


Acknowledge Receipt of Addendum(s) (if applicable circle): <sup>Cn</sup>  #1 Yes No <sup>Cn</sup>  #2 Yes No <sup>Cn</sup>  #3 Yes No #4 Yes No

Bidder: Chris R. McHan Company: Bio-Tech Consulting Inc.

Address: 1157 Beach BLVD Jacksonville Beach FL 32250

Authorized Signature:  Title: Project Manager

Clearly Print Name: Chris R. McHan

Phone: 407.894.5969 Fax: 407.894.5970 Date: March 29, 2019

Email Address: Chris@Bio-techconsulting.com

BID FORM

**BID NUMBER:** 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

**BID OPENING DATE:** 2:00 pm, Wednesday, March 27, 2019

**PLACE OF BID OPENING:** Alachua County Division of Purchasing, 3<sup>rd</sup> Floor  
 County Administration Building  
 12 SE 1<sup>st</sup> Street  
 Gainesville, Florida, 32601-6983

TO: The County Commissioners, County of Alachua:

The undersigned, as Contractor, hereby declares that he has carefully read and examined the specifications and with full knowledge of all conditions, under which the equipment and services herein contemplated must be furnished, hereby proposes and agrees to furnish the equipment and services according to the requirements as set out in the specifications for said equipment and service:

Subdivision/Location Name	Acreage	Location	Treatment Cost Per Cycle
NW 43rd Street	0.75	West side of NW 43rd Street, Just south of NW 46th Avenue, Gainesville, FL 32601	\$ 110.00
Rustlewood	0.46	West side of NW 43rd Street, Just north of NW 44th Avenue, Gainesville, FL 32601	\$ 69.00
SE 35th Street	1.38	SE 35th Street and SE 17th Avenue, Gainesville, FL 32641	\$ 205.00
Autumn Woods	0.53	South side of NW 39th Ave. east of NW 48th Terrace, Gainesville, FL 32606.	\$ 78.00
NW 83rd Street/NW 31st Ave	0.4	SE corner of NW 83rd street and NW 31st Ave., Gainesville, FL 32606	\$ 60.00
Sunningdale	1.36	Adjacent address: 8118 SW 1st place, Gainesville, FL 32607	\$ 202.00
Heatherwood	1.35	Adjacent address: 6001 NW 35th place, Gainesville 32606	\$ 200.00
Robin Lane	0.82	Adjacent to 3915 NW 75 St, Gainesville, 32606	\$ 121.00
Kimberly Woods Unit II	0.52	Adjacent address: 4707 NW 35th Place, Gainesville, 32606	\$ 78.00
Millhopper Library Pond	0.3	3145 NW 43rd St, Gainesville, FL 32606	\$ 45.00
Greentree Village	0.1	East side of SE 32 <sup>nd</sup> Way, Gainesville, FL 32641	\$ 30.00
<b>TOTAL ACREAGE</b>	<b>7.97</b>	<b>GRAND TOTAL</b>	<b>\$ 1198.00</b>

<b>Per Unit Cost for Additional Aquatic treatment sites:</b>	\$ 150.00	/ac
<b>Minimum total cost per each additional site (aquatic) per cycle:</b>	\$ 30.00	/ac
<b>Per Unit Cost for Additional Aquatic treatment sites (mechanical removal):</b>	\$ 1500.00	/ac
<b>Minimum total cost per each additional site (aquatic – mechanical removal) per cycle:</b>	\$ 600.00	/ac

Cogongrass Program Sites	Acreage	Location	Treatment Cost Per Cycle
55 sites	≅ 40	Various locations – See Supplemental maps	\$ 2695.00
		<b>GRAND TOTAL</b>	<b>\$</b>

<b>Per Unit Cost for Additional Cogongrass treatment sites:</b>	\$ 67.50	/ac
<b>Minimum total cost per each additional site (Cogongrass) per cycle:</b>	\$ 35.00	/ac

RESPONSIBLE AGENT FORM

The Contractor shall designate a responsible agent and alternate as necessary, for all dealings, communications, or notices or contracts between the Entities and the contractor by completing and returning this Responsible Agent Form. Any notice or communication to or from the responsible agent shall be deemed to be a communication to the contractor

