ARLINGTON COUNTY, VIRGINIA

INVITATION TO BID NO. 21-DPR-ITB-283

REVISED BID FORM

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

BIDS WILL BE OPENED AT 1:00 P.M., ON NOVEMBER 4, 2020

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

A **Tree Services -** Prices bid shall be inclusive of all labor, material, and equipment necessary for the provision of tree services.

#	ITEM DESCRIPTION	UNIT OF MEASURE	NON-EMERGENCY UNIT PRICES	EMERGENCY UNIT PRICES	
S	SECTION I. TREE REMOVAL (To be considered for an award in this Section all items must be bid)				
Α	Up to 6" DBH	EACH	\$	\$	
В	Over 6" to 12" DBH	EACH	\$	\$	
С	Over 12" to 18" DBH	EACH	\$	\$	
D	Over 18" to 24" DBH	EACH	\$	\$	
E	Over 24" to 30" DBH	EACH	\$	\$	
F	Over 30" to 36" DBH	EACH	\$	\$	
G	Over 36" to 42" DBH	EACH	\$	\$	
Н	Over 42" DBH	EACH	\$	\$	
	SECTION I. TREE R	EMOVAL TOTAL	\$	\$	
#	ITEM DESCRIPTION	UNIT OF	NON-EMERGENCY	EMERGENCY	
		MEASURE	UNIT PRICES	UNIT PRICES	
Sectio	n II. Tree Pruning Services (To be cor	nsidered for ar	n award in this Section	all items must be bid)	
Α	Up to 6" DBH	EACH	\$	\$	
В	Over 6" to 12" DBH	EACH	\$	\$	
С	Over 12" to 18" DBH	EACH	\$	\$	
D	Over 18" to 24" DBH	EACH	\$	\$	
E	Over 24" to 30" DBH	EACH	\$	\$	
F	Over 30" to 36" DBH	EACH	\$	\$	
G	Over 36" to 42" DBH	EACH	\$	\$	
Н	Over 42" DBH	EACH	\$	\$	
Section II. Tree Pruning Services Total			\$	\$	
#	ITEM DESCRIPTION	UNIT OF MEASURE	NON-EMERGENCY UNIT PRICES	EMERGENCY UNIT PRICES	
Section III. Stump Removal (To be considered for an award in this Section all items must be bid)					
Α	Stump removal/grinding	INCH	\$	\$	
	Section III. Stump R	\$	\$		
	GRAND TOTAL OF SECTION	\$	\$		

For Informational Purposes:

B Hourly rates - All costs associated with response and mobilization for hourly or daily work, such as trail clearing, or time-based emergency response shall be included in the hourly rate for nonemergency and emergency services. Time worked shall be calculated as time spent on the job at the worksite only. Portal to portal charges is not allowed.

#	LABOR CATEGORY	NON-EMERGENCY HOURLY RATE	EMERGENCY HOURLY RATE
	Monday through Frid 7:00 AM TO 5:00 PI	•	I
1	WORKING FOREMAN	\$	\$
2	Climber/pruner	\$	\$
3	GROUNDS PERSON	\$	\$
4	CERTIFIED ARBORIST	\$	\$
	Monday through Frid 5:01 PM TO 6:59 AI	•	
1	WORKING FOREMAN	\$	\$
2	Climber/pruner	\$	\$
3	GROUNDS PERSON	\$	\$
4	CERTIFIED ARBORIST	\$	\$
	Weekends and Holida	ays	
1	WORKING FOREMAN	\$	\$
2	Climber/pruner	\$	\$
3	GROUNDS PERSON	\$	\$
4	CERTIFIED ARBORIST	\$	\$
	SUBTOTAL OF HOURLY RATES	\$	\$
GRAND TOTAL OF NON-EMERGENCY AND EMERGENCY HOURLY RATES			\$
LOC. HOL	RT THE NUMBER OF HOURS AFTER NOTIFICATION THAT CREWS WILL ATION, FOR AN EMERGENCY RESPONSE ONLY. RECEIPT OF NOTIFICAT IR OF CALL OR OTHER METHOD OF COMMUNICATION. TIME PROPOS R (4) HOURS:	FION SHALL BE WITHIN 1	HRS

CREW COST PER HOUR DURING WORKING HOURS, INCLUDING THE COST OF STANDARD EQUIPMENT IDENTIFIED IN THE SOLICITATION:

C. Additional Equipment/Rental Operator Hourly Rate:

<u>Company Qualifications</u>: Bidders shall have five (5) years of experience in tree pruning, tree removal, and stump removal. The experience shall be work of similar size and scope.

\$_____

Project Experience: Bidders shall provide a list of projects, of similar size and scope, that have been executed during the past five (5) years. Bidders' list shall include the following information to show compliance with the experience criteria:

- Contract Name
- Contract description and scope of work
- Contract manager's name, telephone number, and email address
- Final contract value

Staffing Qualifications: All key personnel proposed for this project must have experience as designated key personnel in similar size and type of projects.

