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 SIGNAT	URE:			
PRINT NAME AND TIT	le:			
ADDRESS:	-			
CITY/STATE/ZIP:				
TELEPHONE NO.:		MAIL DRESS:		
THIS ENTITY IS INCOR IN:	PORATED			
THIS ENTITY IS A:	CORPORATION		LIMITED PARTNERSHIP	
(check the applicable option)	GENERAL PARTNERSHIP		UNINCORPORATED ASSOCIATION	
	LIMITED LIABILITY COMPANY		SOLE PROPRIETORSHIP	
IS BIDDER AUTHORIZE	ED TO TRANSACT BUSINESS IN T	HE	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 2 OF FNTITY'S DUN & BRA	[:] <u>11</u> DSTREET D-U-N-S NUM	/IBFR: (if a	ıvailahle):				
HAS YOUR FIRM OR A	ANY OF ITS PRINCIPALS SIDS TO ARLINGTON CO R POLITICAL SUBDIVISI	BEEN DE DUNTY, V	BARRED IRGINIA, OR	YES		NO	
HAS YOUR FIRM DEFA THREE YEARS?	AULTED ON ANY PROJE	ECT IN THI	E LAST	YES		NO	
	ANY TYPE OF BUSINES STRATION OR CERTIFIC AST THREE YEARS?	-		YES		NO	
	ITS PRINCIPALS/OWN ING TO ITS CONTRACT			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?							
IS YOUR FIRM PREQU TRANSPORTATION?	ALIFIED BY THE VIRGI	NIA DEPT.	OF	YES		NO	
BIDDER STATUS:	MINORITY OWNED:		WOMAN OWN	IED:		NEITHER:	
THE UNDERSIGNED U	NDERSTANDS AND ACK	KNOWLED	GES THE FOLLO	WING	ì:		
THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INCLUDES ANY ADDENDA, IS THE ELECTRONIC COPY THAT IS AVAILABLE ON THE <u>VENDOR REGISTRY WEBSITE</u> .							
VENDORS ARE REQUIRED TO REGISTER ON <u>VENDOR REGISTRY</u> IN ORDER TO SUBMIT A RESPONSE TO THIS INVITATION TO BID. NO RESPONSES WILL BE ACCEPTED AFTER THE BID DUE DATE AND TIME .							
	ARE RESPONSIBLE FOR CUMENTS THEY RECEIV						OF

BID FORM, PAGE 3 OF 11

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	l contract	value				
Sta		he propo				der(s), and personnel with a Virginia Departified Pesticide Applicator License assigned t	
	_	ave the re		ents as describe	d in the	e Scope of Work. (Attach to your Bid submi	
		YES		NO			
•	Copy of Virg				and Co	onsumer Services Certified Pesticide Appl	icato
		YES		NO			
	1. Attachm	ent A – Pı	ricing She			n their bid: ng Criminal Convictions	
Γh	e undersigned	acknowle	edges red	ceipt of the follo	owing A	Addenda:	
	ADDEND	UM NO. 1	L	DATE:		INITIAL:	
	ADDEND	OUM NO. 2	2	DATE:		INITIAL:	
	ADDEND	OUM NO. 3	3	DATE:		INITIAL:	

BID FORM, PAGE 4 OF 11

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:	
	the bid that I have submitted does \underline{not} contain any trade secrets and rmation.	l/or proprietary
☐ Yes,	the bid that I have submitted does contain trade secrets and/or proprieta	ry information.
	If Yes, you must clearly identify below the exact data or materials to be prall applicable page numbers of the bid that contain such data or material	
	State the specific reason(s) why protection is necessary:	
is necessary, yo	e to identify the data or materials to be protected or to state the reason(s) ou will not have invoked the protection of Section 4-111 of the Purchasion the award of a contract, the bid will be open for public inspection	sing Resolution.
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:	 	

	NAMF:		
$RIIIII \vdash R$	IXI // IX/I F :		

