

BID COVER



Procurement Division

(352) 334-5021(main)

Issue Date: 7/19/24

INVITATION TO BID: # PRCA-240048-WB

Mowing and Grounds Maintenance of the City's Rail Trail

PRE-BID MEETING: Non-Mandatory **Mandatory** N/A Includes Site Visit

DATE: August 1, 2024 TIME: 8:30AM

LOCATION: 4044 NE 54th Ave., Gainesville FL 32609 (This meeting will include multiple stops – see Attachment A)

QUESTION SUBMITTAL DUE DATE: August 9, 2024

All meetings and submittal deadlines are Eastern Time (ET).

DUE DATE FOR UPLOADING BID RESPONSE: August 19th, 2024 @ 3:00pm

SUMMARY OF SCOPE OF WORK:

Perform mowing and grounds maintenance in various areas along the Rail Trail that belong to the City of Gainesville, Florida

For questions relating to this bid, contact: Wendy Byrne, byrnemw@cityofgainesville.org

Bidder is not in arrears to City upon any debt, fee, tax or contract: Bidder is NOT in arrears Bidder IS in arrears
Bidder is not a defaulter, as surety or otherwise, upon any obligation to City: Bidder is NOT in default Bidder IS in default

Bidders who receive this bid from sources other than City of Gainesville Procurement Division or DemandStar MUST contact the Procurement Division prior to the due date to ensure any addenda are received in order to submit a responsible and responsive offer. Uploading an incomplete document may deem the offer non-responsive, causing rejection.

ADDENDA ACKNOWLEDGMENT: Prior to submitting my offer, I have verified that all addenda issued to date are considered as part of my offer. Addenda received (list all) # _____

Legal Name of Bidder: Moises A Ledo JR

DBA: Ledo Landscape

Authorized Representative Name/Title: Moises Ledo OWNER

E-mail Address: LedoLandscape@gmail.com FEIN: 99-4156573

Street Address: 1105 NW 31st Ave Gainesville, FL 32609

Mailing Address (if different): _____

Telephone: (352) 359-3916 Fax: (____) _____

By signing this form, I acknowledge I have read and understand, and my business complies with all General Conditions and requirements set forth herein; and,

- Bid is in full compliance with the Specifications.
- Bid is in full compliance with specifications except as specifically stated and attached hereto.

SIGNATURE OF AUTHORIZED REPRESENTATIVE: Mo Ledo

SIGNER'S PRINTED NAME: Moises A Ledo JR DATE: 8-16-24

DRUG-FREE WORKPLACE FORM

The undersigned bidder in accordance with Florida Statute 287.087 hereby certifies that

Ledo Landscape

does:

(Name of Bidder)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for the drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this bidder complies fully with the above requirements.

Mo Job

Bidder's Signature

8-18-24

Date

In the event of a tie bid, bidders with a Drug Free Workplace Program will be given preference. To be considered

BIDDER VERIFICATION FORM

LOCAL PREFERENCE (Check one)

Local Preference requested: YES NO

A copy of your City of Gainesville, Florida **Business Tax Receipt** should be included in your submission if you are requesting Local Preference.

QUALIFIED SMALL BUSINESS AND/OR SERVICE DISABLED VETERAN BUSINESS STATUS (Check one)

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Small Business? YES NO

Is your business qualified, in accordance with the City of Gainesville's Small Business Procurement Program, as a local Service-Disabled Veteran Business? YES NO

REGISTERED TO DO BUSINESS IN THE STATE OF FLORIDA

Is Bidder registered with Florida Department of State's, Division of Corporations, to do business in the State of Florida?

YES NO (refer to Part 1, 1.6, last paragraph)

If the answer is "YES", provide a copy of SunBiz registration or SunBiz Document Number (#L 24000320805)

If the answer is "NO", please state reason why: _____

Ledo Landscape
Bidder's Name
Moises A Ledo JR OWNER
Printed Name/Title of Authorized Representative
Mo Ledo 8-18-24
Signature of Authorized Representative Date

This page must be completed and uploaded to DemandStar.com with your Submittal.

E-VERIFY CERTIFICATION FORM

If awarded:

The Contractor shall comply with all applicable requirements of Section 448.095, Florida Statutes, including but not limited to: 1) the Contractor shall register with and use the U.S. Department of Homeland Security's E-Verify system to verify the work authorization status of all new employees of the Contractor during the term of this Agreement; and 2) the Contractor shall expressly require any subcontractors performing work or providing services pursuant to this Agreement to likewise register with and use the U.S. Department of Homeland Security's E-Verify system to verify the work authorization status of all new employees of the subcontractor during the term of this Agreement. Section 448.095, Florida Statutes, states the statute must be construed in a manner that is fully consistent with any applicable federal laws or regulations, and therefore this section does not apply to this Agreement to the extent that this section would be inconsistent with any federal laws or regulations that are applicable to this Agreement.

As the person authorized to sign the statement, I certify that this bidder complies fully with the above requirement.

