

**Baker County, Florida  
Request For Quote**

**Forest Thinning Program, Spring 2017**

**Bid 2017-02**

**INTRODUCTION**

The Baker County Board of Commissioners (hereforth referred as "County") is seeking a qualified forest management company to manage the thinning and sale of approximately 202+/- acres located in Shoals Park, off Otis Yarborough Road in Baker County, Florida.

**Due Date & Time**

Quotes must be returned to Baker County by **11:00am on February 28, 2017**. Bids may be e-mailed, mailed or delivered to:

E-mail: [Kennie.downing@bakercountyfl.org](mailto:Kennie.downing@bakercountyfl.org)  
Baker County Board of County Commissioners  
Administration Offices  
55 N. 3<sup>rd</sup> Street  
Macclenny FL 32063  
Phone: 904-259-5123

**Questions**

Questions should be in writing by e-mail to Kennie Downing, County manager at [Kennie.downing@bakercountyfl.org](mailto:Kennie.downing@bakercountyfl.org)

Responses to questions will be posted on the County's website for all bidders to read.  
Website: [www.bakercountyfl.org/purchasing.php](http://www.bakercountyfl.org/purchasing.php)

Bidders are responsible for checking the website to see if any addendums have been posted prior to the bid opening date.

**QUALIFICATIONS**

- 1) Bidder must have been in the business of forest management services for a minimum of five (5) years.
- 2) Bidder must be licensed to perform their services in Florida.

## SCOPE OF WORK

- 1) The successful company will be responsible for the advertising, supervising, and project management for the thinning and sale of approximately 202+/- acres. See map attached.
- 2) 5<sup>th</sup> row thin for these stands as indicated on the map. The forest consists of un-thinned loblolly and slash plantations.
- 3) Thinning services shall be completed during the "thinning season" April-May 2017.
- 4) The successful company will bid the logger services and oversee the thinning and sale process. Turnkey services must be provided as the contractor is acting as the County's agent.
- 5) The successful company and its contracted subs will be required to furnish evidence of the following insurance coverage by a licensed Florida Company.

A. Without limiting Proposer's indemnification, it is agreed that the successful Proposer will purchase at their expense and maintain in force at all times during the performance of services under this agreement the following insurance. Where specific limits are shown, it is understood that they must be the minimum acceptable limits. If successful Proposer's policy contains higher limits, the Baker County Board of County Commissioners will be entitled to coverage to the extent of such higher limits. Certificates of Insurance must be furnished to the County naming the Baker County Board of County Commissioners as additional insured. These certificates must provide a ten (10) calendar day notice to the County in the event of cancellation, non-renewal or a material change in the policy.

1. Professional liability insurance to provide coverage of not less than one million dollars (\$1,000,000).
2. Workers' compensation insurance to apply for all employees of the contractor, sub-contractors and the contractor's architect and/or engineer meeting the "Workers' Compensation Law" of the State of Florida and all applicable federal laws.
3. Commercial General Liability insurance to provide coverage of not less than one million dollars (\$1,000,000) combined single limit per occurrence and annual aggregates where generally applicable and must include premises-operations, independent contractors, products/completed operations, broad form property damage, blanket contractual and personal injury endorsements.
4. Comprehensive Automobile Liability Insurance covering all owned, hired and non-owned vehicles with coverage limits not less than one hundred thousand dollars (\$100,000) per person, three hundred thousand dollars (\$300,000) per occurrence and one hundred thousand dollars (\$100,000) property damage.

B. The official title of the owner is "Baker County Board of County Commissioners". This official title will be used in all insurance documentation.

#### Proof of Insurance

The Proposer will furnish to the Administration Office Certificates of Insurance or endorsements evidencing the insurance coverage specified above within seven (7) days after notification of an award. The required Certificates of Insurance or endorsements will not only name the types of policies continued, but will also refer specifically to this contract and will state that such insurance is as required by this contract. If the initial insurance expires before the completion of the work, renewal Certificates of Insurance will be furnished thirty (30) days before the date of their expiration. Notice of cancellation and/or restriction Policy(s) must be endorsed to give the County thirty (30) days' notice of cancellation and / or restriction.

- 6) The bidder's fee will be stated as a percentage of timber sales revenue.
- 7) Bidder shall receive the timber sales revenue, deduct their percentage fee, then send the County the remaining funds. Bidder shall provide the County copies of timber sales receipts.
- 8) The County's portion of the timber sales revenue will be remitted to the County within two weeks of sale.

Request For Quotation Price Sheet  
FOREST THINNING PROGRAM, SPRING 2017

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The Contractor may submit a written bid in person, by e-mail, U.S. Mail, or mail carrier; no facsimiles will be accepted. Include proof of insurance, conflict of interest questionnaire, and Bid Price Sheet in your submittal.

The County reserves the right to request additional information or to meet with representatives from proposing companies after submission, any and all of which may be used in forming a recommendation.

FULL LEGAL FIRM/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TAXPAYER ID NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF YEARS IN THE BUSINESS OF FOREST MANAGEMENT: \_\_\_\_\_

References – Provide 3 individuals or agencies your company has provided similar forest management services. The references must not be individuals that pose a conflict of interest as described in the Conflict of Interest Statement attached. The County may contact these references for verification:

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number or E-mail \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number or E-mail \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Phone Number or E-mail \_\_\_\_\_

Request For Quotation Price Sheet  
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Item	DESCRIPTION	BIDDER'S FEE
1.	Forest Management Services for thinning +-202 acres, including timber sales as described in this bid.	_____ % of timbers sales revenue.

I certify that this offer is made without prior understanding, agreement, or connection, with any Corporation, firm or person submitting an offer for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this offer and certify that I am authorized to sign this offer for the offeror and that the offeror is in compliance with all requirements of the solicitation, including but not limited to certification requirements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONFLICT OF INTEREST STATEMENT**

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who was duly sworn deposes and states:

1. I am the \_\_\_\_\_ of \_\_\_\_\_ with a local office in \_\_\_\_\_ and principal office in \_\_\_\_\_  
County & State County & State
2. The above named entity is submitting a Proposal for the Baker County Board of County Commissioners **BID 2017-\_\_** described as **Forest Thinning Program Spring 2017**.
3. The Affiant has made diligent inquiry and provides the information contained in the Affidavit based upon his/her own knowledge.
4. The Affiant states that only one submittal for the above proposal is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.
5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity's submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the Contract for this project.
6. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.
7. Neither the entity nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the Baker County Board of County Commissioners.
9. I certify that no member of the entity's ownership or management, or staff has a vested interest in any aspect of the Baker County Board of County Commissioners.
10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the Baker County Board of County Commissioners.

DATED: this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
Typed Name and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Personally Known \_\_\_\_\_ Or produced identification \_\_\_\_\_.

Identification type: \_\_\_\_\_

Notary Public-State of \_\_\_\_\_

Printed, typed, or stamped commissioned name of notary public.

My commission expires \_\_\_\_\_.

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**