

COMMERCIAL SERVICES PROPOSAL

# CITY OF CORAL GABLES

Prepared for:  
Eduardo Hernandez  
*Procurement Specialist*

***IFB Title: Black Olive Tree Injection Treatment  
ServicesIFB No. 2022-024***



**DAVEY**   
*Proven Solutions for a Growing World*

Prepared by: 12/12/2022  
Jeffrey Huber, *Regional Business Developer*  
7777 Davie Rd. Ext., Suite 300B, Hollywood, FL 33024  
[Jeffrey.Huber1@Davey](mailto:Jeffrey.Huber1@Davey) 813-140-1040

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# CITY OF CORAL GABLES, FL

2800 SW 72<sup>nd</sup> Avenue, Miami, FL 33155  
 Finance Department / Procurement Division  
 Tel: 305-460-5102/ Fax: 305-261-1601



## BIDDER ACKNOWLEDGEMENT

<p><b>IFB Title: Black Olive Tree Injection Treatment Services</b></p> <hr/> <p><b>IFB No. 2022-024</b></p> <p>A cone of silence is in effect with respect to this IFB. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1027 of the City of Coral Gables Procurement Code.</p>	<p><b>Electronic Bid response must be received prior to 2:00 p.m., on December 13, 2022, via Public Purchase and a to remain valid for 90 calendar days. Submittals received after the specified date and time will not be accepted.</b></p> <p>Contact: Eduardo Hernandez              Title: Procurement Specialist              Telephone: 305-460-5108              Email: <a href="mailto:ehernandez2@coralgables.com">ehernandez2@coralgables.com</a></p>
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Bidder Name: The Davey Tree Expert Company	FEIN or SS Number: 34-0176110
Complete Mailing Address: 7777 Davie Rd. Ext. Suit 300B Hollywood, FL 33024	Telephone No.
	Cellular No. 561-275-9653
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Fax No.:
Bid Bond / Security Bond: _____%	Email: Jacob.Ripp@Davey.com

**ATTENTION: THIS FORM ALONG WITH ALL REQUIRED IFB FORMS MUST BE COMPLETED, SIGNED (PREFERABLY IN BLUE INK), AND SUBMITTED WITH THE BID PRIOR TO THE SUBMITTAL DEADLINE. FAILURE TO DO SO MAY DEEM YOUR BID NON-RESPONSIVE.**

THE BIDDER CERTIFIES THAT THIS SUBMITTAL IS BASED UPON ALL CONDITIONS AS LISTED IN THE IFB DOCUMENTS AND THAT THE BIDDER HAS MADE NO CHANGES IN THE IFB DOCUMENT AS RECEIVED. THE BIDDER FURTHER AGREES, IF THE BID IS ACCEPTED, THE BIDDER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE BIDDER AND THE CITY OF CORAL GABLES, FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS IFB PERTAINS. FURTHER, BY SIGNING BELOW PREFERABLY IN **BLUE INK** ALL IFB PAGES ARE ACKNOWLEDGED AND ACCEPTED, AS WELL AS, ANY SPECIAL INSTRUCTION SHEET(S), IF APPLICABLE. THE UNDERSIGNED HEREBY DECLARES (OR CERTIFIES) ACKNOWLEDGEMENT OF THESE REQUIREMENTS AND THAT HE/SHE IS AUTHORIZED TO BIND PERFORMANCE OF THIS IFB FOR THE ABOVE BIDDER.

*Jeffrey Huber* Business Developer 12/12/2022  
 Authorized Name and Signature Title Date

Coral Gables and Miami-Dade County Local Preference Acknowledgement. (Check the box if you are asserting you qualify. A valid Coral Gables and or Miami-Dade County business tax receipt must be submitted as proof of qualification.) Please refer to Ordinance 2009-53, § 2, 11-17-2009/Procurement Code Sec. 2-696.

