

# **TAB H**

## **REQUIRED FORMS**



**KDF Enterprises, LLC**

**Disaster Debris Removal & Disposal Services  
Franklin County, FL**

## Section 8 – Required Forms

### PROPOSAL SUBMITTAL CHECKLIST

- ☒ Proposer's Certification
- ☒ Addendum Acknowledgement
- ☒ Drug-Free Workplace Certificate
- ☒ Sworn Statement Pursuant to Section 287.133 (3)(a) F.S. in Public Entity Crimes
- ☒ Affidavit of Non-Collusion
- ☒ Professional References
- ☒ MWBE Participation Statement
- ☒ Vendor Information
- ☒ W-9 Form
- ☒ Unit Cost Fee Rate Schedule

Submission of one (1) original marked "ORIGINAL", five (5) identical paper copies, and one (1) electronic copy in pdf format on CD.

BY: KDF Enterprises, LLC

Bidder

  
(Authorized Signature)

July 13, 2021

(Date)

Marc Watkins

(Print Name)

**This document must be completed and returned with your Submittal**

**PROPOSER'S CERTIFICATION**

I have carefully examined the Request for Proposals, Instructions to Proposers, General and/or Special Conditions, Specifications, RFP Proposal, and any other documents accompanying or made a part of this invitation.

I hereby propose to furnish the goods or services specified in the Request for Proposal at the prices or rates as finally negotiated. I agree that my proposal will remain firm for a period of up to ninety (90) days to allow the Entity's adequate time to evaluate the proposal. Furthermore, I agree to abide by all conditions of the proposal.

I certify that all information contained in this RFP is truthful to the best of my knowledge and belief. I further certify that I am a duly authorized to submit this RFP on behalf of the Proposer / Contractor as its act and deed and that the Proposer / Contractor is ready, willing, and able to perform if awarded the contract.

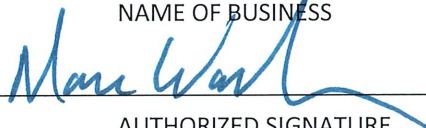
I further certify that this RFP is made without prior understanding, Contract, connection, discussion, or collusion with any person, firm or corporation submitting a RFP for the same product or service; no officer, employee or agent of the Entity's Board of Entity's Commissioners or of any other proposer interested in said RFP; and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

I further certify that having read and examined the specifications and documents for the designated services and understanding the general conditions for contract under which services will be performed, does hereby propose to furnish all labor, equipment, and material to provide the services set forth in the RFP.

I hereby declare that the following listing states any clarifications, all variations from and exceptions to the requirements of the specifications and documents. The undersigned further declares that the "work" will be performed in strict accordance with such requirements and understands that any exceptions to the requirements of the specifications and documents may render the proposal non-responsive.

**NO EXCEPTIONS ALLOWED AFTER THE RFP IS SUBMITTED:**

Please check one: ☒ I take NO exceptions. ☐ Exceptions:

KDF Enterprises, LLC	370 Mountain View Road
NAME OF BUSINESS	MAILING ADDRESS
	Springville, AL 35146
AUTHORIZED SIGNATURE	CITY, STATE & ZIP CODE
Marc Watkins, Vice President of Operations	251-298-8487 404-506-9849
NAME, TITLE, TYPED	TELEPHONE NUMBER / FAX NUMBER
47-1244278	mwatkins@kdf-global.com
FEDERAL IDENTIFICATION #	E-MAIL ADDRESS

STATE OF MISSISSIPPI

COUNTY OF Jackson

The foregoing instrument was acknowledged before me this 13th day of July, 2021 by Marc Watkins, who is personally known to me or who has produced as identification and who did take an oath.

My Commission Expires:

JAIME N WATSON  
Notary Public, State of Mississippi  
ID NO. 209363, County of Jackson  
My Commission Expires July 5, 2024

  
Notary Public

***This document must be completed and returned with your Submittal***

**ADDENDUM ACKNOWLEDGEMENT**

I have carefully examined this Request for Proposal (RFP) which includes scope, requirements for submission, general information and the evaluation and award process.

I acknowledge receipt and incorporation of the following addenda, and the cost, if any, of such revisions has been included in the price of the proposal.

