

Part I A – Technical SOQ	
RFQ Title:	Fire Fuels Reduction & Vegetation Management
RFQ:	3282
Vendor Name:	Healthy Trees
Address:	2578 S Curry St. #5, Carson City, NV 89703
Opening Date:	February 7, 2017
Opening Time:	2:00 PM

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VENDOR INFORMATION SHEET FOR RFQ 3282

V1	Company Name	Healthy Trees		
V2	Street Address	2578 S Curry Street #5		
V3	City, State, ZIP	Carson City, NV 89703		
V4	Telephone Number			
	Area Code: 775	Number: 224.3827	Extension:	
V5	Facsimile Number			
	Area Code: 775	Number: 882-0959	Extension:	
V6	Toll Free Number			
	Area Code:	Number:	Extension:	
V7	<i>Contact Person for Questions / Contract Negotiations, including address if different than above</i>			
	Name: Tom Henderson			
	Title: President			
	Address: P.O. Box 2885, Carson City, NV 89702			
	Email Address: healthytrees@att.net			
V8	Telephone Number for Contact Person			
	Area Code: 775	Number: 224.3827	Extension:	
V9	Facsimile Number for Contact Person			
	Area Code: 775	Number: 882-0959	Extension:	
V10	<i>Name of Individual Authorized to Bind the Organization</i>			
	Name: Tom Henderson		Title: President	
V11	Signature (<i>Individual must be legally authorized to bind the vendor per NRS 333.337</i>)			
	Signature:		Date:	



1.

SUBJECT: Amendment 1 to Request for Qualification 3282
DATE OF AMENDMENT: January 20, 2017
DATE OF RFQ RELEASE: January 10, 2017
DATE AND TIME OF OPENING: February 7, 2017
AGENCY CONTACT: Nancy Feser, Procurement Staff Member

The following shall be a part of RFQ 3282 for ***Fire Fuels Reduction and Vegetation Management Services***. If a vendor has already returned a proposal and any of the information provided below changes that proposal, please submit the changes along with this amendment. You need not re-submit an entire proposal prior to the opening date and time.

1. Do you require CD's? or can we use thumb drives?

A thumb drive is acceptable.

2. pg 14 4.3.3 Is the cost for transportation and water to be included in equipment cost?

Yes, these costs should be factored into the bid.

3. pg 15 4.3.6.1 D8 or larger, Is there a horse power and weight requested?
There are many D8's running from 170 hp and up and weights of 50 k to 95 k.

No, As long as the equipment can pull an Ely or smooth chain assembly which is approximately 180 feet in length and weighs approximately 22,000 lbs. – 28,500 lbs. in varied terrain and topographic features including hills, draws in a mountainous setting and capable of mountain seed dribblers we won't dictate the exact type of dozer to be used.

4. pg 17 4.6.1 Is the vender hauling containers or providing containers or both?

Both

5. pg 17 4.6.5 Regarding log trucks - Would they go under this section or other specialized trailers? i.e. hay racks?

- Yes, they would fall under hay racks.*
6. Will other hauling services be included? i.e. water, log truck, chip truck or other specialized hauling equipment
- Yes*
7. Page 30/54 Section 10.1.6.4 - Is a 3 ring binder acceptable?
- Yes*
8. Page 12/54 Section 4.1.91. - Confirming costs are not needed for the response to RFQ.
- No, bid/cost will be required on an as needed basis depending on the project.*
9. Page 39/54 Section 11.2 - How is financial stability determined if financial information (P&L, Balance Sheet) are not required?
- Since the projects will be done on an as needed basis, and bids will be requested at that time, the financial stability will not be required as part of the proposal.*
10. On pg 4 second paragraph'
What are the boundaries of Northern, Southern, Rural areas?
- There are no set boundaries, it is up to the Vendor to identify the areas of the State in which they are willing to operate as stated.*
11. On pg 5 - Can the pricing be kept confidential?
- No, cost is a matter of public record Per NRS 333, and will be required on a project, by project bases.*

ALL ELSE REMAINS THE SAME FOR RFQ 3282.

Vendor shall sign and return this amendment with proposal submitted.

NAME OF VENDOR	Healthy Trees
AUTHORIZED SIGNATURE	
TITLE	President
	DATE 3 February 2017

RFQ 3282 Amendment 1

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked “confidential” in their entirety, or those in which a significant portion of the submitted proposal is marked “confidential” **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a “trade secret” as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors’ technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFQ, vendors are requested to submit confidential information in separate binders marked “**Part I B Confidential Technical**” and “**Part III Confidential Financial**”.