Ledo Landscape

Bidder's Name

Moises A Ledo JR OWNER

Printed Name/Title of Authorized Representative

Mo Ledo

Signature of Authorized Representative

8-18-21

Date

PROHIBITION REGARDING FOREIGN COUNTRIES OF CONCERN

In accordance with Section 287.138, Florida Statutes, beginning January 1, 2024, the City of Gainesville (City) may not accept a bid on, a proposal for, or a reply to, or enter into, a contract with an entity (Bidder) which would grant the Bidder access to an individual's personal identifying information unless the Bidder provides the City with an affidavit signed by an officer or representative of the Bidder under penalty of perjury attesting that the Bidder does not meet any of the criteria in paragraphs (2)(a)-(c):

- (a) The Bidder is owned by the government of a "foreign country of concern" (People's Republic of China, the Russian Federation, the Islamic Republic of Iran, the Democratic People's Republic of Korea, the Republic of Cuba, the Venezuelan regime of Nicolás Maduro, or the Syrian Arab Republic, including any agency of or any other entity of significant control of such foreign country of concern);
- (b) The government of a "foreign country of concern" (listed above) has a controlling interest in the Bidder; or
- (c) The Bidder is organized under the laws of or has its principal place of business in a "foreign country of concern" (listed above).

AFFIDAVIT

State of FL
County of ALACHUA

Before me, the undersigned authority, personally appeared Moises Aledo JR, who, after being first duly sworn, deposes and says of their personal knowledge the following:

1. I am the OWNER (title) of Ledo Landscape (Bidder).
2. I attest under penalty of perjury that the Bidder does not meet any of the criteria in Section 287.138(2)(a)-(c), Florida Statutes, stated above.

Sworn to and subscribed before me this 18 day of August, 2024, by Moises Aledo JR (name of affiant), who is personally known to me or produced DRIVERS License as identification, and did take an oath.

Adrian T. Days (name of notary)

Notary Public

My Commission Expires: 8/11/2026



ADRIAN T. DAYS
Notary Public
State of Florida
Comm# HH299790
Expires 8/11/2026

If a contract awarded for this solicitation will give Bidder access as stated above, then Bidder must sign, notarize and return the

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <i>Ueco Landscape</i></p> <p>2 Business name/disregarded entity name, if different from above.</p>	
	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) <i>C</i></p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	
	<p>5 Address (number, street, and apt. or suite no.). See instructions. <i>1105 NW 31st Ave</i></p> <p>6 City, state, and ZIP code <i>Gainesville FL 32609</i></p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
OR					
Employer identification number					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;">99</td> <td style="width: 12.5%;">-</td> <td style="width: 12.5%;">41</td> <td style="width: 12.5%;">56</td> <td style="width: 12.5%;">73</td> </tr> </table>	99	-	41	56	73
99	-	41	56	73	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person <i>[Signature]</i></p>	<p>Date <i>8-18-24</i></p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/16/2024

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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 E-MAIL ADDRESS: support@nextinsurance.com		FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Ledo Landscape 1105 NW 31st Ave Gainesville, FL 32609	INSURER A: State National Insurance Company, Inc.		12831
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 343316803 **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 INSD	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:			NXTLCCRFY-00-GL	08/16/2024	08/16/2025	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Contractors Errors and Omissions			NXTLCCRFY-00-GL	08/16/2024	08/16/2025	Each Occurrence: \$25,000.00 Aggregate: \$50,000.00

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

Proof of Insurance.

CERTIFICATE HOLDER

Ledo Landscape
1105 NW 31st Ave
Gainesville, FL 32609

LIVE CERTIFICATE



Click or scan to view

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

Bid Form, Mowing and Grounds Maintenance of the City of Gainesville's Rail Trail

THIS FORM MUST BE COMPLETED AND RETURNED WITH BID PROPOSAL. BID WILL NOT BE CONSIDERED FOR EVALUATION AND POSSIBLE AWARD WITHOUT COMPLETED FORM.

BIDDER LEGAL NAME: Ledo Landscape

The undersigned hereby proposes and agrees, if this bid is accepted, to perform the work in accordance with the specifications for the lump sum of \$ 10,000 per month, which totals \$ 120,000 per year.

This contract is for two years, however, please provide the monthly and annual fee for this scope of service.

The prices set forth above shall be considered firm bids not subject to price adjustment unless bidder's provisions for price escalation are stated on a separate sheet attached to the bid.

The City reserves the right to consider award by single line-item, combination of line items or not at all, whichever may be in the City's best interest. The project may be awarded to one or more bidders.

The City reserves the right to add or delete locations, services, items, materials, or any other aspects of consideration from the contract, should it be in the best interest of the City. The contract prices will be adjusted accordingly upon mutual agreement of the parties, consistent with the Contractor's price proposal and the contract documents.


Authorized Signature

Moises A Ledo JR
Printed Name

8-18-21
Date

Reference Form

BIDDER: cedo landscape

Number of years your company has been doing this type of work: 0 years

List at least **three (3)** references of similar landscaping or mowing jobs performed over the past two years. You may use additional pages.