RESPONSIBLE AGENT: Chris R. McHan

ADDRESS: 1157 Beach BLVD Jacksonville Beach FL 32250

PHONE NO.: 813-313-6079

FAX NO.: \_\_\_\_\_

Email Address: Chris@bio-techconsulting.com

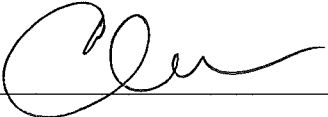
ALTERNATE RESPONSIBLE AGENT: Jim Downey

ADDRESS: 3025 E South St, Orlando, FL 32803

PHONE NO.: 321-662-9110

FAX NO.: \_\_\_\_\_

Email Address: Jim@bio-techconsulting.com

SIGNED:  DATE: 4/8/19

**ATTENTION:**

**VENDOR  
MUST  
COMPLETE AND  
SIGN EXHIBIT C  
TO BE  
CONSIDERED  
RESPONSIVE**

Small Business Enterprise (SBE) Program Participation Form

BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

***OPTION 1***

I certify that our Company is an Alachua County Certified Small Business Enterprise (SBE) registered prior to the Bid opening.

Circle One:      Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to *Option 2.*)

***OPTION 2***

I certify that our Company will perform ALL work and that no subcontractors will be utilized for this bid.

Circle One:       Yes (If yes, complete and sign the last page of this Exhibit)

No (If No, proceed to *Option 3.*)



BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

# OPTION 3

**SBE Participation.** I certify that our Company has contacted the **Alachua County's Certified SBEs** listed below. I state that the following information regarding SBE Subcontractors is true and correct to the best of my knowledge and belief.

Alachua County has adopted a 15% SBE participation goal and policies which encourage participation of Small Business Enterprises (SBE) in the provision of labor, time, supplies, services or construction items of any kind materials.

SBEs are located in the Alachua County Small Business Enterprise Directory, available at:  
<http://smallbusdir.alachuacounty.us/>.

Subcontractor (any business entity holding a subcontract with the prime vendor) services are defined as, "a contract with another business entity that obtains labor, time, supplies, services or construction items of any kind."

Vendors submitting bids under this solicitation are to identify the intended SBE subcontractors. These SBEs have agreed to perform the work for **the total dollar value and percentage of the bid** set forth below.

**If SBE subcontractors are not utilized and listed below or if option 1 or 2 was not chosen, you must proceed to *Option 4* and document your Good Faith Effort.**

SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)
SBE Name of Contractor	SBE Name of Contractor
Address	Address
Scope of Work to be Performed	Scope of Work to be Performed
\$ _____ % (Est \$ Value) (Est % of Total Bid)	\$ _____ % (Est \$ Value) (Est % of Total Bid)

**BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services**

## ***OPTION 4***

**SBE Good Faith Effort.** To be considered responsive all Vendors **must have** SBE Participation or demonstrate a good faith effort to utilize SBE subcontractors. **If option 1, 2 or 3 was not chosen the Vendor must complete the section below substantiating compliance with good faith effort requirements.**

In accordance with Section 22.36, of the Alachua County Purchasing Code, I have solicited and received responses from the following Alachua County certified SBE companies. (The SBE vendor's response **MUST** be recorded in the section below.)

1	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: _____ Phone: _____	/ /
	Must be completed by. SBE Response when contacted:	
2	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: _____ Phone: _____	/ /
	Must be completed by. SBE Response when contacted:	
3	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: _____ Phone: _____	/ /
	Must be completed by. SBE Response when contacted:	
4	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: _____ Phone: _____	/ /
	Must be completed by. SBE Response when contacted:	
5	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: _____ Phone: _____	/ /
	Must be completed by. SBE Response when contacted:	
6	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: _____ Phone: _____	/ /
	Must be completed by. SBE Response when contacted:	
7	Name of SBE Company:	Date SBE Contacted
	SBE Contact Name: _____ Phone: _____	/ /
	Must be completed by. SBE Response when contacted:	



BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

I as the undersigned Vendor certify that I have completed one of the option(s) below (*Circle One*):

**OPTION 1**


**OPTION 2**

**OPTION 3**

**OPTION 4**

If you are unable to certify that, you have completed to the best of your knowledge and belief **OPTION 1, OPTION 2, OPTION 3 or OPTION 4, CALL (48 hours prior to bid opening) the Division of Purchasing at 352.374.5202, for direction.**

Vendor Name: Bio-Tech Consulting, Inc. Date March 29, 2019

Signature  Title Project Manager

Printed Name: Chris R. McHan Title Project Manager

ALACHUA COUNTY GOVERNMENT MINIMUM WAGE (GMW) FORM

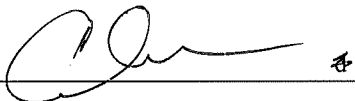
Bid 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

The undersigned certifies that all employees, contracted and subcontracted, completing services as part of this Bid/RFP are paid, and will continue to be paid, in accordance with Chapter 22, Article III of the Alachua County Code of Ordinance ("Wage Ordinance").