# SOLICITATION SUBMISSION CHECKLIST

## Invitation for Bids (IFB) No. 2022-024



COMPANY NAME: (Please Print): The Davey Tree Expert Company  
Phone: 561-275-9653 Email: Jacob.Ripp@Davey.com

**A response package numbered by page must be submitted. Please provide the PAGE NUMBER of your solicitation response (PLEASE DO NOT SUBMIT AN ENTIRE COPY OF THE ORIGINAL SOLICITATION) in the blanks provided as to where compliance information is located in your Submittal for each of the required submittal items listed below:**

- 1) Title Page: Show the IFB number and title, the name of your firm, address, telephone number, name of contact person, e-mail address, and date. PAGE # 0
- 2) Provide a Table of Contents in accordance with the Bid Format, Section 6.2. Clearly identify the material by section and page number. Please ensure the following are properly identified on the following sections in the Bid Bond (if applicable), Bid Price Sheet and Addendum Acknowledgement. PAGE # 7 & 15-16
- 3) Fill out, sign, and submit the Bidder's Acknowledgement Form. PAGE # 2
- 4) Fill out and submit this Solicitation Submission Checklist. PAGE # 3-4
- 5) Minimum Qualification Requirements: submit detailed verifiable information affirmatively documenting compliance with the Minimum Qualifications Requirements shown in Section 3. PAGE # 5-20
- 6) List all contracts which the Bidder has performed (past and present) for the City of Coral Gables. The City will review all contracts the Bidder has performed for the City in accordance with Section 4.10 Evaluation of Bids (c) (4) which states the City may consider "Bidder's unsatisfactory performance record, judged from the standpoint of conduct of work, workmanship, progress or standards of performance agreed upon in the Contract as substantiated by past or current work with the City". PAGE # 5 As such the Proposer must list and describe all work performed for Coral Gables and include for each project:
  - a. Name of the City Department for which the services are being performed,
  - b. Scope/description of work,
  - c. Awarded value of the contract/current value
  - d. Effective dates and term of the contract
  - e. City project manager's name and phone number,
  - f. Statement of whether the Proposer was the prime contractor or subcontractor, and
  - g. Results of the project.
- 7) References: Provide a list and description of a minimum of two (2) similar engagements satisfactorily performed in the past five (5) years. For each engagement listed, include the name, telephone number and email address of a representative for whom engagement was undertaken who can verify performance. Note: Do not include work/services performed for the City of Coral Gables or City employees as references. PAGE # 6
- 8) Bid Pricing Form: Complete and submit the form as issued with the bid. PAGE # 7
- 9) Fill out, sign, notarize, and submit the Contractor's Affidavit and Schedules A through H. PAGE # 8-16
- 10) Complete Employer E-Verify Affidavit. (Refer to Section 4.26) PAGE # 17-18
- 11) Complete the Lobbyist Registration Form (Attachment F) PAGE # 19-20

**-- NOTICE --**

**BEFORE SUBMITTING YOUR BID MAKE SURE YOU**

- 1. Carefully read and have a clear understanding of the IFB, including the Specifications/Scope of Work and enclosed Contract or Professional Services Agreement (*draft*).
- 2. Carefully follow the “Submittal Instructions” and “Bid Format” outlined in Section 6 of the IFB and provide **an electronic response package**. DO NOT INCLUDE A COPY OF THE ORIGINAL SOLICITATION.
- 3. **Prepare and submit your RESPONSE electronically via Public Purchase**
- 4. Make sure your bid is submitted prior to the submittal deadline. **Late bids will not be accepted.**

**FAILURE TO SUBMIT THIS CHECKLIST AND THE REQUESTED DOCUMENTATION MAY RENDER YOUR BID NON-RESPONSIVE AND CONSTITUTE GROUNDS FOR REJECTION. THESE PAGES MUST BE RETURNED WITH YOUR BID PACKAGE.**

# MINIMUM QUALIFICATION REQUIREMENTS

## WORK PERFORMED PAST AND PRESENT FOR THE CITY OF CORAL GABLES:

### City of Coral Gables

**Scope of Work:** Evaluation of various treatments for management of staining associated with black olives in Coral Gables, FL.

**Study Design:** This is a continuation of a study initiated over the past two years. The objective is to expand the scope of this research to treat 999 MOL trees of average diameter 20 inches.

**Treatments:** Trees will receive trunk injections of the miticide containing the active ingredient abamectin. Injection procedures similar to the ones of the previous two seasons will be followed.