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in **Section 2 “ACRONYMS/DEFINITIONS.”**

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	
Justification for Confidential Status			

A Public Records CD has been included for the Technical SOQ Proposal			
YES		NO	

Part III – Confidential Financial Information			
YES		NO	
Justification for Confidential Status			

Healthy Trees

Company Name

Signature

Thomas H. Henderson
Print Name

3 February 2017
Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT C – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

- (1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.
- (2) All proposed capabilities can be demonstrated by the vendor.
- (3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.
- (4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.
- (5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.
- (6) All conditions and provisions of this RFQ are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.
- (7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFQ. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFQ, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.
- (8) All employees assigned to the project are authorized to work in this country.
- (9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.
- (10) The company has a written policy regarding compliance for maintaining a drug-free workplace.
- (11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.
- (12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.
- (13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Healthy Trees

Vendor Company Name

Vendor Signature
Thomas H Henderson

Print Name

3 February 2017

Date

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

HEALTHY TREES

Nevada Business Identification # NV20031522725

Expiration Date: November 30, 2017

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 17, 2016

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.

ATTACHMENT I – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

By: _____
Signature of Official Authorized to Sign Application Date

For: Healthy Trees
Vendor Name

Fire Fuels Reduction
Project Title

This document must be submitted in Tab IV of vendor's technical proposal

**ATTACHMENT B – TECHNICAL CERTIFICATION OF COMPLIANCE
WITH TERMS AND CONDITIONS OF RFQ**

I have read, understand and agree to comply with *all* the terms and conditions specified in this Request for Qualification.

YES x I agree to comply with the terms and conditions specified in this RFQ.

NO I do not agree to comply with the terms and conditions specified in this RFQ.

If the exception and/or assumption require a change in the terms in any section of the RFQ, the contract, or any incorporated documents, vendors *must* provide the specific language that is being proposed in the tables below. If vendors do not specify in detail any exceptions and/or assumptions at time of proposal submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Healthy Trees

Company Name

Signature

Thomas H. Henderson

Print Name

Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

EXCEPTION #	RFQ SECTION NUMBER	RFQ PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)

ASSUMPTION SUMMARY FORM

ASSUMPTION #	RFQ SECTION NUMBER	RFQ PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

ASSUMPTION #	RFQ SECTION NUMBER	RFQ PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

3.2 MINIMUM QUALIFICATIONS

It is ***mandatory*** that each component listed below in the Minimum Qualifications be addressed. Failure to address each component will result in disqualification of the RFQ response. Vendors proposing to receive an award through this RFQ must provide a detailed description of their SOQ, which must include, at a minimum, the following information.

- 3.2.1 Vendors will be required to have appropriate license(s) and insurance to qualify for all work in this RFQ. Copy of appropriate license(s) must be submitted with proposal; and

Healthy Trees will provide insurance documents upon acceptance of qualifications. A State business license is included with this submittal.

- 3.2.2 Vendors may also be required to provide a Performance Security in the form of a Surety Bond, Certificate of Deposit or Treasury Note. This requirement will be on a project by project basis, and will be in an amount up to 100% of the project total.

Surety bonds and similar instruments are not generally required for forestry hand crew and large tree removal work. A contractor's license for these services is not required in Nevada.

3.3 BIDDING PROCESS

Using Agencies will utilize a bidding system on an as needed basis for each project, and the awarded vendors will be notified based on the project's needs. *The RFQ does not hold awarded vendors to any prices, nor does it obligate the State to purchase goods or services from all awarded vendors.* The purchase amount will be controlled by the individual using agencies through a purchase order submitted to and accepted by the vendor once an individual project has been bid and awarded.

Healthy Trees accepts these conditions.

5. COMPANY BACKGROUND AND REFERENCES

Healthy Trees formed as a Nevada Corporation in November 2003. Our essential purpose is to provide care and treatment for woody plants in a manner that is consistent with current research findings and utmost safety. Our team consists of six arborists, four of which are ISA Certified Arborists. Each of our team has been trained in single rope climbing, structural pruning, the safe operation of chippers and chainsaws, and first aid and cardio-pulmonary resuscitation.