1) Job Location: VARIOUS PROPERTIES Date(s) of Work: 2016 - 2023
Client Name: Dawne Nuri Telephone No.: 352 284 7646
Contact Name: Dawne Nuri Email: dannenuri_realtor@gmail.com
Project Description: Mowing properties to put on market / tree work / yard clearing, weed eating, trimming / plant beds

2) Job Location: Whitehurst + Bons Date(s) of Work: 1/1/2019 - current
Client Name: JACK Whitehurst Telephone No.: 352 528 2101
Contact Name: _____ Email: _____
Project Description: Mowing grass at rock pit

3) Job Location: VARIOUS locations Date(s) of Work: 2015 - current
Client Name: Chns Prugh - Pierson Mentana Telephone No.: 352 538 1997
Contact Name: Chns Prugh Email: chnsandolt@gmail.com
Project Description: land clearing, landscaping

4) Job Location: VARIOUS locations + properties Date(s) of Work: 2024
Client Name: Resource Realty Telephone No.: 352 226 3201
Contact Name: Eric Bugas Email: bugas@resource.realty.com
Project Description: mowing, weed eating, lawn care, weedeating

Resources Form

Bidders must list all equipment that is to be used in maintaining the Rail Trail and ROW outlined for this project. The Contractor shall maintain and own appropriate equipment. Equipment used shall have the capacity required to manage the grounds at Evergreen Cemetery to the highest quality. Examples of the equipment, at a minimum, are Zero Turn Radius (ZTR) type mowers, string trimmers, edgers, blowers, hedge trimmers, and other small equipment used for landscape work.

- All mowing equipment to be used on this project must be commercial grade and less than 10 years old.
- All hand held equipment such as string trimmers, blowers, edgers and other machines must be less than 5 years old.
- Transportation vehicles must be less than 10 years old and trailering equipment must be less than 15 years old.

BIDDER: Ledo Landscape

EQUIPMENT

	Make/Model	Year (age)	Use of Equipment
1)	<u>Hustler Hyper Drives</u>	<u>2020</u>	<u>cut grass</u>
2)	<u>Hustler Hyper Drives</u>	<u>2020</u>	<u>cut grass</u>
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____

TRANSPORTATION EQUIPMENT

(i.e., truck, trailer, etc.)

	Make/Model	Year (age)	Qty	Use of Equipment
12)	<u>Ford F350 4x4</u>	<u>2006</u>	<u>1</u>	<u>Pull Equipment</u>
13)	<u>Anvil 8x16 enclosed</u>	<u>2021</u>	<u>1</u>	<u>enclosed trailer</u>
14)	_____	_____	_____	_____
15)	_____	_____	_____	_____

This page must be completed and uploaded to DemandStar.com with your Submittal.

Resources (continued)

BIDDER: Leido Landscape

HANDHELD EQUIPMENT

(i.e., String trimmers, edgers, blowers, chain saw, etc.)

	Make/Model	Year (age)	Qty	Use of Equipment
16)	<u>Stihl FS 91 Trimmer</u>	<u>2024</u>	<u>1</u>	<u>Weeded grass</u>
17)	<u>Stihl FC 91 Edger</u>	<u>2024</u>	<u>1</u>	<u>Edger side walks</u>
18)	<u>Stihl Br 600 2 Blower</u>	<u>2024</u>	<u>1</u>	<u>Blower side walks</u>
19)	<u>Stihl HT 56 Pole pruner</u>	<u>2024</u>	<u>1</u>	<u>Trim Trees</u>
20)	<u>Stihl FS 40 Trimmer</u>	<u>2024</u>	<u>1</u>	<u>weeded grass</u>
21)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
22)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
23)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
24)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

MISCELLANEOUS EQUIPMENT

(i.e., fertilization, spraying, etc.)

	Make/Model	Year (age)	Qty	Use of Equipment
25)	<u>Struction Rake</u>	<u>2024</u>	<u>2</u>	<u>Rake leaf</u>
26)	<u>Struction Shovel</u>	<u>2024</u>	<u>2</u>	<u>Shovel</u>
27)	<u>Pro-Trade Leaf Rake</u>	<u>2024</u>	<u>2</u>	<u>Rake leaf</u>
28)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
29)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
30)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
31)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
32)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

This page must be completed and uploaded to DemandStar.com with your Submittal.

Technical Experience and Expertise Form

BIDDER:

cedo landscape

Minimum Experience Levels for Staff working on site or supervising work at the Rail Trail:

- Supervisors must have at least five (5) years' experience in commercial landscape maintenance.
- Field and Labor force must have one (1) year experience in commercial landscape maintenance.
- A supervisor must be on-site at the park whenever work is being conducted.

Please describe below your company and staff's experience in commercial landscape maintenance services. Additional pages may be used.

This page must be completed and uploaded to DemandStar.com with your Submittal.