



# St. Johns River

## Water Management District

Ann B. Shortelle, Ph.D., Executive Director

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4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500  
On the Internet at [floridaswater.com](http://floridaswater.com).

November 22, 2019

Interested Firms

Re: 35218 Terrestrial Herbicide Application Services

Dear Contractor,

The District is requesting quotes for the above referenced project from qualified firms who have experience in providing these services. This letter is forwarded to you as an invitation to provide a quote based on the Statement of Work (SOW) attached as Exhibit 1. The quote shall include all labor, materials, insurance, and other related costs for the services described in the SOW.

If you are interested in this project, fax or email (preferred) your quote using the Cost Schedule provided (Exhibit 2) **by 5:00 p.m. by Tuesday December 10, 2019**. All quotes may be e-mailed for faxed to Debi Edwards, Procurement Specialist, at [dkedwards@sjrwmd.com](mailto:dkedwards@sjrwmd.com) or fax (386) 329-4546.

Minimum Qualifications:

Respondents must meet the minimum qualifications below and all supporting documentation must be submitted with the response to this quotation request:

1. Proof of firm's ability to do business in the state of Florida. (documentation must be provided with quote response)
2. Respondent must have completed at least two projects of a similar nature for herbicide treatment of terrestrial weeds by ground application in the past three years by the individual, firm, or foreman assigned to the project. Each project must have had a value of at least \$25,000. (documentation must be provided on attached form and must be included with quote response).
3. Respondent must provide two client references, with at least one from the similar projects listed in response to sub-paragraph (2), above. No more than one of the client references may be from completed District projects. If a District project is cited, the evaluation team will use the previous projects vendor evaluation form for reference.
4. Respondent's proposed applicators shall have a valid Florida restricted use Pesticide License with the category Natural Areas. (copy must be provided with quote response).

If you have any further questions, Debi Edwards, Procurement Specialist may be reached at (386) 329-4866 or at [dkedwards@sjrwmd.com](mailto:dkedwards@sjrwmd.com). Thank you for your consideration of this request.

The award for this Contract will be based on the lowest bid, which meets all requirements as stated in this document.

Exhibit 1 – Statement of Work  
Exhibit 2 – Cost Schedule  
Exhibit 3 – Insurance Requirements  
Exhibit 4 – Qualification Forms

NOTE: Please check the box provided if you are unable to provide a quotation for this service at this time and return to my attention at [dkedwards@sjrwmd.com](mailto:dkedwards@sjrwmd.com).

I am unable to provide a quotation at this time for the following reason(s):

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Respondent's Signature

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Respondent's Company Name

**EXHIBIT 1 – STATEMENT OF WORK  
ANNUAL TERRESTRIAL APPLICATION OF HERBICIDES**

**I. INTRODUCTION/BACKGROUND:**

The invasive plant management program of the St. Johns River Water Management District controls nuisance upland and aquatic vegetation on approximately 700,000 acres of District-owned properties. As a contractor for the Florida Fish and Wildlife Conservation Commission (FFWCC), the District also maintains control of nuisance aquatic vegetation in ten public lakes and rivers. Properties located throughout the District's eighteen counties require treatment of undesirable vegetation to prevent spreading and endangering native and desirable vegetation.

**II. OBJECTIVES:**

Treatment will occur in both uplands and wetlands. The upland objectives include: controlling vegetation along fence lines, guardrails and rip rap used for erosion protection; restoring disturbed sites; preparing sites for planting efforts, and; controlling invasive exotics to prevent them from causing ecological harm.

**III. SCOPE:**

Work treating nuisance terrestrial weeds by ground application of herbicides on District lands and lands managed by the District within its eighteen county boundaries within Florida. The nuisance terrestrial weeds shall be treated in accordance with District guidelines established for each individual site. Contractor shall perform the specified services on an as-needed basis as directed by the District's Project Manager.

**IV. TASK IDENTIFICATION:**

1. Application shall be performed in such a manner as to protect non-target organisms, the environment, and the public at all times.
2. Required equipment includes four-wheel drive truck(s), backpack sprayers, RTV/ATV(s), to ferry supplies and personnel.

**Contractor Responsibilities:**

- Mobilize within 10 working days of receipt of individual Work Order. Once mobilized, work effort shall continue on consecutive workdays until the project is complete. Upon the agreement between the District Project Manager and Contractor, work may be suspended due to inclement weather
- Provide applicators that hold a current Florida restricted use pesticide license with the category Natural Areas for every **15** non-licensed applicators while applying herbicides to a terrestrial site. During terrestrial applications, different rates will be charged for licensed and un-licensed applicators. Contractor shall ensure that the applicator assigned to this project will be able to communicate effectively with District staff in English, both verbally and in writing at all times during the performance of the work under this contract. In addition, applicators shall be able to communicate effectively with owners of any private property that must be traversed. The supervisor/foreman will monitor application proceedings
- Terrestrial vegetation to be treated includes, but is not limited to, broadleaf plants, grasses, vines, brush and certain tree species. These are general guidelines only
- Assume full responsibility for systematically treating the areas as directed by the District's Project Manager. Areas not treated or not responding to treatment may be required to be retreated at the Contractor's sole expense if it is determined that the Contractor provided faulty treatment measures