**Evaluations:** Evaluate staining, caterpillar feeding damage and gall formation 2-3 times during the season.

**Awarded Value:** \$24,975.00

Date: 2/01/2017

### Prime Contactor / Successful

**Contact:** Brook Dannemiller RLA (Director) City of Coral Gables

[bdannemiller@coralgables.com](mailto:bdannemiller@coralgables.com) 305-460-5130

### City of Coral Gables

#### SCOPE OF WORK: SERVICE LEVEL INJECTION OF 2000 BLACK OLIVES

Trunk Inject 2000 Black Olive trees for the City of Coral Gables for control of the Eriophyid mite which induces gall formations, which cause staining to surfaces when they drop from trees.

This application will be scheduled prior to the emergence of this mite with anticipated start date of third week of February to first week of March. Weather may be the only factor delaying the start of service.

**Awarded Value:** \$55,000.00

Date: 3/1/2018

### Prime Contactor / Successful

**Contact:** Brook Dannemiller RLA (Director) City of Coral Gables

[bdannemiller@coralgables.com](mailto:bdannemiller@coralgables.com) 305-460-5130

## References:

### **Nancy Caplan**

1603 Abaco Dr Apt A3

Coconut Creek, FL 33066

Phone Number - 954-391-8727

[Ncap22@gmail.com](mailto:Ncap22@gmail.com)

**Scope:** Trunk Inject Black Olive trees for control of the Eriophyid mite which induces gall formations, which cause staining to surfaces when they drop from trees.

### **Andrew Schindler**

9101 NW 20<sup>th</sup> Street

Pembroke Pines, FL 33024

Phone Number – 305 674-7397

[drewschindler@hotmail.com](mailto:drewschindler@hotmail.com)

**Scope:** Trunk Inject Black Olive trees for control of the Eriophyid mite which induces gall formations, which cause staining to surfaces when they drop from trees.

**BID PRICING SHEET**

**SOLICITATION # IFB 2022-024 BLACK OLIVE TREE INJECTION TREATMENT SERVICES**

**SOLICITATION CLOSING DATE: TUESDAY, DECEMBER 13, 2022, AT 2:00 PM**

Award of bid will be made to the lowest responsive responsible bidder, and whose bid offers the lowest total price within a reasonable time after opening. The City in its sole discretion will determine if the pricing received is reasonable and if it is in the best interest of the City to move forward with the award.

**VENDOR:** The Davey Tree Expert Company

**FEIN:** 34-0176110

Estimated Quantity	Unit of Measure	Description	Unit Price	Total Price
2,000	Each	Black Olive tree trunk injection with an average Diameter at Breast Height (DBH) of 22"	\$29.50	\$59,000.00

<b>Proposed Miticide</b>	Aracinate, active ingredient is Abamectin
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**NOTE:** Pricing shall include, but not be limited to, full compensation for labor, supervision, personnel, materials, any and all tools and equipment used, travel and related expenses and any and all other costs to the Proposer. The City will not pay and/or reimburse any additional costs including, but not limited to, travel, mileage, lodging, meals, and other travel and subsistence expenses. Prices shall remain fixed and firm for the term of the contract, including renewal options.

Coral Gables Buy American Preference Acknowledgement. Please acknowledge if you are asserting you qualify. Yes  Please refer to Procurement Code Sec. 2-699(Ord. No. 2016-30, § 2(2-780), 5-24-2016) Documentation supporting the assertion that a product is American manufactured, assembled or produced must be provided with your bid submittal.

Authorized Signature: Jeffrey Huber Title: Business Developer  
 Print/Type Name: Jeffrey Huber Phone: 813-410-1040  
 E-mail: Jeffrey.Huber1@Davey.com Fax: \_\_\_\_\_  
 Address: 7777 Davie Rd. Ext., Suite 300B City: Hollywood State: FL

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE BIDDER TO BE BOUND BY THE TERMS OF ITS BID. FAILURE TO SIGN THIS BID PRICE FORM WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE OR PROVIDE THE FORM AS PRESENTED MAY RENDER THE BIDDER NON-RESPONSIVE.