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	RE:					
PRINT NAME AND TITL	E:					
ADDRESS:						
CITY/STATE/ZIP:						
TELEPHONE NO.:	E-M ADI	IAIL DRESS:				
THIS ENTITY IS INCORP	ORATED					
THIS ENTITY IS A:	CORPORATION		LIMITE	D PARTN	ERSHIP	
(check the applicable option)	GENERAL PARTNERSHIP		UN	INCORPO ASSOC		
	LIMITED LIABILITY COMPANY		SOLE P	ROPRIETO	ORSHIP	
IS BIDDER AUTHORIZED TO TRANSACT BUSINESS IN THE YES NO COMMONWEALTH OF VIRGINIA? IDENTIFICATION NO. ISSUED TO THE ENTITY BY THE SCC:						
Any Offeror exempt from include a statement wit	m Virginia State Corporation Co h its proposal explaining why it DSTREET D-U-N-S NUMBER: (is not required	-	•		must
HAS YOUR FIRM OR ANY OF ITS PRINCIPALS BEEN DEBARRED FROM SUBMITTING BIDS TO ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION YES NO WITHIN THE PAST THREE YEARS?						

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	
BIDDER STATUS: MINORITY OWNED: 🛛 WOMAN OW	NED: 🗖	I	NEITHER:	
THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THE FOLL	OWING:			
THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INCLUDES ANY ADDENDA, IS THE ELECTRONIC COPY THAT IS AVAILABLE FROM THE <u>VENDOR REGISTRY WEBSITE</u> .				
POTENTIAL BIDDERS ARE RESPONSIBLE FOR DETERMINING THE ACCURACY AND COMPLETENESS OF ALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE, INCLUDING THE COUNTY.				

The undersigned acknowledges receipt of the following Addenda:

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

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 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.

<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 the delivery of notices.

NAME:	 _
ADDRESS:	
	 —
E-MAIL:	 _

BIDDER NAME: _____

REFERENCES

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 the Contractor's work through site visits with the Contractor's references.

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

BIDDER NAME:

INSURANCE CHECKLIST

CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X". COVERAGES REQUIRED COVERAGE MINIMUM(S)

_X_1. Workers' Compensation	Statutory limits of Virginia
_X_2. Employer's Liability	\$100,000 accident, \$100,000 disease, \$500,000 disease policy limit
_X_3. Commercial General Liability	\$1,000,000 CSL BI/PD each occurrence, \$2 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 accident, Uninsured Motorist
_X_7. Independent Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
_X_9. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
_X_10. Contractual Liability (Must be shown on Certificate)\$1 Million CSL BI/PD each occurrence,
	\$1 Million annual aggregate
_X_11. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate
12. Umbrella Liability	\$1 Million Bodily Injury, Property Damage, and Personal Injury
13. Per Project Aggregate	
14. Professional Liability	
a. Architects and Engineers	\$1 Million per occurrence/claim
b. Asbestos Removal Liability	
c. Medical Malpractice	\$1 Million per occurrence/claim
d. Medical Professional Liability	\$1 Million per occurrence/claim
_X_15. Miscellaneous E&O	
16. Motor Carrier Act End. (MCS-90)	\$1 Million BI/PD each accident, Uninsured Motorist
17. Motor Cargo Insurance	
18. Garage Liability	
19. Garagekeepers Liability	
20. Inland Marine-Bailee's Insurance	\$\$
21. Moving and Rigging Floater	Endorsement to CGL
22. Crime and Employee Dishonesty Coverage	
	e Coverage in the full amount of Contract, including any amendments
24. XCU Coverage	Endorsement to CGL
	Federal Statutory Limits
_X_26. Carrier Rating shall be A.M. Best Co.'s Rating of A-V	'll or better or equivalent
action.	ange in coverage shall be provided to County at least 30 days prior to
_X_28. The County shall be an Additional Insured on all poli _X_29. Certificate of Insurance shall show Bid Number and	cies except Workers Compensation and Auto and Professional Liability. d Bid Title.
	rage of on-site cleanupBI/PD \$3 Million per occurrence/\$6 Million
, , ,	Aggregate
a. Should the work require to clean up, remedia	ation, and/or removal of bio-solids, bio-hazards waste, and any hazardous or
toxic material via transportation request:	
Business Auto Liability\$2 Million per oc	currence with MCS-90 and CA 9948(or equivalent) endorsements specifically referenced in the certificate of insurance
32. OTHER INSURANCE REQUIRED:	
INSURANCE AGENT'S STATEMENT:	
	r named below and have advised the Offeror of required coverages
not provided through this agency.	i named below and have advised the offeror of required coverages
not provided through this agency.	
AGENCY NAME:	AUTH. SIGNATURE:
BIDDER'S STATEMENT:	
If awarded the Contract, I will comply with all Contract	insurance requirements.

BIDDER NAME:______ AUTH. SIGNATURE:_____