- For Terrestrial Applications, if 95% control is not achieved for any area of the project two months following completion of the initial treatment, one additional thorough retreatment of the area will be required and will be the responsibility of the Contractor at no cost to the contracting entities. Control is defined as treatment effective in preventing re-sprout
- Contractor shall submit a brief decontamination plan in writing to the Site Manager for approval. The Contractor shall be required to follow any site-specific decontamination plan thus approved to the Site Manager for approval
- Contractor is responsible for the repair, restoration, or replacement of any native vegetation or property damaged as a result of any activity by the Contractor, at no cost to SJRWMD and to the satisfaction of the Site Manager
- Contractor shall record treatment locations via tracklogs and treatment points as determined necessary by the Site Manager, and shall submit the data in a shapefile format with any progress reports
- Contractor shall provide one person (field supervisor) assigned as the main point of contact, at least one for each region, for the duration of the contract to ensure maximized application time and reduced training time
- Verify, upon completion of the treatments, the data on the daily application records (FFWCC form 454, provided by District), which will be co-signed by both- Contractor and District's Project Manager. Copies of these verifications shall be submitted with each Contractor's invoice
- Adhere to all federal, state and local regulations governing the application, transportation, storage, use and disposal of products utilized in the performance of this contract. These regulations include, at a minimum, F.I.F.R.A., CFR 1920, OSHA General Industry Standards, and Chapter 487, Florida Statutes

**District Responsibilities:**

- District shall issue Work Order authorization to the Contractor prior to the commencement of any Work
- District shall provide information regarding target organism, any local knowledge or other restrictions that may be applicable to the specific project location
- District Project Manager shall make the determination of how long a break may be necessary until weather is again conducive for successful treatment
- District shall furnish the spray material and use rates. The Contractor shall have the right to examine the spray materials. District shall make the final determination on alternative products or use rates suggested by the Contractor
- District shall be responsible for notifying affected property owners and the public of any use restrictions listed on the labels of the products used. Provide FFWCC form 454
- District reserves the right to require the Contractor to replace any operating personnel or equipment used in the performance of this contract if said personnel and/or equipment are in violation of any State or Federal laws, or pose a threat to the safety and welfare of District personnel or property, the Contractor's personnel and property, or to the public
- District will consider other methods of accurately recording the work accomplished, and the District shall make the final determination as to which methods may be used, such as tracking application sites with the use of GPS
- District Project Manager will work closely with the contractor to schedule the timing of the project as suitable weather is forecasted

## **V. TIMEFRAMES/COST SCHEDULE**

District Project Manager will work closely with the contractor to schedule the timing of the project as suitable weather is forecasted. When a schedule has been determined, contractor shall begin Work within 10 working days of the execution of the Work Order.

## **VI. BUDGET**

Payment(s) to Contractor shall be made upon approval of invoice(s) by District's Project Manager no more than monthly for any month in which work was conducted. Itemized invoices may be submitted by one of the following methods: (1) mail to St. Johns River Water Management District, Finance Director, 4049 Reid Street, Palatka, Florida 32177, or (2) by e-mail to [acctpay@sjrwmd.com](mailto:acctpay@sjrwmd.com). Each invoice shall be submitted in detail sufficient for proper pre-audit and post-audit review.

## **VII. PROJECT MANAGEMENT**

Taylor Clark, Invasive Plant Management Coordinator  
(386) 329-4157 (386)983-2880 Cell  
[tclark@sjrwmd.com](mailto:tclark@sjrwmd.com)

Randy Snyder, Invasive Plant Program Supervisor  
(321) 409-2168  
[rsnyder@sjrwmd.com](mailto:rsnyder@sjrwmd.com)

**EXHIBIT 2 – COST SCHEDULE**

**DUE NO LATER THAN 5:00 PM, TUESDAY DECEMBER 10, 2019 - RESPONSES SHALL BE SUBMITTED TO THE PROCUREMENT SPECIALIST AS IDENTIFIED ON THE FIRST PAGE OF THIS REQUEST.**

<b>NON-TRAVEL WORK ORDERS</b>	<b>Hourly Rate</b>
FDACS Licensed Natural Areas Terrestrial Applicator	\$
Non-Licensed Terrestrial Applicator/Crew member	\$

<b>TRAVEL WORK ORDERS (sites more than 90 road miles from Contractor place of business)</b>	<b>Hourly Rate</b>
FDACS Licensed Natural Areas Terrestrial Applicator	\$
Non-Licensed Terrestrial Applicator/Crew member	\$

I hereby acknowledge, as Authorized Representative for the Respondent, that I have fully read and understand all terms and conditions as set forth in this quotation, and upon award of such quotation, shall fully comply with such terms and conditions.