In recent years, Healthy Trees has provided forest thinning on parcels from three to fifteen acres. This involves directionally felling trees, “limbing”, bucking, chipping and hauling. Each member of the operating staff is competent in climbing, when required. Two members of our team hold the International Society of Arboriculture Tree Risk Assessment Qualification. Five of our team received tree risk assessment training on 31 January 2017. Team members receive regular training in “defensible space” to reduce the risk of wildfire damage to residences. This consists of meeting vegetation clearance and separation standards in forested areas as developed by local fire departments, particularly in the Lake Tahoe Basin.

Healthy Trees currently has four trucks and three trailers for mobilizing tools and gear and for hauling equipment, logs and wood chips. We own two chippers, a small skid steer, and stump grinder. We have a workshop for maintenance of chainsaws and storing our gear. We maintain general liability, workers compensation and vehicle insurance that will meet the standards for State of Nevada projects.

Our daily work consists primarily of pruning and removing trees. We strive to adhere to the pruning standards defined in ANSI A300 and safety standards defined in ANSI Z-133. We serve residential, commercial and government clients in the greater Carson City area. Team members are trained and experienced in the most advanced climbing and rigging techniques. Most tree removals are in confined spaces, so that removals occur as piece work from the top of the tree. Our team is also skilled in dropping trees in a narrow space to protect structures and other trees. Healthy Trees has provided these services continuously since 2003.

Our forestry work is accomplished with hand crews deploying chainsaws and chippers in thinning operations. Our larger chipper can pulverize logs up to 12 inches in diameter. More than 90% of our wood chips are repurposed onto the ground at different locations as landscape mulch or discharged to a forest floor. Wood that must be removed from a site is usually donated to clients or haulers that can pick it up at our yard.

Further details about this company can be found at the website--www.healthytreasonline.com

5.1 VENDOR INFORMATION

5.1.1 Vendors must provide a company profile in the table format below.

Question	Response
Company name:	Healthy Trees
Ownership (sole proprietor, partnership, etc.):	Corporation
State of incorporation:	Nevada
Date of incorporation:	November 2003
# of years in business:	13
List of top officers:	Tom Henderson, Valerie Perkins
Location of company headquarters:	Carson City, Nevada
Location(s) of the company offices:	Carson City, Nevada
Location(s) of the office that will provide the services described in this RFQ:	2578 S Curry Street #5 Carson City, NV 89703
Number of employees locally with the expertise to support the requirements identified in this RFQ:	5, with ability to expand on short notice for larger projects
Number of employees nationally with the expertise to support the requirements in this RFQ:	0
Location(s) from which employees will be assigned for this project:	Carson City, Nevada

5.1.2 **Please be advised**, pursuant to NRS 80.010, a corporation organized pursuant to the laws of another state must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

5.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at <http://sos.state.nv.us>.

Question	Response
Nevada Business License Number:	NV20031522725
Legal Entity Name:	Healthy Trees

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	x	No	
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If “No”, provide explanation.

5.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

5.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes	x	No	
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If “Yes”, complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

Question	Response
Name of State agency:	Division of Buildings and Grounds
State agency contact name:	Marty Phillips
Dates when services were performed:	January-November 2016
Type of duties performed:	Tree pruning and removal
Total dollar value of the contract:	\$9,950

Question	Response
Name of State agency:	Nevada State Lands
State agency contact name:	Jeff Haas
Dates when services were performed:	2016
Type of duties performed:	Tree pruning and removal
Total dollar value of the contract:	\$3,950.00

Question	Response
Name of State agency:	Nevada State Parks
State agency contact name:	Todd Anderson
Dates when services were performed:	February 2015

Question	Response
Type of duties performed:	Tree removal
Total dollar value of the contract:	\$4,750.00

Question	Response
Name of State agency:	Nevada Department of Wildlife
State agency contact name:	Ron Cothran
Dates when services were performed:	March & May 2015
Type of duties performed:	Tree pruning and tree removal
Total dollar value of the contract:	\$3,575.00

Question	Response
Name of State agency:	Nevada Department of Transportation
State agency contact name:	Don Glover
Dates when services were performed:	March 2015
Type of duties performed:	Tree pruning
Total dollar value of the contract:	\$2,350.00

5.1.6

5.1.7 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	x
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If “Yes”, please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFQ, and specify the services that each person will be expected to perform.

