ARLINGTON COUNTY, VIRGINIA OFFICE OF THE PURCHASING AGENT

INVITATION TO BID NO. 22-DPR-ITBLW-582

ADDENDUM NO. 2

Arlington County Invitation to Bid (ITB) No. 22-DPR-ITBLW-582 for Landscape Maintenance Services is amended as follows:

- 1. Revised Bid Form is hereby replaced in its entirety with the Revised Bid Form, dated February 14, 2022. Bid response Must be on the "Revised Bid Form, dated February 14, 2022".
- 2. Attachment A Pricing Sheet is hereby replaced in its entirety with the Revised Attachment A Pricing Sheet. Bid response Must be on the "Revised Attachment A – Pricing Sheet".

The balance of the solicitation remains unchanged.

Arlington County, Virginia

Tomeka Price, VCO, VCA Procurement Officer tprice@arlingtonva.us

RETURN THIS PAGE, FULLY COMPLETED AND SIGNED, WITH YOUR BID:

BIDDER ACKNOWLEDGES RECEIPT OF ADDENDUM NUMBER 2.

FIRM NAME:

AUTHORIZED SIGNATURE: _____ DATE: _____

ARLINGTON COUNTY, VIRGINIA

INVITATION TO BID NO. 22-DPR-ITBLW-582

REVISED BID FORM, DATED FEBRUARY14,2022

SUBMIT ONE FULLY COMPLETED AND SIGNED BID FORM ELECTRONICALLY VIA VENDOR REGISTRY

BIDS WILL BE OPENED AT 1:00 P.M., ON FEBRUARY 25, 2022

FOR PROVIDING <u>LANDSCAPE MAINTENANCE SERVICES</u> PER THE TERMS, CONDITIONS AND SPECIFICATIONS OF THIS SOLICITATION

THE FULL <u>LEGAL NAME</u> OF THE ENTITY SUBMITTING THIS BID MUST BE WRITTEN IN THE SPACE BELOW. THIS BID FORM AND ALL OTHER DOCUMENTS THAT REQUIRE A SIGNATURE MUST BE FULLY AND ACCURATELY COMPLETED AND SIGNED BY A PERSON WHO IS AUTHORIZED TO BIND THE BIDDER, OR THE BID MAY BE REJECTED.

SUBMITTED BY: (legal name of entity)						
AUTHORIZED SIGNATU	IRE:					
PRINT NAME AND TIT	.E:					
ADDRESS:						
CITY/STATE/ZIP:						
TELEPHONE NO.:		MAIL DRESS:				
THIS ENTITY IS INCORE	ORATED					
THIS ENTITY IS A:	CORPORATION		LIMITE	D PARTN	IERSHIP	
(check the applicable option)	GENERAL PARTNERSHIP		UNI	INCORPC ASSOC	DRATED	
	LIMITED LIABILITY COMPANY		SOLE PI	ROPRIET	ORSHIP	
IS BIDDER AUTHORIZE COMMONWEALTH OF	D TO TRANSACT BUSINESS IN 1 VIRGINIA?	THE	YES		NO	

IDENTIFICATION NO. ISSUED TO THE ENTITY BY THE SCC:

Any Offeror exempt from Virginia State Corporation Commission (SCC) authorization requirement must include a statement with its proposal explaining why it is not required to be so authorized.

BID FORM, PAGE <u>2</u> OF <u>11</u> ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: (<i>if available</i>): HAS YOUR FIRM OR ANY OF ITS PRINCIPALS BEEN DEBARRED FROM SUBMITTING BIDS TO ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION WITHIN THE PAST THREE YEARS?	YES		NO	
HAS YOUR FIRM DEFAULTED ON ANY PROJECT IN THE LAST THREE YEARS?	YES		NO	
HAS YOUR FIRM HAD ANY TYPE OF BUSINESS, CONTRACTING OR TRADE LICENSE, REGISTRATION OR CERTIFICATION REVOKED OR SUSPENDED IN THE PAST THREE YEARS?	YES		NO	
HAS YOUR FIRM AND ITS PRINCIPALS/OWNERS BEEN CONVICTED OF ANY CRIME RELATING TO ITS CONTRACTING BUSINESS IN THE PAST TEN YEARS?	YES		NO	
HAS YOUR FIRM BEEN FOUND IN VIOLATION OF ANY LAW APPLICABLE TO ITS CONTRACTING BUSINESS (LICENSING LAWS, TAX LAWS, WAGE AND HOUR LAWS, PREVAILING WAGE LAWS, ENVIRONMENTAL) WHERE THE RESULT OF SUCH VIOLATION WAS THE PAYMENT OF A FINE, BACK PAY DAMAGES, OR ANY OTHER PENALTY IN THE AMOUNT OF \$5000 OR MORE?	YES		NO	
IS YOUR FIRM PREQUALIFIED BY THE VIRGINIA DEPT. OF TRANSPORTATION?	YES		NO	
BIDDER STATUS: MINORITY OWNED: D WOMAN OWN	NED:		NEITHER:	
THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THE FOLL	OWING): 		
THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INC ELECTRONIC COPY THAT IS AVAILABLE ON THE <u>VENDOR REGISTRY W</u>			ENDA, IS TH	ΗE
VENDORS ARE REQUIRED TO REGISTER ON <u>VENDOR REGISTRY</u> IN OR THIS INVITATION TO BID. NO RESPONSES WILL BE ACCEPTED AFTER				
POTENTIAL BIDDERS ARE RESPONSIBLE FOR DETERMINING THE ACCUALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE,				S OF