Addendum # \_\_\_\_\_ Date: \_\_\_\_\_

Addendum # \_\_\_\_\_ Date: \_\_\_\_\_

Addendum # \_\_\_\_\_ Date: \_\_\_\_\_

Addendum # \_\_\_\_\_ Date: \_\_\_\_\_

  
(Authorized Signature)

July 13, 2021  
(Date)


Marc Watkins  
(Print Name)

STATE OF MISSISSIPPI  
COUNTY OF Jackson

The foregoing instrument was acknowledged before me this <sup>13th</sup> day of <sup>July</sup>, 2021 by Marc Watkins, who is personally known to me or who has produced as identification and who did take an oath.

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Notary Public, State of Mississippi  
ID NO. 209363, County of Jackson  
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Notary Public

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**DRUG FREE WORKPLACE**

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that,  
(Print or type name of firm) KDF Enterprises, LLC

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Workplace named above and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the workplace, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, please or guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the Drug Free Workplace program.
- "As a person authorized to sign this statement, I certify that the above-named business, firm or corporation complies fully with the requirements set forth herein".

Marc Watkins  
(Authorized Signature)

July 13, 2021  
(Date)

Marc Watkins  
(Print Name)

STATE OF MISSISSIPPI  
COUNTY OF Jackson

The foregoing instrument was acknowledged before me this 13th day of July, 2021 by Marc Watkins, who is personally known to me or who has produced as identification and who did take an oath.

My Commission Expires:

JAIME N WATSON  
Notary Public, State of Mississippi  
ID NO. 209363, County of Jackson  
My Commission Expires July 5, 2024

[Signature]  
Notary Public

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**SWORN STATEMENT UNDER SECTION 287.133(3)(A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

Before me, the undersigned Entity's, personally appeared Marc Watkins, who, being by me first duly sworn, made the following statement:

1. The business address of KDF Enterprises, LLC (name of Offeror or business) is 370 Mountain View Road, Springville, AL 35146.
2. My relationship to KDF Enterprises, LLC (name of Offeror or business) is Vice President of Operations (relationship such as sole proprietor, partner, president, vice president).
3. I understand that a public entity crime as defined in Section 287.133 of the Florida Statutes includes 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 in Florida or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any proposal or contract for goods or services to be provided to any public entity or such an agency or political subdivision and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.
4. I understand that "convicted" or "conviction" is defined by the Florida Statutes to mean 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, because of a jury verdict, non-jury trial, or entry of a plea of guilt or nolo contendere.
5. I understand that "affiliate" is defined by the Florida Statutes to mean (1) a predecessor or successor of a person or a corporation 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, or (3) those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate, or (4) a person or corporation who knowingly entered into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months.
6. Neither the Offeror or Contractor, nor any officer, director, executive, partner, shareholder, employee, member, or agent who is active in the management of the Offeror or Contractor, nor any affiliate of the Offeror or Contractor has been convicted of a public entity crime subsequent to July 1, 1989. (Draw a line through paragraph 6 if paragraph 7 below applies.)
7. There has been a conviction of a public entity crime by the Offeror or Contractor, or an officer, director, executive, partner, shareholder, employee, member or agent of the Offeror or Contractor who is active in the management of the Offeror or Contractor or an affiliate of the Offeror or Contractor. A determination has been made pursuant to Section 287.133(3) by order of the Division of Administrative Hearings that it is not in the public interest for the name of the convicted person or affiliate to appear on the convicted vendor list. The name of the convicted person or affiliate is \_\_\_\_\_. A copy of the order of the Division of Administrative Hearings is attached to this statement. (Draw a line through paragraph 7 if paragraph 6 above applies.)

  
(Authorized Signature)

July 13, 2021  
(Date)

Marc Watkins  
(Print Name)

STATE OF MISSISSIPPI  
COUNTY OF Jackson

The foregoing instrument was acknowledged before me this <sup>13th</sup> day of <sup>July</sup>, 2021 by Marc Watkins, who is personally known to me or who has produced as identification and who did take an oath.

My Commission Expires:

JAIME N WATSON  
Notary Public, State of Mississippi  
ID NO. 209363, County of Jackson  
My Commission Expires July 5, 2024

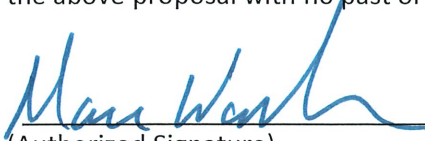
  
Notary Public

***This document must be completed and returned with your Submittal***



**AFFIDAVIT OF NON-COLLUSION AND OF NON-INTEREST OF ENTITY'S EMPLOYEES**

KDF Enterprises, LLC, Marc Watkins, Vice President of Operations, \* being first duly sworn, deposes and says that he (it) is the Offeror in the above proposal, that the only person or persons interested in said proposal are named therein; that no officer, employee or agent of the Entity's Board of Entity's Commissioners or of any other Offeror is interested in said proposal; and that affiant makes the above proposal with no past or present collusion with any other person, firm or corporation.