**BIDDER'S AFFIDAVIT**

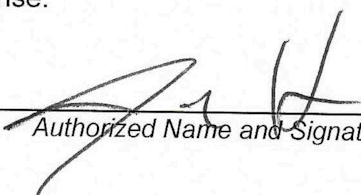
**SOLICITATION:** IFB 2022-024 Black Olive Tree Injection Treatment Services

**SUBMITTED TO:** City of Coral Gables  
Procurement Division  
2800 SW 72 Avenue  
Miami, Florida 33155

The undersigned acknowledges and understands the information contained in response to this solicitation and the referenced Schedules A through H shall be relied upon by Owner awarding the contract and such information is warranted by the Bidder to be true and correct. The discovery of any omission or misstatements that materially affects the Bidder's ability to perform under the contract shall be cause for the City to reject the solicitation submittal, and if necessary, terminate the award and/or contract. I further certify that the undersigned name(s) and official signatures of those persons are authorized as (*Owner, Partner, Officer, Representative or Agent of the bidder that has submitted the attached response*). Schedules A through H are subject to Local, State and Federal laws (as applicable); both criminal and civil.

- SCHEDULE A – STATEMENT OF CERTIFICATION
- SCHEDULE B – NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT
- SCHEDULE C – DRUG-FREE STATEMENT
- SCHEDULE D – BIDDER'S QUALIFICATION STATEMENT
- SCHEDULE E – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE
- SCHEDULE F – AMERICANS WITH DISABILITIES ACT (ADA)
- SCHEDULE G – PUBLIC ENTITY CRIMES
- SCHEDULE H – ACKNOWLEDGEMENT OF ADDENDA

This affidavit is to be furnished to the City of Coral Gables with its solicitation response. It is to be filled in, executed by the bidder and notarized. If the response is made by a Corporation, then it should be executed by its Chief Officer. This document MUST be submitted with the solicitation response.

  
\_\_\_\_\_  
Authorized Name and Signature

Business Developer  
\_\_\_\_\_  
Title

12/12/2022  
\_\_\_\_\_  
Date

STATE OF Florida

COUNTY OF Brevard

On this 12<sup>th</sup> day of December, 2022, before me the undersigned Notary Public of the State of Florida, personally appeared Jeffrey Huber  
(Name(s) of individual(s) who appeared before Notary

And whose name(s) is/are subscribes to within the instrument(s), and acknowledges it's execution.

Kristen Bary  
NOTARY PUBLIC, STATE OF Florida



Kristen Bary  
(Name of notary Public; Print, Stamp or Type as Commissioned.)

NOTARY PUBLIC  
SEAL OF OFFICE:

Personally know to me, or Produced  
Identification:

FL DL  
(Type of Identification Produced)

**SCHEDULE "A" - CITY OF CORAL GABLES – STATEMENT OF CERTIFICATION**

Neither I, nor the company, hereby represented has:

- a. employed or retained for a commission, percentage brokerage, contingent fee, or other consideration, any company or person (other than a bona fide employee working solely for me or the company) to solicit or secure this contract.
- b. agreed, as an express or implied condition for obtaining this contract, to employ or retain the services of any company or person in connection with carrying out the contract, or
- c. paid, or agreed to pay, to any company, organization or person (other than a bona fide employee working solely for me or the company) any fee, contribution, donation or consideration of any kind for, or in connection with, procuring or carrying out the contract except as here expressly stated (if any):

**SCHEDULE "B" - CITY OF CORAL GABLES - NON-COLLUSION AND CONTINGENT FEE AFFIDAVIT**

1. He/she is the Representative  
*(Owner, Partner, Officer, Representative or Agent)*

of the bidder that has submitted the attached bid response.

- 2. He/she is fully informed with respect to the preparation and contents of the attached bid response and of all pertinent circumstances respecting such response;
- 3. Said response is made without any connection or common interest in the profits with any other persons making any response to this solicitation. Said response is on our part in all respects fair and without collusion or fraud. No head of any department, any employee or any officer of the City of Coral Gables is directly or indirectly interested therein. If any relatives of bidder's officers or employees are employed by the City, indicate name and relationship below.

Name: N/A Relationship: \_\_\_\_\_

Name: N/A Relationship: \_\_\_\_\_

- 4. No lobbyist or other bidder is to be paid on a contingent or percentage fee basis in connection with the award of this Contract.

## **SCHEDULE "C" CITY OF CORAL GABLES – VENDOR DRUG-FREE STATEMENT**

Preference may be given to bidders submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

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 drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under solicitation 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 solicitation, 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 form complies fully with the above requirements.