- 5.1.8 Disclosure of any significant prior or ongoing contract failures, contract breaches, civil or criminal litigation in which the vendor has been alleged to be liable or held liable in a matter involving a contract with the State of Nevada or any other governmental entity. Any pending claim or litigation occurring within the past six (6) years which may adversely affect the vendor's ability to perform or fulfill its obligations if a contract is awarded as a result of this RFQ must also be disclosed. Does any of the above apply to your company?

Yes		No	x
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If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	Response	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, or litigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

- 5.1.9 Vendors must review the insurance requirements specified in ***Attachment E, Insurance Schedule for RFQ 3282***. Does your organization currently have or will your organization be able to provide the insurance requirements as specified in ***Attachment E***.

Yes	x	No	
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Any exceptions and/or assumptions to the insurance requirements ***must*** be identified on ***Attachment B, Technical Certification of Compliance with Terms and Conditions of RFQ***. Exceptions and/or assumptions will be taken into consideration as part of the evaluation process; however, vendors must be specific. If vendors do not specify any exceptions and/or assumptions at time of their RFQ response submission, the State will not consider any additional exceptions and/or assumptions during negotiations.

Upon contract award, the successful vendor ***must*** provide the Certificate of Insurance identifying the coverages as specified in ***Attachment E, Insurance Schedule for RFQ 3282.***

5.1.10 Company background/history and why vendor is qualified to provide the services described in this RFQ. Limit response to no more than five (5) pages.

5.1.11 Length of time vendor has been providing services described in this RFQ to the public and/or private sector. Please provide a brief description.

Healthy Trees has provided the services described above continuously since November 2003.

5.1.12 Financial information and documentation to be included in Part III, Confidential Financial Information of vendor's response in accordance with Section 10.5, Part III – Confidential Financial Information.

5.1.12.1 Dun and Bradstreet Number

5.1.12.2 Federal Tax Identification Number

5.2 SUBCONTRACTOR INFORMATION

5.2.1 Does this RFQ response include the use of subcontractors?

Yes		No	x
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If "Yes", vendor must:

5.2.1.1 Identify specific subcontractors and the specific requirements of this RFQ for which each proposed subcontractor will perform services.

5.2.1.2 If any tasks are to be completed by subcontractor(s), vendors must:

A. Describe the relevant contractual arrangements;

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

C. Describe your previous experience with subcontractor(s).

5.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

B. Ensuring subcontractor compliance with the overall performance objectives for the project; and

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

D. Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.

5.2.1.4 Provide the same information for any proposed subcontractors as requested in ***Section 5.1, Vendor Information***.

5.2.1.5 Business references as specified in ***Section 5.3, Business References*** must be provided for any proposed subcontractors.

5.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

5.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFQ in ***Section 5.2, Subcontractor Information***. The vendor must receive agency approval prior to subcontractor commencing work.

5.3 BUSINESS REFERENCES

5.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years.

5.3.2 Vendors must provide the following information for **every** business reference provided by the vendor and/or subcontractor:

The “Company Name” must be the name of the proposing vendor or the vendor’s proposed subcontractor.

Reference #: 1	North Lake Tahoe Fire Protection District		
Company Name:	Healthy Trees		
Identify role company will have for this RFQ project (Check appropriate role below):			
x	VENDOR		SUBCONTRACTOR
Project Name:	925 Norwood, 15 acre parcel, Incline Village		
Primary Contact Information			
Name:	April Shackelford		
Street Address:	866 Oriole Way		
City, State, Zip	Incline Village, NV 89451		
Phone, including area code:	(775) 833-8129		
Facsimile, including area code:	775/831-2072		
Email address:	ashackelford@nltpd.net		
Alternate Contact Information			
Name:			
Street Address:			
City, State, Zip			
Phone, including area code:			
Facsimile, including area code:			
Email address:			
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Thinning dense forest stand, including stream zone. Chipping woody material and discharging on site. Cleaning up trash and litter.		
Original Project/Contract Start Date:	15 August 2016		
Original Project/Contract End Date:	20 September 2016, not continuous		
Original Project/Contract Value:	\$29,240.00		
Final Project/Contract Date:	20 September 2016		
Was project/contract completed in time originally allotted, and if not, why not?	yes		
Was project/contract completed within or under the original budget/ cost proposal, and if not,	No. Subcontractor did not provide mastication of small trees, as agreed.		