  
(Authorized Signature)

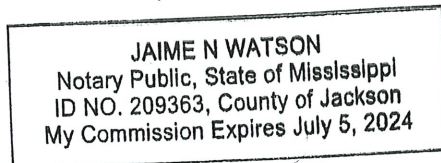
July 13, 2021  
(Date)

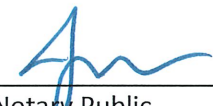
Marc Watkins  
(Print Name)

STATE OF MISSISSIPPI  
COUNTY OF Jackson

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My Commission Expires:



  
Notary Public

\*NOTICE: State name of Offeror followed by name of authorized individual (and title) that is signing as Affiant. If Offeror is an individual, state name of Offeror only.

***This document must be completed and returned with your Submittal***

## **PROFESSIONAL REFERENCES**

Please provide three (3) current and correct references from clients for similar services.

1. Company Name: Lee County, Alabama  
Contact Person: Robert Ham, Lee County Commissioner  
City, State: Opelika, Lee County, Alabama  
Telephone Number: 334-319-0691  
Email Address: roberthamcommissioner@yahoo.com  
Description of goods or services provided: Management of all debris related services; debris removal, collection and disposal  
Contract Amount: \$1,778,000  
Start/End Date of Contract: March to June 2019
  
2. Company Name: City of Lumberton, NC  
Contact Person: Robert Armstrong, Director of Public Works  
City, State: Lumberton, North Carolina  
Telephone Number: 910-734-9851  
Email Address: rarmstrong@ci.lumberton.nc.us  
Description of goods or services provided: Management of all debris related services; debris removal, collection and disposal  
Contract Amount: \$2,100,000  
Start/End Date of Contract: September 2018 to February 2019
  
3. Company Name: RPF Emergency Services  
Contact Person: David Eblen, Project Lead  
City, State: Houston, Harris County, Texas  
Telephone Number: 251-379-0599  
Email Address: dhetiger9403@gmail.com  
Description of goods or services provided: Management of all debris related services; debris removal, collection, DMS site management and disposal  
Contract Amount: \$24,441,447  
Start/End Date of Contract: August 2017 to April 2018

***This document must be completed and returned with your Submittal***



**MWBE PARTICIPATION STATEMENT**

Note: The Contractor is required to complete the following information and submit this form with the proposal.

Project Description: Disaster Debris Removal and Disposal Services

Contractor Name: KDF Enterprises, LLC

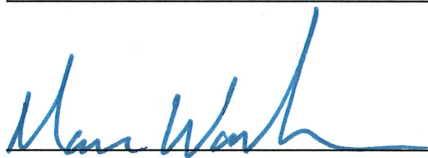
This Contractor (is       ) (is not ☒) a certified small or Minority or Woman Owned Business Enterprise (MWBE) per 44 C.F.R. § 13.36 (e).

\*Due to the pre-event nature of this contract, subcontractors will be determined upon NTP based on the scope and size of the disaster event.

Expected percentage of contract fees to be subcontracted to MWBE(s):       %

If the intention is to subcontract a portion of the contract fees to MWBE(s), the proposed MWBE sub-Contractors are as follows:

DBE Sub-Contractor	Type of Work/Commodity
<u>**See attached Subcontractor Participation Plan.</u>	
<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>
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(Authorized Signature)

Marc Watkins  
(Print Name)

July 13, 2021  
(Date)

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## SUBCONTRACTOR PARTICIPATION

In accordance with KDF Enterprises, LLC policies, it is our practice to use Local and other Small Businesses including, amongst others, minority-owned, women-owned, veteran owned businesses. We have a long list of contractors which we can access; however, for this project we will draw from a shorted targeted list of trusted subcontractors which includes woman/vet/minority and HUB owned businesses from the surrounding States.

When establishing a response team, we will focus on finding and using local companies. Using local subcontractors and suppliers facilitates a quicker response, as resources are already in place when needed, and drives money back into the area's economy. All subcontractors need to be of a high standard and qualified to do the work and will be approved by the County prior to starting work.

KDF conforms with all regulations regarding MBE/WBE/DBE/HUB businesses and will endeavor to work with qualified DBE/HUB businesses wherever possible. If the needs of the project require additional subcontractors, we will use local registers and databases of MBE/WBE/DBE/HUB businesses to find additional subcontractors.