The company submitting this solicitation has established a Drug Free work place program in accordance with State Statute 287.087

**SCHEDULE "D" CITY OF CORAL GABLES – BIDDER'S QUALIFICATION STATEMENT**

The undersigned declares the truth and correctness of all statements and all answers to questions made hereinafter:

**GENERAL COMPANY INFORMATION:**

Company Name: The Davey Tree Expert Company

Address: 7777 Davie Rd. Ext., Suite 300B Hollywood, FL 33024  
 Street City State Zip Code

Telephone No: (813) 410-1040 Fax No: ( ) Email: Jeffrey.Huber1@Davey.com

How many years has your company been in business under its present name? 142 Years

If company is operating under Fictitious Name, submit evidence of compliance with Florida Fictitious Name Statue:

Under what former names has your company operated? : \_\_\_\_\_

At what address was that company located? 1500 North Mantua Street, Kent OH

Is your Company Certified? Yes  No \_\_\_\_\_ If Yes, **ATTACH COPY** of Certification.

Is your Company Licensed? Yes  No \_\_\_\_\_ If Yes, **ATTACH COPY** of License

Has your company or its senior officers ever declared bankruptcy?

Yes \_\_\_\_\_ No  If yes, explain: \_\_\_\_\_

**LEGAL INFORMATION:**

Please identify each incident **within the last five (5) years** where a civil, criminal, administrative, other similar proceeding was filed or is pending, if such proceeding arises from or is a dispute concerning the bidder's rights, remedies or duties under a contract for the same or similar type services to be provided under this solicitation **(A response is required. If applicable please indicate "none" or list specific information related to this question. Please be mindful that responses provided for this question will be independently verified):**

None

Has your company ever been debarred or suspended from doing business with any government entity?

Yes \_\_\_\_\_ No  If Yes, explain \_\_\_\_\_

**SCHEDULE "E" CITY OF CORAL GABLES – CODE OF ETHICS, CONFLICT OF INTEREST, AND CONE OF SILENCE**

THESE SECTIONS OF THE CITY CODE CAN BE FOUND ON THE CITY'S WEBSITE, UNDER GOVERNMENT, CITY DEPARTMENT, PROCUREMENT, PROCUREMENT CODE (CITY CODE CHAPTER 2 ARTICLE VIII); SEC 2-1023; SEC 2-606; AND SEC 2-1027, RESPECTIVELY.

IT IS HEREBY ACKNOWLEDGED THAT THE ABOVE NOTED SECTIONS OF THE CITY OF CORAL GABLES CITY CODE ARE TO BE ADHERED TO PURSUANT TO THIS SOLICITATION.

**SCHEDULE "F" CITY OF CORAL GABLES - AMERICANS WITH DISABILITIES ACT (ADA) DISABILITY NONDISCRIMINATION STATEMENT**

I understand that the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title 11, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

**SCHEDULE "G" CITY OF CORAL GABLES - STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

1. I understand that a "public entity crime" as define in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

3. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime; or 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term “affiliate” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

4. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposals or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

5. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **[Must indicate which statement below applies.]**

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

**[Attach a copy of the final order]**

**I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.**

**SCHEDULE "H" CITY OF CORAL GABLES - ACKNOWLEDGEMENT OF ADDENDA**

1. The undersigned agrees, if this bid response is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the solicitation, any associated addendum and Contract Documents within the contract time indicated in the solicitation and in accordance with the other terms and conditions of the solicitation and contract documents.
2. Acknowledgement is hereby made of the following Addenda, if any (identified by number) received since issuance of the applicable solicitation.

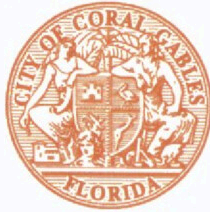
Addendum No. 1 Date November 22, 2022 Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

Addendum No. \_\_\_\_\_ Date \_\_\_\_\_ Addendum No. \_\_\_\_\_ Date \_\_\_\_\_

**Failure to adhere to changes communicated via any addendum may render your response non-responsive.**





**Invitation for Bids  
IFB 2022-024  
Black Olive Tree Injection Treatment Services**

**ADDENDUM NO. 1  
Issued Date: November 22, 2022**

The following answers, changes, additions and attachment (s) amend the (IFB) document of the above captioned solicitation and shall become a part of the contract documents.

**I. Questions & Answers:**

**Question 1.**

Will a certified pest control operator or certified arborist be required onsite during the application?

**Answer 1.**

Yes. Please refer to section 3 (B)(1).