why not?	
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Reference #: 2	Town of Minden, Resource Concepts Inc.		
Company Name:	Healthy Trees		
Identify role company will have for this RFQ project (Check appropriate role below):			
x	VENDOR		SUBCONTRACTOR
Project Name:	County Road, 8 th to 10 St, Minden		
Primary Contact Information			
Name:	Kelly Garcia		
Street Address:	340 N. Minnesota St		
City, State, Zip	Carson City, NV 89703		
Phone, including area code:	775-301-4206 775-588-7500 Ext. 4206		
Facsimile, including area code:			
Email address:	kelly@rci-nv.com		
Alternate Contact Information			
Name:	Sandra Wendel		
Street Address:	1624 10th Street, Suite 3		
City, State, Zip	Minden, NV 89423		
Phone, including area code:	775-782-8942		
Facsimile, including area code:			
Email address:	sandra@swlsa.com		
Project Information			
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Tree and shrub pruning and removal, including stump grinding		
Original Project/Contract Start Date:	16 February 2016		
Original Project/Contract End Date:	7 March 2016		
Original Project/Contract Value:	\$9,000.00		
Final Project/Contract Date:	7 March 2016		
Was project/contract completed in time originally allotted, and if not, why not?	yes		
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	yes		

Reference #: 3	Eagle Valley Childrens Home
Company Name:	Healthy Trees
Identify role company will have for this RFQ project (Check appropriate role below):	
x	VENDOR
	SUBCONTRACTOR
Project Name:	
Primary Contact Information	
Name:	Roberto Morales
Street Address:	2300 Eagle Valley Ranch Road
City, State, Zip	Carson City, NV 89703
Phone, including area code:	882-1188 X25; 400.7228
Facsimile, including area code:	775- 882-3777
Email address:	rmorales@evch.net
Alternate Contact Information	
Name:	
Street Address:	
City, State, Zip	
Phone, including area code:	
Facsimile, including area code:	
Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Prune 33 trees; remove one tree
Original Project/Contract Start Date:	24 May 2016
Original Project/Contract End Date:	25 May 2016
Original Project/Contract Value:	\$4,600.00
Final Project/Contract Date:	25 May 2016
Was project/contract completed in time originally allotted, and if not, why not?	yes
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	yes

ATTACHMENT G

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:		Healthy Trees	
<input checked="" type="checkbox"/> Contractor		<input type="checkbox"/> Subcontractor	
Name:	Tom Henderson		<input type="checkbox"/> Key Personnel
Classification:	Certified Arborist WE-6729A	# of Years in Classification:	13
Brief Summary: of Experience:	Executive, administrative and technical roles in operating a tree care enterprise		
# of Years with Firm:	13		
RELEVANT PROFESSIONAL EXPERIENCE			
Required Information: MMYYYY to Present: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		October 2003 to present Healthy Trees 2578 S Curry Street #5 Carson City, Nevada 89703 healthytrees@att.net , 775.224.3827 provide financial and contracts management, estimating, insurance administration, accounts payable & receivable, payroll, leadership training	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:			
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:			
EDUCATION			
Description			# of Years Experience
Institution Name:	University of Southern California		2
City:	Los Angeles (Sacramento satellite)		
State:	California		

Degree/Achievement:	Master of Public Administration	
Certifications:		
REFERENCES		
<i>Minimum of three (3) required, including name, title, organization, phone number, fax number and email address</i>	Jeff Haas, Forester II, Nevada State Lands 775-684-2743; fax 775-684-2721; jhaas@lands.nv.gov	
	Mark Korinek, Director of Operations Carson City School District 775-283-2181; fax 775-283-2191 MKorinek@carson.k12.nv.us	
	Molly Sinnott, Consulting Arborist, Sinnott Consulting, 775.721.1231; fax 775-882-4921 sincon@sbcglobal.net	