In addition, we confirm that we will take the following affirmative actions to support MBE participation in this project:

- Placing qualified small and minority businesses and women's business enterprises on solicitation list
- Assuring that small and minority businesses and women's business enterprises are solicited whenever they are potential sources
- Dividing total requirements, when economically feasible, into smaller task or quantities to permit maximum participation by small and minority businesses, and women's business enterprises
- Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises
- Using the services and assistance as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce



**VENDOR INFORMATION**

*(Please attach a current W9 Form)*

**Name of Individual or Business Name:**

KDF Enterprises, LLC

**Parent Company Name (if different than above):**

**Taxpayer Identification Number (TIN):** 47-1244278

**Vendor is:**

( ) Corporation

( ) Partnership

( ) Sole Proprietorship

( ☒ ) Other LLC (Explain)

**Permanent Residence/Corporate Office Address:**

Address 370 Mountain View Road

City Springville State AL Zip Code 35146

Phone 251-298-8487 Fax 404-506-9849

E-mail mwatkins@kdf-global.com

**Payment Address (if different from above):**

Address N/A

City State Zip Code

Phone Fax

E-mail

**Purchase Order Address (if different from above):**

Address N/A

City State Zip Code

Phone Fax

E-mail

***This document must be completed and returned with your Submittal***



### Unit Cost Fee Rate Schedule

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b><u>MOBILIZATION AND DEMOBILIZATION</u></b>	L.S.	\$0.00

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b><u>EMERGENCY ROAD CLEARING AND REMOVAL OF DEBRIS FROM THE PUBLIC RIGHT-OF-WAY</u></b>		
Backhoe - Rubber Tire Type, J.D. 310 or equal w/bucket & hoe	Hour	\$150.00
Bucket Truck - 50 Ft.	Hour	\$245.00
Bucket Truck - 50' to 75'	Hour	\$345.00
Chipper w/2-man Crew	Hour	\$345.00
Crane - 100 Ton (8 Hr. Minimum)	Hour	\$525.00
Crane - 50 Ton	Hour	\$345.00
Crane 30 Ton or larger	Hour	\$275.00
Dozer -D-6 or equivalent	Hour	\$200.00
Dozer-CAT D4 or equivalent	Hour	\$200.00
Dozer-Cat D8 or equivalent	Hour	\$200.00
Dump Truck - 5 CY	Hour	\$100.00
Dump Truck - Trailer, 50-80 cubic yard	Hour	\$160.00
Dump Truck-Tandem, 14-18 cubic yard	Hour	\$110.00
Dump Truck-Trailer, 24-40 CY	Hour	\$120.00
Dump Truck-Trailer, 41-60 CY	Hour	\$140.00
Dump Trailer w/Tractor, 30 to 40 CY	Hour	\$140.00
Dump Trailer w/Tractor, 41 to 50 CY	Hour	\$150.00
Dump Trailer w/Tractor, 51 to 60 CY	Hour	\$160.00
Dump Truck - 10 to 15 CY	Hour	\$100.00
Walking Floor Trailer w/Tractor, 100CY	Hour	\$185.00
Equipment Transports	Hour	\$130.00
Excavator - Cat 320 or equivalent	Hour	\$170.00
Excavator - Cat 325 or equivalent	Hour	\$175.00
Excavator - Cat 330 or equivalent	Hour	\$170.00
Excavator - Rubber Tired with debris grapple	Hour	\$170.00

