Clean 17, Inc. dba Jan-Pro Cleaning Systems of SW FL<br>13700 Cypress Terrace Circle<br>FL Myers FL 33907 |  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                       |
| JANP-26   |  | <b>INSURER A:</b> Manufacturers Alliance Ins Co   | <b>NAIC#</b><br>36897 |
|   |  | <b>INSURER B:</b> Ohio Casualty Ins Co  | 24074                 |
|   |  | <b>INSURER C:</b> American Fire & Cas Co  | 24066                 |
|   |  | <b>INSURER D:</b> West American Ins Co  | 44393                 |
|   |  | <b>INSURER E:</b> CNA Surety Co   | 13188                 |
|   |  | <b>INSURER F:</b>   |                       |

**COVERAGES**      **CERTIFICATE NUMBER:** 1344523086      **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.

| INSUR LTR | TYPE OF INSURANCE  | ADDITIONAL INSURED | INSURED | W/O | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|-----------|--|--------------------|---------|-----|----------------|-------------------------|-------------------------|---|
| D         | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: | Y                  | Y       |     | BKW54185053    | 7/1/2023                | 7/1/2024                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000<br>MED EXP (Any one person) \$ 15,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMPROP AGG \$ 2,000,000<br>\$ |
| C         | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY    | Y                  | Y       |     | BAA54185053    | 7/1/2023                | 7/1/2024                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| B         | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000  | Y                  | Y       |     | USO54185053    | 7/1/2023                | 7/1/2024                | EACH OCCURRENCE \$ 5,000,000<br>AGGREGATE \$ 5,000,000<br>\$  |
| A         | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>AN PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N                | Y       | N/A | 202201 1033315 | 11/1/2022               | 11/1/2023               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| E         | Third Party Bond   |                    |         |     | 69734983       | 7/1/2023                | 7/1/2024                | Limit 50,000  |

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

|                           |  |
|---------------------------|--|
| <b>CERTIFICATE HOLDER</b> | <b>CANCELLATION</b>  |
| Jan-Pro                   | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Kara M. Dantry</i> |

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### Detail by Entity Name

Florida Profit Corporation  
CLEAN 17, INC.

**Filing Information**

Document Number P05000076806 FEI/EIN Number 34-2048077 Date Filed 05/25/2005 Effective  
Date 05/25/2005 State FL Status ACTIVE Last Event CANCEL ADM DISS/REVE Event Date  
Filed 10/05/2009 Event Effective Date NONE

**Principal Address**

13700 Cypress Terrace Cir  
FORT MYERS, FL 33907

Changed: 01/23/2018

**Mailing Address**

13700 Cypress Terrace Cir  
FORT MYERS, FL 33907

Changed: 01/23/2018

**Registered Agent Name & Address** PHELAN, THOMAS

13700 Cypress Terrace Cir  
FORT MYERS, FL 33907

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Name Changed: 05/21/2007

Address Changed: 01/23/2018

**Officer/Director Detail** Name & Address

Title P

PAPASODERO, FRANK  
13700 Cypress Terrace Cir  
FORT MYERS, FL 33907

Title VP

PHELAN, THOMAS  
13700 Cypress Terrace Cir  
FORT MYERS, FL 33907

Title S

PHELAN, THOMAS  
13700 Cypress Terrace Cir  
FORT MYERS, FL 33907

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Measurement, Calculation, Comparison Results