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:		Healthy Trees	
<input checked="" type="checkbox"/> Contractor		<input type="checkbox"/> Subcontractor	
Name:	Tom Wion		<input checked="" type="checkbox"/> Key Personnel
Classification:	Sawyer and Climber	# of Years in Classification:	7
Brief Summary: of Experience:	All aspects of tree care and associated equipment operation		
# of Years with Firm:	7		
RELEVANT PROFESSIONAL EXPERIENCE			
Required Information: MMYYYY to Present: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		October 2009 to present Healthy Trees, Tom Henderson 2578 S Curry Street #5 Carson City, NV 89703 775.224.3827; healthytrees@att.net Evaluate, prune, treat and remove trees. Promote safety and team cohesion. Tree climbing and rigging with rope and lowering devices. 7.5 years	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		July 2006 to October 2006 North Tahoe Fire Protection District Peter Poe 222 Fairway Drive, Tahoe City, CA 96145 (530) 583-691; Fax (530) 583-6909 customerservice@ntfire.net chipping woody biomass, providing defensible space inspections, forest thinning, education programs 3 months	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		October 2003 to April 2004 Southwest Conservation Corps 701 Camino del Rion #101 Durango, CO 81301 (970) 259-8607 rbrink@conservationlegacy.org wildland fire fuels reduction 6 months	
EDUCATION			
Description			# of Years Experience
Institution Name:	Indiana University		4
City:	Bloomington		
State:	Indiana		
Degree/Achievement:	Bachelor of Science		

Certifications:	ISA Certified Arborist, Tree Risk Assessment Qual.	
REFERENCES		
<i>Minimum of three (3) required, including name, title, organization, phone number, fax number and email address</i>	<p>Keith Jermalowicz, ACRT ,Vegetation Management, 208.310.1659; kjermalowicz@yahoo.com</p> <p>Jacob McNeil, Owner, Oakland Aesthetics 510.593.9743; oakland.aesthetics@gmail.com</p> <p>Jason Perrock, Evironmental Services, Nevada Department of Tranportation, 775.220.9779; 775-888-7013; fax 778-888-7104</p>	

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:		Healthy Trees	
<input type="checkbox"/> Contractor		<input type="checkbox"/> Subcontractor	
Name:	John Patterson		<input type="checkbox"/> Key Personnel
Classification:	Climbing Arborist, sawyer	# of Years in Classification:	4
Brief Summary: of Experience:	Climbing arborist, sawyer		
# of Years with Firm:	4.25		
RELEVANT PROFESSIONAL EXPERIENCE			
Required Information: MMYYYY to Present: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		10/2012 to present Healthy Trees, Tom Henderson 2578 S Curry St. #5 Carson City, NV 89703 775.224.3827; healthytrees@att.net All aspects of tree care: pruning, removal, planting Operation of associated equipment: chainsaw, chipper, stump grinder, skid steer, including basic maintenance	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:			
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:			
EDUCATION			
Description			# of Years Experience
Institution Name: City: State: Degree/Achievement: Certifications:	International Society of Arboriculture		3
	Champaign		
	IL		
	Certified Arborist, WE 11727A		

REFERENCES	
<i>Minimum of three (3) required, including name, title, organization, phone number, fax number and email address</i>	Jerry Greenwood, Owner, Greenwood Enterprises, 775.790.7858, gwoodenterprises@gmail.com Paul Gore, Owner, Gore Plumbing, 775.781.7963 Beverly Smith, Agent, ReMax Realty, 775.720.5480, bevweessmith@yahoo.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:		Healthy Trees	
<input type="checkbox"/> Contractor		<input type="checkbox"/> Subcontractor	
Name:	Ty Keefer		<input type="checkbox"/> Key Personnel
Classification:	Sawyer/ Arborist	# of Years in Classification:	3.5
Brief Summary: of Experience:	Tree pruning and removal, including climbing & rigging aloft		
# of Years with Firm:	1		
RELEVANT PROFESSIONAL EXPERIENCE			
Required Information: MMYYYY to Present: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		06/ 2016 to present Healthy Trees, Tom Henderson 2578 S Curry St. #5 Carson City, NV 89703 775.224.3827; healthytrees@att.net Climbing arborist working aloft in trees to prune and remove. Chainsaw operation and maintenance. Operate chippers, skid steer, stump grinder. 1 year	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		05/2013 to 01/2016 Ben Colvin Ben's Tree and Shrub Claremore, OK 918.688.8733; Operating equipment in the care of trees: chain saw, bucket truck, chipper, front loader. 2.5 years	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:			
EDUCATION			
Description			# of Years Experience
Institution Name: City: State: Degree/Achievement: Certifications:	International Society of Arboriculture		3.5
	Champaign		
	IL		
	Certified Arborist WE-11730A		

REFERENCES	
<p><i>Minimum of three (3) required, including name, title, organization, phone number, fax number and email address</i></p>	<p>Russell Leifsen, Steel fabrication business, 775.671.1000, russ550@yahoo.com</p> <p>Tom Wion, Crew Leader, Healthy Trees, 775.443.8578, fax 775-882-0959; tomwion.healthytrees@gmail.com</p> <p>Ben Colvin, Owner, Ben's Tree & Shrub, 918.688.8733; benstreeandshrub@gmail.com</p>