\_\_\_\_\_  
**RESPONDENT (FIRM NAME)**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TYPED NAME & TITLE**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**EMAIL ADDRESS**

### EXHIBIT 3 — INSURANCE

Contractor shall acquire and maintain until completion of the Work the insurance coverage listed below, which constitutes primary coverage. Contractor shall not commence the Work until the District receives and approves Certificates of Insurance documenting required coverage. **Contractor's General Liability policy shall name the St. Johns River Water Management District (the "District") as Additional Insured.** All required policies shall include: (1) endorsement that waives any right of subrogation against the District for any policy of insurance provided under this requirement or under any state or federal worker's compensation or employer's liability act; (2) endorsement to give the District no less than 30 days' notice in the event of cancellation or material change. Certificates of Insurance must be accompanied by copies of the requested endorsements.

Any deductibles or self-insured retentions above \$100,000 must be declared to and approved by the District. Approval will not be unreasonably withheld. Contractor is responsible for any deductible or self-insured retention. Insurance must be placed with insurers having an A.M. Best rating of A-V or greater. District receipt of insurance certificates providing less than the required coverage does not waive these insurance requirements.

- (a) **Workers' Compensation Insurance.** Workers' compensation and employer's liability coverage, including maritime worker's compensation, if applicable, in not less than the minimum limits required by Florida law. If an exemption from workers' compensation is declared, an exemption letter issued by Florida Department of Financial Services, Division of Workers' Compensation, shall be submitted to the District.
- (b) **General Liability.** Commercial General Liability Insurance on an "Occurrence Basis," with limits of liability not less than \$500,000 per occurrence and/or aggregate combined single limit, personal injury, bodily injury, and property damage. Coverage shall include: (1) contractual liability, (2) products and completed operations, (3) independent contractors, and (4) broad form property damage. Extensions shall be added, or exclusions deleted to provide the necessary coverage. "Claims made" coverage will be accepted only after verification that "occurrence" coverage is not available.
- (c) **Automobile Liability.** Minimum requirements per Florida law.

**EXHIBIT 4 – QUALIFICATIONS DOCUMENTATION FORMS**  
**(This form to be included with quote submittal)**

As part of the quote request, Respondent shall complete the following so that the District can determine Respondent's ability, experience, and facilities for performing the Work.

Name of Respondent: \_\_\_\_\_

Respondent's tax identification No.: \_\_\_\_\_

Year company was organized/formed: \_\_\_\_\_

Number of years Respondent has been engaged in business under the present firm or trade name:  
\_\_\_\_\_

Total number of years Respondent has experience in similar work described in quote request of the Instructions to Respondents: \_\_\_\_\_

Has Respondent previously been engaged in the same or similar business under another firm or trade name? If so, please describe each such instance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Respondent ever been adjudicated bankrupt, initiated bankruptcy, or been the subject of bankruptcy proceedings on behalf of the current entity submitting this bid or a prior entity that Respondent substantially operated or controlled? If yes, please describe the nature and result of those proceedings and the entity involved.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the background/experience of the person or persons who will be primarily responsible for directing the Work that will be performed pursuant to this bid. This inquiry is intended to encompass the project manager and/or superintendent who will be engaged on a daily basis in directing performance of the Work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**QUALIFICATIONS – SIMILAR PROJECT**  
**(This form to be included with quote submittal)**

Respondent must have completed at least two projects of a similar nature for herbicide treatment of terrestrial weeds by ground application in the past three years by the individual, firm, or foreman assigned to the project. Each project must have had a value of at least \$25,000 .

**Completed Project 1:**

Agency/company: \_\_\_\_\_

Current contact person at agency/company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address of agency/company: \_\_\_\_\_

Name of project: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

(month/year)

(month/year)

**Completed Project 2:**

Agency/company: \_\_\_\_\_

Current contact person at agency/company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address of agency/company: \_\_\_\_\_

Name of project: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

(month/year)

(month/year)

**QUALIFICATIONS — CLIENT REFERENCE**

**This form to be included in bid submittal**

Respondent must provide two client references, with at least one from the similar projects listed in response to sub-paragraph (2), above. No more than one of the client references may be from completed District projects. If a District project is cited, the evaluation team will use the previous projects vendor evaluation form for reference. (For similar projects listed above, simply state “Similar Project No. \_\_\_\_.”)

**Client Reference 1:**

Agency/company: \_\_\_\_\_

Current contact person at agency/company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency/Company Address: \_\_\_\_\_

Name of project: \_\_\_\_\_

Description: \_\_\_\_\_

Project value: \_\_\_\_\_ Project manager: \_\_\_\_\_

**Client Reference 2:**

Agency/company: \_\_\_\_\_

Current contact person at agency/company: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency/Company Address: \_\_\_\_\_

Name of project: \_\_\_\_\_

Description: \_\_\_\_\_

Project value: \_\_\_\_\_ Project manager: \_\_\_\_\_