**Question 2.**

If in fact we are to list an alternative miticide, are vendors allowed to submit a separate or add an addendum to the bid. Due to the restrictions with using miticides other than the active ingredient of Abemectin?

**Answer 2.**

Vendors are not allowed to provide pricing of alternate products unless a request for consideration is submitted and approved by the City. Please refer to section 2.4.

This addendum shall be acknowledged (Schedule "H" - Acknowledgement of Addenda) on the specified form.

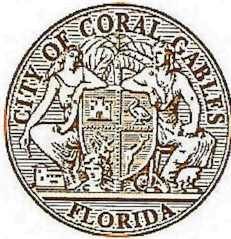
*Please be advised that the responses/changes contained in this document were provide by Information Technology and are meant to address any necessary change or inquiry in its' entirety.*

**All terms and conditions of the subject solicitation and any addenda issued thereto shall apply, except to the extent herein amended.**

Sincerely,



Tanya D Donigan  
Senior Procurement Manager



City of Coral Gables  
Finance Department/Procurement Division

**Employer E-Verify Affidavit**

By executing this affidavit, the undersigned employer verifies its compliance with F.S. 448.095, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in F.S. 448.095 which prohibits the employment, contracting or sub-contracting with an unauthorized alien. The undersigned employer further confirms that it has obtained all necessary affidavits from its subcontractors, if applicable, in compliance with F.S. 448.095, and that such affidavits shall be provided to the City upon request. Failure to comply with the requirements of F.S. 448.095 may result in termination of the employer's contract with the City of Coral Gables. Finally, the undersigned employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

ID#: 667047 Client ID#: 855036

Federal Work Authorization User Identification Number

2/20/2015

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/12/2022 in Rockledge (city), FL (state).

[Signature]  
Signature of Authorized Officer or Agent

Jeffrey Huber  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 12<sup>th</sup> DAY OF December, 2022.

[Signature]  
NOTARY PUBLIC  
My Commission Expires:  
Oct 1, 2024





Company ID Number: 667047

Client Company ID Number: 855036

Approved by:

<b>Employer</b> The Davey Tree Expert Company	
Name (Please Type or Print)  Susan Weston	Title
Signature <i>Susan Weston</i>	Date 2/20/2015
<b>E-Verify Employer Agent</b> SuccessFactors, Inc.	
Name (Please Type or Print)  Frederick Ascher	Title
Signature Electronically Signed	Date 02/19/2015
<b>Department of Homeland Security – Verification Division</b>	
Name (Please Type or Print)  <i>Rebecca K. Green</i>	Title <i>Deputy Chief</i> <i>E-Verify</i>
Signature <i>Rebecca K. Green</i>	Date <i>2/28/15</i>

CITY OF CORAL GABLES  
FINANCE DEPARTMENT/PROCUREMENT DIVISION  
LOBBYIST REGISTRATION FORM



SOLICITATION NAME/NUMBER: The Davey Tree Expert Company

The Bidder/Proposer certifies that it understands if it has retained a lobbyist(s) to lobby in connection with this specific competitive solicitation that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables Lobbyist Registration requirement pursuant to Ordinance 2021-24 as outlined below:

*Lobbyist* means an individual, firm, corporation, partnership, or other legal entity employed or retained, whether paid or not, by a principal, or that contracts with a third-party for economic consideration to perform lobbying activities on behalf of a principal.

*Lobbying activity* means any attempt to influence or encourage the passage or defeat of, or modification to, governmental actions, including, but not limited to, ordinances, resolutions, rules, regulations, executive orders, and procurement actions or decisions of the city commission, the mayor, any city board or committee, or any city personnel. The term "lobbying activity" encompasses all forms of communication, whether oral, written, or electronic, during the entire decision-making process on actions, decisions, or recommendations which foreseeably will be heard or reviewed by city personnel. This definition shall be subject to the exceptions stated below.

*Procurement matter* means the city's processes for the purchase of goods and services, including, but not limited to, processes related to the acquisition of: technology; public works; design services; construction, professional architecture, engineering, landscape architecture, land surveying, and mapping services; the purchase, lease or sale of real property; and the acquisition, granting, or other interest in real property.