Please mark the appropriate box below that applies to how you pay your employees:

1.	<input checked="" type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of <b>\$13.50 hourly</b> and are provided health benefits?
2.	<input type="checkbox"/> Employees involved with Alachua County projects are paid a minimum of <b>\$15.60 hourly but are not provided</b> health benefits?

Bidder: Chris R. McHan Company: Bio-Tech Consulting, Inc.

Authorized Signature:  Title: Project Manager

Clearly Print Name: Chris R. McHan Phone: 407.894.5969

Email Address: chris@bio-techconsulting.com


PUBLIC RECORD DECLARATION OR CLAIM OF EXEMPTION

As a bidder or proposer, any document you submit to Alachua County may be a public record and be open for personal inspection or copying by any person. In Florida 'public records' are defined as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Section 119.011, F.S. A document is subject to personal inspection and copying unless it falls under one of the public records exemptions created under Florida law. Please designate what portion of your bid or proposal, if any, qualifies to be exempt from inspection and copying:

(Execute either section I. or II, but not both; bidder may not modify language)

I. NO EXEMPTION FROM PUBLIC RECORDS LAW

No part of the bid or proposal submitted is exempt from disclosure under the Florida public records law, Ch. 119, F.S.

Bidder's Signature  Date March 29, 2019

- - - OR - - -

II. EXEMPTION FROM PUBLIC RECORDS LAW AND AGREEMENT TO INDEMNIFY AND DEFEND ALACHUA COUNTY

The following parts of the bid or proposal submitted are exempt from disclosure under the Florida public records law because: (list exempt parts and legal justification. i.e. trade secret):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By claiming that all or part of the bid or proposal is exempt from the public records law, the undersigned bidder or proposer agrees to protect, defend, indemnify and hold the County, its officers, employees and agents free and harmless from and against any and all claims arising out of a request to inspect or copy the bid or proposal. The undersigned bidder or proposer agrees to investigate, handle, respond to, provide defense (including payment of attorney fees, court costs, and expert witness fees and expenses up to and including any appeal) for and defend any such claim at its sole cost and expense through counsel chosen by the County and agrees to bear all other costs and expenses related thereto, even if they (claims, etc.) are groundless, false, or fraudulent.

Bidder's Signature \_\_\_\_\_ Date ~~March 29, 2019~~

DRUG FREE WORKPLACE

Section 22.09 Competitive Sealed Bidding of the Alachua County Purchasing Code states that in the evaluation of bids, all factors in the bidding process being equal, both as to dollar amount and ability to perform, priority will be given, first, to those vendors certifying a drug-free workplace, secondly, to certified Small Business Enterprise (SBE) bidders.


The undersigned vendor in accordance with §287.087, Florida Statute and Section 22.09 of the Alachua County Purchasing Code hereby certifies that

Bio-Tech Consulting, Inc.  
Name of Business

Does:

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 bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 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 firm complies fully with the above requirements.

  
Bidder's Signature

March 29, 2019  
Date

BIDDER'S QUESTIONNAIRE

Bidder's Name: Bio-Tech Consulting, Inc.  
 Bidder's Address: 1157 Beach Blvd, Jacksonville Beach, FL 32250 Phone: 407.894.5969  
 Number of years in this type of service? 10 Number of years licensed in Alachua County: n/a  
 Number of employees "ON THE JOB" each week: 12 Number of employees "ON CALL" each week: None  
 Will you subcontract any part of this work: Yes  No  If so, give details: \_\_\_\_\_

We do not hire hourly or on call employees. All employees are full-time, salaried with benefits. ←

List all major equipment which will be available upon commencement of the agreement to perform the required service:

Five UTVs w/ 55 gallon spray capacities, six trucks with 100 gallon spray capacities, two air boats with 55 gallon spray capacities, two skiffs with 25 gallon spray capacities, numerous 4gal backpack sprayers

Do you currently hold any municipality contracts: Yes  No  If so, please indicate below:

St. Johns County School District

City of Orlando, Contact: Michael Tatum, (407)919-9604, Michael.Tatum@cityoforlando.net

