

MEMORANDUM

CITY OF CAPE CORAL
PUBLIC WORKS DEPARTMENT

TO: Wanda Roop, Procurement Manager

FROM: Damon Grant, Interim Public Works Deputy Director *DG*

DATE: October 27, 2023

SUBJECT: Great Southern Equipment – Vendor# 3949
Purchase Order Requisition
Gradall Equipment Repairs & Maintenance

Background

Great Southern Equipment is a sole source provider for Gradall equipment. They provide service, warranty repairs and parts in Lee County, Florida.

Recommendation

Fleet Services would like to open a purchase order for up to \$20,000 with Great Southern Equipment. This will be used for anticipated maintenance and repair of Gradall equipment in the City of Cape Coral's Fleet.

Funding Availability

Funding is available through Fleet's Internal Service Fund-Fleet Operations, account string 516-30511-534120-30 (Outside Services). These costs are then billed to the individual departments that own the asset.

DG/va

Attachments:

Great Southern Sole Source Form
Great Southern Sole Source Ltr

c: AJ Forbes, Fleet Manager *AGF* *APS*
Milagros Rosario, Senior Buyer

CITY OF CAPE CORAL
REQUEST FOR SOLE SOURCE OR SINGLE SOURCE PURCHASE

Requesting Department: Public Works - Fleet Services

Vendor Name: Great Southern Equipment

Address: 4555 LAREDO AVENUE, FT MYERS, FL 33905

Phone: 239-334-6063 E-Mail: Robert Cox rcoc@gsequipment.net

Price: \$ 20,000 Account: 516-30511-534120-30 (Outside Services) Fund: Fleet ISF

Description of item to be procured:

Repairs, maintenance, parts and inspections of Gradall branded equipment.

1.) Uniqueness of vendor's item/service.

They are the only authorized distributor for Gradall Excavator Equipment for Central and Southern Florida. Great Southern Equipment is responsible for all machine and parts sales, as well as service and warranty.

2.) Market Research. Describe other, similar sources or products available in the market, if any, and why they are not acceptable:

They are the only authorized distributor for Gradall Excavator Equipment for Central and Southern Florida.

3.) Proposed Actions. Describe the actions the department will take to overcome the present barriers to competition for any future acquisition of this product or service:

Fleet Services will continue to research vendors who can provide repairs, parts and maintenance on Gradall Equipment to insure we receive the "best value" in Southwest Florida.

Department Fleet Manager's Signature: AG FORBES Date: 10/27/2023

Department Interim Public Works Deputy Director's Signature: [Signature] Date: 10/31/23

Approval: Procurement Manager Wanda Koop (not to exceed \$50,000.00) Date: 11/1/23

Approval: City Manager _____ (not to exceed \$100,000.00) Date: _____

Council authorization required if exceeding \$100,000.00



GRADALL INDUSTRIES, INC.

SEPTEMBER 20, 2023

As the manufacturer of GRADALL Excavators, Gradall Industries certifies that

Great Southern Equipment, Inc;
1023 S 50th St
Tampa FL 33619

And its branches in Orlando, Fort Myers, Jacksonville, Pompano Beach and Tallahassee is the sole authorized Gradall Distributor in the following Counties in Florida:

ALACHUA, BAKER, BRADFORD, BREYARD, BROWARD, CITRUS, CHARLOTTE, CLAY, COLUMBIA, DESOTO, DIXIE, DUVAL, FLAGLER, GILCHRIST, GADSDEN, HARDEE, HILLSBOROUGH, HERNANDO, HIGHLANDS, INDIAN RIVER, JEFFERSON, LAKE, LEON, LEE, LEVY, MANATEE, MARION, MIAMI DADE, MARTIN, MADISON, MONROE, NASSAU, ORANGE, OSCEOLA, OKEECHOBEE, PASCO, PINELLAS, POLK, PALM BEACH, PUTNAM, SARASOTA, ST JOHNS, SEMINOLE, ST LUCIE, SUMTER, UNION and WAKULLA.

GS Equipment is the sole source for Parts and Service in these Counties as well.

Any concerns regarding the above may be directed to myself or Mike Popovich, VP at the number(s) below.

A handwritten signature in cursive script, appearing to read "Steve Berube".

STEVE BERUBE
REGIONAL MANAGER
6913 BEARGRASS ROAD
HARMONY, FL 34773
407-491-3469
spberube@gradall.com



Local Business Tax Receipt

GREAT SOUTHERN EQUIPMENT LLC
FERWERDA RAYMOND K JR
1023 S 50TH ST
TAMPA, FL 33619-3629

Dear Business Owner:

Your **2023 - 2024** Lee County Local Business Tax Receipt is attached below for account number / receipt:
number: **1072539 / 9704578**

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

2023 - 2024
LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 1072539
Receipt Number: 9704578
State License Number:

Location:
4555 LAREDO AVE
FORT MYERS, FL 33905-4910

GREAT SOUTHERN EQUIPMENT LLC
FERWERDA RAYMOND K JR
4555 LAREDO AVE
FORT MYERS, FL 33905-4910

Account Expires: September 30, 2024

May engage in the business of:
RETAIL SALES
THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

Payment Information:	
PAID INT-00-01421906	08/18/2023
	\$ 50.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/07/2023

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).

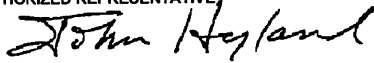
PRODUCER Sentry Insurance 1800 North Point Drive Stevens Point, WI 54481	CONTACT NAME: Sentry Customer Service PHONE (A/C, No, Ext): 800-473-6879 FAX (A/C, No): 800-514-7191 EMAIL ADDRESS: businessproducts_direct@sentry.com
	INSURER(S) AFFORDING COVERAGE
INSURED Great Southern Equipment, LLC 1023 S 50th St Tampa, FL 33619-3629	INSURER A: Sentry Select Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 2441161 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			A0187895006	01/20/2023	01/20/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			A0187895001	01/20/2023	01/20/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A0187895009	01/20/2023	01/20/2024	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ 60,000,000 PRODUCTS - COMP/OP AGG \$ 60,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	A0187895008	01/20/2023	01/20/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	ERRORS & OMISSIONS			A0187895005	01/20/2023	01/20/2024	Employee Benefits Occurrence Limit \$ 500,000 Errors & Omissions Annual Aggregate Limit \$ 1,000,000 Deductible \$ 1,000 All Other Errors & Omissions Occurrence Limit \$ 250,000 Annual Aggregate Limit \$ 500,000 Deductible \$ 2,500

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

CERTIFICATE HOLDER City of Cape Coral 1015 Cultural Park Blvd Cape Coral, FL 33990-1216	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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AGENCY CUSTOMER ID: XXXXXX9001

LOC #: _____

Page 2 of 2**ADDITIONAL REMARKS SCHEDULE**

AGENCY Richard Rosson		NAMED INSURED Great Southern Equipment, LLC	
POLICY NUMBER A0187895006			
CARRIER Sentry Select Insurance Company	NAIC CODE 21180	EFFECTIVE DATE: 01/20/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

General Liability

The City of Cape Coral is named as an Additional Insured with respect to the General Liability