*City personnel* means those city officials, officers and employees who are entrusted with the day-to-day policy setting, operation, and management of certain defined city functions or areas of responsibility, even though ultimate responsibility for such functions or areas rests with the city commission, with the exception of the City Attorney, Deputy City Attorney, and Assistant City Attorneys, advisory personnel (members of city advisory boards and agencies whose sole or primary responsibility is to recommend legislation or give advice to the city commission); and any employee of a city department or division with the authority to participate in procurement matters, when the communication involves such procurement.

**Affidavit requirement.** The following provisions shall apply to certain individuals who, in procurement matters participate in oral presentations or recorded negotiation meetings and sessions:

- a. The principal shall list on an affidavit form, provided by the City, all technical experts or employees of the principal whose normal scope of employment does not include lobbying activities and whose sole participation in the city procurement matter involves an appearance and participation in a city procurement matter involves an appearance and participation in an oral presentation before a city certification, evaluation, selection, technical review or similar committee, or recorded negotiation meetings or sessions.
- b. No person shall appear before any procurement committee or at any procurement negotiation meeting or session on behalf of a principal unless he/she has been listed as part of the principal's presentation or negotiation team or has registered as a lobbyist. For purposes of this subsection only, the listed members of the oral presentation or negotiation team shall not be required to separately register as lobbyists or pay any registration fees. The affidavit will be filed by the city procurement staff with the city clerk at the after the proposal is submitted or prior to the recorded negotiation meeting or session. Notwithstanding the foregoing, any person who engages in lobbying activities in addition to appearing before a procurement committee to make an oral presentation, or at a recorded procurement negotiation meeting or session, shall comply with all lobbyist registration requirements.

The Bidder/Proposer hereby certifies that: (select one)

It has not retained a lobbyist(s) to lobby in connection with this competitive solicitation; however, if one is retained anytime during the competitive process and prior to contract execution for this project, the lobbyist will properly register with the City Clerk's Office within two (2) business days of being retained with copy to the city procurement staff.

It has retained a lobbyist(s) to lobby in connection with this competitive solicitation and certified that each lobbyist retained has timely filed the registration or amended registration required under the City of Coral Gables



LOBBYIST REGISTRATION FORM

Lobbyist Registration requirement pursuant to Ordinance 2021-24 Section and that the required affidavit has been properly filed

It is a requirement of this solicitation that the following information be provided for all lobbyists retained to lobby in connection with this solicitation be listed below:

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of Lobbyist: \_\_\_\_\_  
Lobbyist's Firm (if applicable): \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Authorized Signature: Jeffrey Huber  
Printed Name: Jeffrey Huber  
Date: 12/12/2022  
Title: Business Developer  
Bidder/Proposer Name: The Davey Tree Expert Company



STATE OF FLORIDA  
 Department of Agriculture and Consumer Services  
 BUREAU OF LICENSING AND ENFORCEMENT

AHMED DAOUD ALI  
 CERTIFIED PEST CONTROL OPERATOR

JF7922

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD  
 EXPIRING June 1, 2023

*nicole fried* Signature  
 COMMISSIONER

Wallet Card  
 Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT  
 3125 CONNER BLVD, BLDG. 8  
 TALLAHASSEE, FLORIDA 32399-1650

Florida Department of Agriculture and Consumer Services  
 Pesticide Certification Office  
 Commercial Applicator License  
 License # CM19910

ALI, AHMED DAOUD  
 12060 COYLE RD  
 FT. MYERS, FL 33905

Categories  
 6, 10

Issued: August 11, 2021 Expires: August 31, 2025

*Ahmed Ali* Signature of Licensee  
*nicole fried* NICOLE "NIKKI" FRIED, COMMISSIONER

The above individual is licensed under the provisions of Chapter 487, F.S. to purchase and apply restricted use pesticides.