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:		Healthy Trees	
<input type="checkbox"/> Contractor		<input type="checkbox"/> Subcontractor	
Name:	Esteban Carranza		<input type="checkbox"/> Key Personnel
Classification:	Sawyer/ Arborist	# of Years in Classification:	1
Brief Summary: of Experience:	Tree pruning and removal, including climbing & rigging		
# of Years with Firm:	1		
RELEVANT PROFESSIONAL EXPERIENCE			
Required Information: MMYYYY to Present: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		12/2015 to present Healthy Trees, Tom Henderson 2578 S Curry St. #5 Carson City, NV 89703 775.224.3827; healthytrees@att.net Climbing arborist working aloft in trees to prune and remove. Operate associated equipment: chippers, skid steer, stump grinder. 1 year	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		05/2013 to 11/2015 seasonal Greenhouse Garden Center, David Ruf 2450 S Curry Street Carson City, NV 89703 775-882-8600; david@greenhousegardencenter.com Landscape planting, crew supervision, tree removal, irrigation system maintenance. 2 years	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:			
EDUCATION			
Description			# of Years Experience
Institution Name: City: State: Degree/Achievement: Certifications:	Western Nevada College		1
	Carson City		
	Nevada		
	Master Nursery Certified; Forklift certified		1

REFERENCES	
<p><i>Minimum of three (3) required, including name, title, organization, phone number, fax number and email address</i></p>	<p>Rick Lepe, owner, Capital Control Systems, 775-883-3277</p> <p>Katerina Van Patten, optometrist, 775-882-3977, fax 775-882-3285; kvp@pyramid.net</p> <p>David Ruf, owner, Greenhouse Garden Center, 775-882-5600, david@greenhousegardencenter.com</p>

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:		Healthy Trees	
<input type="checkbox"/> Contractor		<input type="checkbox"/> Subcontractor	
Name:	Sean Tobin		<input type="checkbox"/> Key Personnel
Classification:	Climber, sawyer	# of Years in Classification:	3.3
Brief Summary: of Experience:	Working aloft in trees to prune and remove; operate associated equipment		
# of Years with Firm:	3.3		
RELEVANT PROFESSIONAL EXPERIENCE			
Required Information: MMYYYY to Present: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:		09/2013 to present Healthy Trees, Tom Henderson 2578 S Curry Street #5 Carson City, NV 89703 775.224.3827; healthytrees@att.net Driver, climber, feller, cleanup crew; deploy advanced single rope climbing technique; protect property with rope rigging. 3.3 years	
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:			
Required Information: MMYYYY to MMYYYY: Vendor Name: Client Name: Client Contact Name: Client Address, Phone Number, Email: Role in Contract/Project: Details and Duration of Contract/Project:			
EDUCATION			
Description			# of Years Experience
Institution Name: City: State: Degree/Achievement: Certifications:	United States Marine Corps		2.6
	Camp Pendleton		
	California		
	Global War on Terrorism Medal, Afghanistan Campaign Medal, Sea Service Deployment Medal		
	Cobra helicopter maintenance and inspection		

REFERENCES	
<i>Minimum of three (3) required, including name, title, organization, phone number, fax number and email address</i>	<p>Jesse Porter, Crew Leader, JB Landscape, 775 901 0333</p> <p>Martin Salvo, Area Manager, Lincare, 775 232 0836; Salvomjs@yahoo.com; FAX: 775-882-5206</p> <p>Matt Salvo, Store Manager, Pet Smart, 775 232 7975</p>

ATTACHMENT H – FIRE FUELS REDUCTION AND VEGETATION SERVICES

Vendors proposing to receive an award through this RFQ must provide the information requested below, please mark each component that pertains to your company. Additional lines have been provided for any additional information.

4. SCOPE OF WORK

SCOPE 4.1	Forest Management Hand Crew Services Specification	SOUTH	NORTH	RURAL	STATE WIDE
4.1.1.1	Fuels reduction		X		
4.1.1.2	Tree thinning		X		
4.1.1.3	Wildlife habitat improvement				
4.1.1.4	Erosion control				

SCOPE 4.2	Large Tree Removal Services	SOUTH	NORTH	RURAL	STATE WIDE
4.2.1	Large Tree Removal		X		