BID FORM, PAGE <u>3</u> OF <u>11</u>

MINIMUM BIDDER QUALIFICATIONS:

In a separate attachment, Bidders shall provide the following documentation:

Company Qualifications:

• Submit a Company statement for proof of 5 years of experience in providing landscape maintenance services. The experience shall be work of similar size, scope and maintenance.

Contract Experience:

- Provide a list of contracts for landscape maintenance services, of similar size and scope, that have been executed during the past 3 years for consideration. Bidders' list shall include the following information to show compliance with the experience criteria:
 - Project Name
 - Project description and scope of work
 - Owner Contract Name, Project Manager name, telephone number and email address
 - Final contract value

Staffing Qualification:

Resumes of the proposed Project Manager, Crew Leader(s), and personnel with a Virginia Department
of Agriculture and Consumer Services (VDACS) Certified Pesticide Applicator License assigned to this
work, who have the requirements as described in the Scope of Work. (Attach to your Bid submission)



• Copy of Virginia Department of Agriculture and Consumer Services Certified Pesticide Applicator license. (Attach to your Bid submission)

YES 🗖 NO 🗖

Bidders shall complete the following and submit with their bid:

- 1. Attachment A Pricing Sheet
- 2. Attachment B Contractor Certification Regarding Criminal Convictions

The undersigned acknowledges receipt of the following Addenda:

ADDENDUM NO. 1	DATE:	_INITIAL:
ADDENDUM NO. 2	DATE:	INITIAL:
ADDENDUM NO. 3	DATE:	_INITIAL:

BID FORM, PAGE <u>4</u> OF <u>11</u>

TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by a Bidder in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-111 of the Arlington County Purchasing Resolution, however, a Bidder seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the data or materials to be protected and state the reasons why protection is necessary.

Please mark one:

□ No, the bid that I have submitted does <u>not</u> contain any trade secrets and/or proprietary information.

□ Yes, the bid that I have submitted <u>does</u> contain trade secrets and/or proprietary information.

If Yes, you must clearly identify below the exact data or materials to be protected <u>and</u> list all applicable page numbers of the bid that contain such data or materials:

State the specific reason(s) why protection is necessary:

If you fail above to identify the data or materials to be protected or to state the reason(s) why protection is necessary, you will not have invoked the protection of Section 4-111 of the Purchasing Resolution. Accordingly, upon the award of a contract, the bid will be open for public inspection consistent with applicable law.

BIDDER NAME:

BID FORM, PAGE 5 OF 11

<u>CERTIFICATION OF NON-COLLUSION</u>: The undersigned certifies that this bid is not the result of or affected by (1) any act of collusion with another person engaged in the same line of business or commerce (as defined in Virginia Code §§ 59.1-68.6 *et seq.*) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 *et seq.*).

CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES

Provide the name and address of the person who is designated to receive notices and other communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.

NAME:	 	
ADDRESS:	 	
E-MAIL:	 	

BIDDER NAME:

BID FORM, PAGE 6 OF 11

ACKNOWLEDGEMENT OF COUNTY COVID-19 VACCINATION POLICY

I, ______(Company Name, hereinafter referred to as "Bidder"), certify that I will comply with the COVID-19 Vaccination Policy as a condition of contract award which may require that all contractor employees or subcontractors who will be working on the contract are fully vaccinated against COVID-19, or being tested on a weekly basis, or are exempt pursuant to a valid reasonable accommodation under state or federal law.

Signed:	Date:

Name of Bidder:

BID FORM, PAGE <u>7</u> OF <u>11</u>

Energy-Efficient Non-Gas-Powered Equipment Certification

I, _______ (Contractor Name, hereinafter referred to as "Bidder"), by checking "Yes" in the table below, certify the non-gas powered handheld equipment used for the "Landscape Maintenance Services" portion of this work is Energy Star Certified and meet the Federal Energy Management Program (FEMP) efficiency requirements. By checking "No" in the table below, I certify the non-gas-powered handheld equipment used for the "Landscape Maintenance Services" portion of this work is not Energy Star Certified or meet the FEMP efficiency requirements.

Description	ar	gy Star Id meet Efficie equirer	t FEMI ncy	Ρ
Non-gas-powered equipment used for the "Landscape Maintenance Services" (As outlined in the plans)	YES		NO	

Date:_____

Name of Bidder: _____

BID FORM, PAGE <u>8</u> OF <u>11</u> <u>REFERENCES</u>

Bidders should provide three (3) references for similar services that have been provided by the Bidder within the past five (5) years. The County reserves the right to evaluate the quality of Contractor's work through site visits with Contractor's references.