***This document in its entirety must be completed and returned with your Submittal***



### Unit Cost Fee Rate Schedule (Page 2 of 7)

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b>EMERGENCY ROAD CLEARING AND REMOVAL OF DEBRIS FROM THE PUBLIC RIGHT-OF-WAY (CONTINUED)</b>		
Farm Tractor w/Box blade	Hour	\$70.00
Feller Bunchers 611 Hydro-Ax or equivalent	Hour	\$100.00
Forklift - Extends Boom with debris grapple	Hour	\$100.00
Jetter Vac Truck	Hour	\$295.00
Loader - Bobcat, 753 or John Deere 648-E with debris grapple or equivalent	Hour	\$140.00
Loader - Front End, 544 or equal with debris grapple or equivalent	Hour	\$180.00
Loader - Knuckle boom -216 Prentice or equivalent	Hour	\$250.00
Loader - Self, Knuckle Boom Truck, 25-35 CY Body	Hour	\$250.00
Loader - Self, Knuckle Boom Truck, 35-45 CY Body	Hour	\$250.00
Loader - Skid Steer-753 Bobcat w/Bucket or equivalent	Hour	\$140.00
Loader - Steer-753 Bobcat Skid with Street Sweeper or equivalent	Hour	\$140.00
Loader - Towed w/Tractor, Prentice 210 or equivalent	Hour	\$250.00
Loader - Wheel JD 644, or equivalent, with debris grapple or equivalent	Hour	\$180.00
Loader - Wheel, Cat 955 or equivalent	Hour	\$180.00
Loader - Wheel, Cat 966 or equivalent	Hour	\$180.00
Loader - Wheel, JD 644, 2-3 CY Articulated w/Bucket or equivalent	Hour	\$170.00
Log skidder-JD 648E, or equivalent	Hour	\$100.00
Motor Grader-CAT 125 - 140HP or equivalent	Hour	\$100.00
Pickup Truck - Unmanned	Hour	\$10.00
Portable Light Plant	Hour	\$70.00
Power Screen	Hour	\$180.00
Loader-Self, Scraper CAT 623 or equivalent	Hour	\$100.00
Stacking Conveyor	Hour	\$170.00
Stump Grinder/ Vermeer 252 or equivalent	Hour	\$345.00
Street Sweeper	Hour	\$295.00
Sweeper – open air broom	Hour	\$245.00
Track hoe 690 J.D. or equivalent	Hour	\$175.00



### Unit Cost Fee Rate Schedule (Page 3 of 7)

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b><u>EMERGENCY ROAD CLEARING AND REMOVAL OF DEBRIS FROM THE PUBLIC RIGHT-OF-WAY (CONTINUED)</u></b>		
Truck - 1 ton Pickup	Day	\$350.00
Truck - 1/2-ton Pickup	Day	\$300.00
Truck - 3/4-ton Pickup	Day	\$325.00
Truck - 6 Wheel Drive Heavy Off Roads	Hour	\$160.00
Truck - Box	Day	\$350.00
Truck - Service	Hour	\$90.00
Truck - Supplies	Hour	\$90.00
Truck - Water	Hour	\$90.00
Utility Van	Day	\$225.00
Other (List)	N/A	N/A
Other (List)	N/A	N/A
Other (List)	N/A	N/A

### Unit Cost Fee Rate Schedule (Page 4 of 7)

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b>DEBRIS REMOVAL SERVICES</b>		
Debris Removal from Event Site and Hauling to DMS 0-30 Miles.	CY	\$8.70
Debris Removal from Event Site and Hauling to Landfill or Final Disposal Site* 0-30 Miles.	CY	\$8.70
Debris Removal from DMS and Hauling to Landfill or Final Disposal Site* 0-30 Miles.	CY	\$4.50
Debris Removal from Event Site and Hauling to DMS 31-60 Miles.	CY	\$9.95
Debris Removal from Event Site and Hauling to Landfill or Final Disposal Site* 31-60 Miles.	CY	\$9.95
Debris Removal from DMS and Hauling to Landfill or Final Disposal Site* 31-60 Miles.	CY	\$6.50
Debris Removal from Event Site and Hauling to DMS 61+ Miles.	CY	\$10.95
Debris Removal from Event Site and Hauling to Landfill or Final Disposal Site* 61+ Miles.	CY	\$10.95
Debris Removal from DMS and Hauling to Landfill or Final Disposal Site* 61+ Miles.	CY	\$7.50
White Goods removal, segregation, and disposal at approved location*	Item	\$25.00
HAZWASTE removal, segregation, and packaging at DMS for disposal by others	Pound	\$5.00
Freon Management, Recycling and Disposal*	Per unit	\$45.00
Carcass Removal, Transportation and Disposal* (Removal of debris that will decompose such as animals or organic)	Pound	\$0.50
Waterway Debris Removal <i>Debris removal from canals, rivers, creeks, streams &amp; ditches</i>	CY	Land based= \$45.00 Marine based= \$125.00
Sand Collection and Screening <i>Pick up, screen and return debris laden sand/mud/dirt/rock</i>	CY	\$15.00
Vessel Removal	Unit	\$800.00 **Recreational vessels only
Demolition of Private Structure	CY	\$18.00
Vehicle Removal	Unit	\$100.00
Electronic Waste <i>Removal of electronic debris that contain hazardous materials, such as cathode ray tubes. Includes computer monitors and televisions</i>	Unit	\$20.00
Biowaste <i>Removal of waste capable of causing infection to humans (Animal waste, human blood, pathological waste)</i>	Pound	\$10.00

\*NOTE: Contractor will pay tipping fee or other disposal fee at final disposal site(s) and charge the Entity at cost. All final disposal sites must be approved by Entity.