ACKNOWLEDGEMENT OF COUNTY COVID-19 VACCINATION POLICY

I,(C	ompany Name, hereinafter referred to as "Bidder"),
certify that I will comply with the COVID-19 Vaccina	ation Policy as a condition of contract award which may
require that all contractor employees or subcont	ractors who will be working on the contract are fully
vaccinated against COVID-19, or being tested or	n a weekly basis, or are exempt pursuant to a valid
reasonable accommodation under state or federal	law.
Signed:	Date:
Name of Bidder:	

Energy-Efficient Non-Gas-Powered Equipment Certification

l, (Contractor Name, here by checking "Yes" in the table below, certify the non-gas powered ha "Landscape Maintenance Services" portion of this work is Energy Star Energy Management Program (FEMP) efficiency requirements. By checking the contractor Name, here the contrac	ndheld (equipm	nent used for meet the Fe	or the
certify the non-gas-powered handheld equipment used for the "Landscap	e Maint	enance	Services" p	ortion
of this work is not Energy Star Certified or meet the FEMP efficiency requ	uirement	ts.		
Description	ar	d mee	Certified t FEMP ency ments.	
Non-gas-powered equipment used for the "Landscape Maintenance Services" (As outlined in the plans)	YES		NO 🗆	
Signed: Date:				

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:	
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BID FORM, PAGE <u>9</u> OF <u>11</u>

INSURANCE CHECKLIST

CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X".

COVERAGES REQUIRED

LIMITS (FIGURES DENOTE MINIMUMS)

BIDDER NAME:	AUTH. SIGNATURE:
OFFEROR'S STATEMENT: If awarded the Contract, I w	ill comply with all Contract insurance requirements.
AGENCY NAME:	AUTH. SIGNATURE:
required coverages not provided through this agency	
	ne above requirements with the Offeror named below and have advised the Offeror of
	ation Insurance\$1Million per occurrence/claim
	\$2Million per occurrence/Aggregate
certificate of insurance	
	rrence with MCS-90 and CA 9948 (or equivalent endorsements specifically referenced in the
any hazardous or toxic material via transportati	·
•	lity, if work requires clean up, remediation, and/orremoval of bio-solids, bio-hazards waste, and
_ , , , , , , , , , , , , , , , , , , ,	erage of on-site clean upBI/PD \$3 Million per occurrence/\$6 Million Aggregate
X 29. Certificate of Insurance shall show Bid Number	
and Auto.	
 Λ_2/. Notice of Cancellation, nonrenewal or material ch X 28. The County shall be named Additional Insured of 	ange in coverage shall be provided to County at least thirty (30) days prior to action. n all policies except Workers Compensation, Errors and Omissions/Professional Liability
X 26. Carrier Rating shall be Best's Rating of A-VII or	
	Federal Statutory Limits
	Endorsement to CGL
	ProvideCoverage inthefullamountofcontract
22. Dishonesty Bond	
	Endorsement to CGL
	\$
	\$500,000 Comprehensive, \$500,000 Collision
	\$1 Million Bodily Injury, Property Damage peroccurrence
17. Motor Cargo Insurance	
	\$1 Million BI/PD each accident, Uninsured Motorist
	\$1Million peroccurrence/claim
	\$1Million per occurrence/claim
	\$1 Million per occurrence/claim
	\$2 Million per occurrence/claim
	\$1 Million per occurrence/claim
14.Professional Liability	
13. Per Project Aggregate	, , . , . ,
	\$1 Million Bodily Injury, Property Damage and Personal Injury
	\$1 Million each offense, \$1 Million annual aggregate
	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
· · · · · · · · · · · · · · · · · · ·	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
	\$1 Million CSL BI/PD eachoccurrence, \$1 Million annual aggregate
	\$1 Million BI/PD each accident, Uninsured Motorist
	\$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
_	\$1,000,000 CSL BI/PD eachoccurrence, \$1 Million annual aggregate
<u> </u>	\$500,000/accident, \$500,000/disease, \$500,000/disease policy limit
X 1 Workers' Compensation	Statutory limits of Virginia

Grand Total for All Locations:

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.

(Fr	(From Revised Attachment A Pricing Sheet)					
Provide the	e 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- POWERED	BATTERY- POWERED	OTHER THAN GAS- OR BATTERY- POWERED

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