STATE OF FLORIDA  
 Department of Agriculture and Consumer Services  
 BUREAU OF LICENSING AND ENFORCEMENT

AHMED (A.D.) ALI  
 LTD COMMERCIAL FERTILIZER APPLICATOR HOLDER

LF267023

HAS PAID THE FEE REQUIRED BY CHAPTER 482 FOR THE PERIOD  
 EXPIRING January 12, 2026

*nicole fried* Signature  
 COMMISSIONER

Wallet Card  
 Wallet Card - Fold Here

BUREAU OF LICENSING & ENFORCEMENT  
 3125 CONNER BLVD, BLDG. 8  
 TALLAHASSEE, FLORIDA 32399-1650

# The International Society of Arboriculture

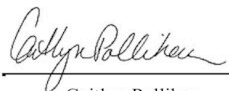
Hereby Announces That

*Ahmed Ali*

Has Earned the Credential

## ISA Board Certified Master Arborist®

By successfully meeting ISA Board Certified Master Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council



Caitlyn Pollihan  
CEO & Executive Director

27 May 2009

Issue Date

30 June 2024

Expiration Date

FL-0831B

Certification Number





# The International Society of Arboriculture

Hereby Announces That

*Ahmed Ali*

Has Earned the Credential

## ISA Tree Risk Assessment Qualification®

By successfully meeting ISA Tree Risk Assessment Qualification certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council



Caitlyn Pollihan  
CEO & Executive Director

5 March 2014

5 March 2024

Issue Date

Expiration Date





# The International Society of Arboriculture

Hereby Announces That

*Jacob Ripp*

Has Earned the Credential

## ISA Certified Arborist®

By successfully meeting ISA Certified Arborist certification requirements through demonstrated attainment of relevant competencies as supported by the ISA Credentialing Council

  
Caitlyn Pollihan  
CEO & Executive Director

15 December 2021

Issue Date

31 December 2024

Expiration Date

FL-9814A

Certification Number



# Local Business Tax Receipt

Miami-Dade County, State of Florida

-THIS IS NOT A BILL - DO NOT PAY



6372148

**RECEIPT NO.**

RENEWAL  
6639794

**BUSINESS NAME/LOCATION**

DAVEY TREE EXPERT  
COMPANY THE  
DOING BUS IN DADE CO  
MIAMI, FL 33000



**EXPIRES**  
SEPTEMBER 30, 2023

Must be displayed at place of business  
Pursuant to County Code  
Chapter 8A - Art. 9 & 10

**OWNER**

THE DAVEY TREE EXPERT  
COMPANY

**SEC. TYPE OF BUSINESS**

213 SERVICE BUSINESS

**PAYMENT RECEIVED  
BY TAX COLLECTOR**

75.00 07/19/2022  
INT-22-369254

Employee(s) 1

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit [www.miamidade.gov/taxcollector](http://www.miamidade.gov/taxcollector)





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/31/2021

**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).**

<b>PRODUCER</b> Marsh USA Inc. 200 Public Square, Suite 3760 Cleveland, OH 44114-1824 Attn: Cleveland.CertRequest@marsh.com  138431 RESICA Cole	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <span style="float: right;"><b>FAX (A/C, No):</b></span> <b>E-MAIL ADDRESS:</b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Old Republic Insurance Company</td> <td>24147</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Old Republic Insurance Company	24147	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<b>INSURED</b> The Davey Tree Expert Company 1500 N. Mantua Street Kent, OH 44240															

**COVERAGES** **CERTIFICATE NUMBER:** CLE-006633898-41 **REVISION NUMBER:** 1

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	<b>COMMERCIAL GENERAL LIABILITY</b> <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:			MWZY 314042 21	09/01/2021	09/01/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 314041 21	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC 314040 21 (AOS)	09/01/2021	09/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 5,000,000 E.L. DISEASE - EA EMPLOYEE \$ 5,000,000 E.L. DISEASE - POLICY LIMIT \$ 5,000,000
A	Excess Workers Compensation			MWXS 314043 21 (NC,OH,PA,WA)	09/01/2021	09/01/2022	Workers Compensation Statutory
A	SIR: \$5,000,000			MWXS 316391 21 (CA)	09/01/2021	09/01/2022	Employer's Liability 1,000,000

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

<b>CERTIFICATE HOLDER</b> *The Davey Tree Expert Company 1500 N. Mantua Street Kent, OH 44240	<b>CANCELLATION</b> 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  <p style="text-align: right;"><i>Marsh USA Inc.</i></p>
--	---

AGENCY CUSTOMER ID: CN101565730

LOC #: Cleveland



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED The Davey Tree Expert Company 1500 N. Mantua Street Kent, OH 44240	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation does not apply in MN. Coverage is obtained from Workers Compensation reinsurance association (W.C.R.A.) as required by the state. Minnesota Employers Liability is covered by policy number MWC 314040 21.