### Unit Cost Fee Rate Schedule (Page 5 of 7)

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b>TREE OPERATIONS, INCLUDING HAULING</b>		
Hazardous Trees Removal 6" diameter to 12" diameter	Tree	\$100.00
Hazardous Trees Removal >12" diameter to 24" diameter	Tree	\$100.00
Hazardous Trees Removal >24" diameter to 36" diameter	Tree	\$200.00
Hazardous Trees Removal >36" to 48"	Tree	\$200.00
Hazardous Trees Removal >48" +	Tree	\$300.00
Hazardous Limbs Removal >2"	Tree	\$80.00
Hazardous Stumps Removal >24" – 36"	Stump	\$150.00
Hazardous Stumps Removal >36" – 48"	Stump	\$250.00
Hazardous Stumps >48" +	Stump	\$350.00
Stump Fill Dirt <i>Fill dirt for stump holes after removal</i>	CY	\$12.00

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b>MANAGEMENT AND REDUCTION</b>		
Grinding <i>Grinding/chipping vegetative debris</i>	CY	\$2.75
Air Curtain Burning <i>Air Curtain Burning vegetative debris</i>	CY	\$1.85
Open Burning <i>Opening burning vegetative debris</i>	CY	\$1.10
Compacting <i>Compacting vegetative debris</i>	CY	\$0.50
Debris Management Site Management <i>Preparation, management, and segregating at debris management site</i>	CY	\$1.90

Tipping Fees at Franklin County Landfill

Vegetation \$45.00/TON

All Other Debris \$65.00/TON

### Unit Cost Fee Rate Schedule (Page 6 of 7)

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b><u>FINAL DISPOSAL</u></b>		
Tipping Fees (Vegetative) <i>Fee includes negotiated contract price or pass-through amount for vegetative</i>	CY	Passthrough
Tipping Fees (Mix) <i>Fee includes negotiated contract price or pass-through amount for mix</i>	CY	Passthrough
Tipping Fees (C&D) <i>Fee includes negotiated contract price or pass-through amount for C&amp;D</i>	CY	Passthrough

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b><u>MISCELLANEOUS EQUIPMENT &amp; SERVICES</u></b>		
Hay bales	Each	\$8.50
Staked Silt Fence	LF	\$6.50
Fill Dirt	CY	\$12.00
Tree Protection, as required	LF	\$4.95
Dewater, as required	Hour	\$245.00
Bagged Ice, 50/100 lbs.	per	\$30.00/50 pound bag \$60.00/100 pound bag
Bottled Water, Palletized Truck Load	Lb.	\$12.50/ case of 24 16 oz bottles
Bulk Water, Tanker	Gal	\$3.00
Water Tanker for Bulk Water, Tanker	Gal	\$2.50
Light Tower w/Generator	Day	\$850.00
Office Trailer, 40 ft	Day	\$750.00
Portable Toilet, Single	Day	\$350.00
Portable Toilet, Single	Week	\$650.00



### Unit Cost Fee Rate Schedule (Page 7 of 7)

DESCRIPTION OF SERVICE	UNIT	UNIT COST
<b><u>PERSONNEL RATES</u></b>		
Traffic Control Personnel	Hour	\$45.00
Laborer	Hour	\$45.00
Survey Person w/Truck	Hour	\$65.00
Inspector w/Vehicle	Hour	\$65.00
Chainsaw w/Operator	Hour	\$45.00
Foreman w/Truck	Hour	\$75.00
Superintendent w/Truck	Hour	\$80.00
Climber w/Gear	Hour	\$90.00
Mechanic w/Truck and Tools	Hour	\$90.00
Ticket Writers / Individual	Hour	\$40.00
Clerical / Individual	Hour	\$40.00
Program Management Services – Professional	Hour	\$90.00
Program Management Services – Administrative	Hour	\$75.00
Other (List)	Hour	N/A
Other (List)	Hour	N/A
Other (List)	Hour	N/A



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**KDF Enterprises, LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► **S**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**370 Mountain View Road**

6 City, state, and ZIP code

**Springville, Alabama 35146**

7 List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

or

Employer identification number

4 7 - 1 2 4 4 2 7 8

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

*Cynthia L. Calvin*

Date ►

*4/21/21*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.