REFERENCE 1:	Contact Name:
	Organization:
	Phone Number:
	E-mail Address:
	Contract Name:
	Contract Dates (from-to):
	Contract Description:
REFERENCE 2:	Contact Name:
	Organization:
	Phone Number:
	E-mail Address:
	Contract Name:
	Contract Dates (from-to):
	Contract Description:
REFERENCE 3:	Contact Name:
	Organization:
	Phone Number:
	E-mail Address:
	Contract Name:
	Contract Dates (from-to):
	Contract Description:

BIDDER NAME:

INSURANCE CHECKLIST CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X". COVERAGES REQUIRED LIMITS (FIGURES DENOTE MINIMUMS) X 2. Employer's Liability......\$500,000/accident, \$500,000/disease, \$500,000/disease policy limit X 3.Commercial General Liability......\$1,000,000 CSL BI/PD each occurrence, \$1 Million annual aggregate X 4.Premises/Operations......\$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate X 5.Automobile Liability......\$1 Million BI/PD each accident, Uninsured Motorist X 6. Owned/Hired/Non-Owned Vehicles......\$1 Million BI/PD each acciden t, Uninsured Motorist 8. Products Liability......exe, \$1 Million annual aggregate X 9.Completed Operations......\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate ___11. Personal and Advertising Injury Liability......al aggregate ___13. Per Project Aggregate ___14.Professional Liability a. Architects and Engineers......\$1 Million per occurrence/claim b. Asbestos Removal Liability\$2 Million per occurrence/claim ____c. Medical Malpractice......\$1 Million per occurrence/claim d. Medical Professional Liability......\$1Million per occurrence/claim X 15. Miscellaneous E&O/ Professional Liability 16. Motor Carrier Act End. (MCS-90) S1 Million BI/PD each accident, Uninsured Motorist __17. Motor Cargo Insurance 18. Garage Liability......\$1 Million Bodily Injury, Property Damage per occurrence 19. Garagekeepers Liability......\$500,000 Comprehensive, \$500,000 Collision ___20. Inland Marine-Bailee's Insurance....... \$______\$______ ___21. Moving and Rigging Floater.....Endorsement to CGL 22. Dishonesty Bond......\$

X 23.Builder'sRisk.....ProvideCoverage inthefullamountofcontract 24.XCU CoverageEndorsement to CGL 25. USL&H......Federal Statutory Limits

X 26. Carrier Rating shall be Best's Rating of A-VII or better or its equivalent

X 27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least thirty (30) days prior to action.

X 28. The County shall be named Additional Insured on all policies except Workers Compensation, Errors and Omissions/Professional Liability and Auto.

X 29. Certificate of Insurance shall show Bid Number and Bid Title.

30. Environmental Impairment Liability, including coverage of on-site clean up......BI/PD \$3 Million per occurrence/\$6 Million Aggregate

a In addition to environmental impairment liability, if work requires clean up, remediation, and/or removal of bio-solids, bio-hazards waste, and any hazardous or toxic material via transportation request:

_BusinessAutoLiability.......\$2 Million per occurrence with MCS-90 and CA 9948 (or equivalent endorsements specifically referenced in the certificate of insurance

31. Cyber insurance......\$2Million per occurrence/Aggregate

X 32. OTHER INSURANCE REQUIRED: Sexual Molestation Insurance......\$1Million per occurrence/claim

INSURANCE AGENT'S STATEMENT: I have reviewed the above requirements with the Offeror named below and have advised the Offeror of required coverages not provided through this agency.

AGENCY NAME:_____

AUTH. SIGNATURE:

OFFEROR'S STATEMENT: If awarded the Contract, I will comply with all Contract insurance requirements.

AUTH. SIGNATURE: BIDDER NAME:

BID FORM, PAGE <u>10</u> OF <u>11</u>

PRICING

Bidders shall provide a monthly price on **Revised** Attachment A, Pricing Sheet for the services specified in the Scope of Work and enter the Grand Total from **Revised** Attachment A, Pricing Sheet below. The County reserve the right to add or delete locations.

Grand Total for All Locations:	\$
(From Revised Attachment A Pricing Sheet)	

Provide the unit price for the following services for additional Work:

1.	Blowing and Removing Debris/ Weed Control	\$/sq. ft
2.	Edging	\$/sq. ft
3.	Leaf Removal	\$/sq. ft
4.	Fertilizing	\$/sq. ft
5.	Pruning/Trimming (Shrubs/Hedges/Bushes)	\$/sq. ft
6.	Mulching	\$/sq. ft

Equipment list: Bidders should provide in the space below or on a separate attachment, a full list of all equipment they will use to fulfill the requirements of this solicitation Please list whether each equipment is gas-powered, battery-powered, or other than gas or battery powered. Provide additional pages if necessary.

TYPE OF EQUIPMENT	GAS-	BATTERY-	OTHER THAN GAS-
	POWERED	POWERED	OR BATTERY-
			POWERED

TYPE OF EQUIPMENT	GAS-	BATTERY-	OTHER THAN GAS-
	POWERED	POWERED	OR BATTERY- POWERED
			POWERED