

**QUALIFICATION APPLICATION
BID 15-82 LAWN CARE SERVICES (ANNUAL CONTRACT)
ADDENDUM #1 - REVISED 3/23/2015**

Company Name: _____

Representative: _____

Representative's Signature: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Federal I.D. Number: _____

E-Verify Number: _____

Year's In Business: _____

Year's operating under current Business Name: _____

Former name organization has operated under (if applicable): _____

1. Does the vendor or any officer, director or owner of the company have any pending litigation, outstanding claim, or a financial dispute relating to prior or current performance with the District, any other government agency, individual, company or other party?

Yes (Describe): _____

No

2. Has the vendor failed to fulfill the terms and/or conditions of a contract, to include performance period within the last five (5) years?

Yes (Describe): _____

No

3. By submitting this qualification application I certify that a member of the firm's management team has personally inspected the proposed work sites.

Yes

No

Application Submitted By: _____

Date: _____

Signature:

Document and Form Checklist:

The following documents must be submitted in a separate sealed envelope as a complete Qualification Application. The envelope must be clearly marked on the outside with the Firm's name and "Qualification Application".

1. Minimum of three (3) references of Contracts of Similar Scope of Service **(pages 3 and 4 of this document)**.
2. List of Current Contractual Obligations, Service Frequency, Personnel and Time dedicated to each contract on a weekly basis. **(pages 5 and 6 of this document. Submit additional pages as required)**.
3. Equipment Inventory List **(page 7 of this document)**.
4. Personnel Listing **(page 8 of this document)**.
5. Copy of Current Certificate of Insurance showing coverage for all insurance requirements stated in Attachment "B" of the solicitation, or a letter from the firm's insurance carrier stating your firm's ability to meet all the insurance requirements. **(Documentation must be attached to this application)**.
6. Copy of 2015, 2014, and 2013 Business License/Tax Certificates **(Documentation must be attached to this application)**.
7. Copy of Current Pesticide Contractor License issued by the Georgia Department of Agriculture **(Documentation must be attached to this application)**.
8. Copy of MSDS Sheets for Pesticides that will be used under a resulting contract **(Documentation must be attached to this application)**.
9. Copy of the Safety Plan currently in place for your firm.
10. Provide a copy of your complete plan for the performance of the specified work.
11. Provide documentation on how your company will supervise employees during the performance of the work.
12. List or detail all pertinent information and data that would indicate the ability of your organization to satisfactorily fulfill the work as outlined in this solicitation.

CLIENT SERVICE REFERENCES:

Reference No. 1

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

Reference No. 2

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

Reference No. 3

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

Reference No. 4

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

CLIENT SERVICE REFERENCES:

Reference No. 5

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

Reference No. 6

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

Reference No. 7

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

Reference No. 8

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

CURRENT CONTRACT OBLIGATIONS

<i>Client No. 1</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 2</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 3</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 4</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 5</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 6</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):

CURRENT CONTRACT OBLIGATIONS

<i>Client No. 7</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 8</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 9</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 10</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 11</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<i>Client No. 12</i>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):