List three references of firms receiving similar service to that requested in this bid (comparable facility size):

- 1) Firm: Allison Environmental Resources, Inc. Phone: (407)423-3200  
 Contact Person: Ken Wright, Kwright@shutts-law.com
- 2) Firm: City of Orlando Phone: (407)919-9604  
 Contact Person: Michael Tatum, Michael.Tatum@cityoforlando.net
- 3) Firm: Pulte Group Phone: (321)239-3089  
 Contact Person: Edward LaFetra, Edward.LaFetra@Pulte.com

Are your employees screened by: (indicate)

- 1) Polygraph No
- 2) General Interview Yes
- 3) Background Investigation Yes
- 4) Police Record Check Project dependent
- 5) Additional Driving record screening, drug screening following any accident

Have any leases, contracts or agreements for services held by your firm ever been canceled or terminated before the end of the term by either party: Yes  No . If the answer is yes, state the location and circumstances on an "attachment" to this questionnaire.

What constitutes your normal business days and working hours:

M-F 7am-4pm with weekends as necessary

Describe in the spaces provided, your firm's operational plan for providing the services under this agreement:

We will have two full-time employees assigned to this contract and available to complete treatments as scheduled. All treatments will be added to the treatment calendar one year in advance, then actual treatment dates will be selected 1-2 weeks prior to treatment depending on work load and environmental conditions. We may choose to conduct treatments over weekends.

The undersigned swears to the truth and accuracy of all statements and answers contained herein:

DATE: March 29, 2019

AUTHORIZED SIGNATURE: \_\_\_\_\_

PROPOSED SUBCONTRACTORS (NON-SMALL BUSINESS ENTERPRISE) FORM

BID NUMBER: 19-226: Annual Aquatic and Right of Way (ROW) Vegetation Management Services

This form is for all Non-Small Business Enterprise subcontractors being utilized on this project that are not included on Exhibit C.

Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed \$ _____ % (Total \$ Value) (% of Total Bid/RFP)	Scope of Work to be Performed \$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed \$ _____ % (Total \$ Value) (% of Total Bid/RFP)	Scope of Work to be Performed \$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed \$ _____ % (Total \$ Value) (% of Total Bid/RFP)	Scope of Work to be Performed \$ _____ % (Total \$ Value) (% of Total Bid/RFP)
Name of Contractor	Name of Contractor
Address	Address
Scope of Work to be Performed \$ _____ % (Total \$ Value) (% of Total Bid/RFP)	Scope of Work to be Performed \$ _____ % (Total \$ Value) (% of Total Bid/RFP)

If additional space is required for your subcontractor listing, make copies of this Exhibit G and submit with you bid package.

**TYPE "A" INSURANCE REQUIREMENTS  
"ARTISAN CONTRACTORS / SERVICE CONTACTS"**

The Contractor shall procure and maintain for the duration of this contract insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by the contractor/vendor, his agents, representatives, employees or subcontractors.

**COMMERCIAL GENERAL LIABILITY**

Coverage must be afforded under a per occurrence form policy for limits not less than \$1,000,000 General Aggregate, \$1,000,000 Products / Completed Operations Aggregate, \$1,000,000 Personal and Advertising Injury Liability, \$1,000,000 each Occurrence, \$50,000 Fire Damage Liability and \$5,000 Medical Expense.

**AUTOMOBILE LIABILITY**

Coverage must be afforded including coverage for all Owned vehicles, Hired and Non-Owned vehicles for Bodily Injury and Property Damage of not less than \$1,000,000 combined single limit each accident.

**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY**

Coverage to apply for all employees at STATUTORY Limits in compliance with applicable state and federal laws; if any operations are to be undertaken on or about navigable waters, coverage must be included for the USA Longshoremen & Harbor Workers Act.

Employer's Liability limits for not less than \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee must be included.

**BUILDER'S RISK / INSTALLATION FLOATERS (when applicable)**

When this contract or agreement includes the construction of and/or the addition to a permanent structure or building; including the installation of machinery and/or equipment, the following insurance coverage must be afforded:

Coverage Form: Completed Value, All Risk in an amount equal to 100% of the value upon completion or value of equipment to be installed.

When applicable: Waiver of Occupancy Clause or Cessation of Insurance clause. Flood Insurance as available under the National Flood Insurance Program.

**EMPLOYEE FIDELITY COVERAGE (only applicable to vendors whose employees handle funds)**

Employee Dishonesty coverage must be afforded for not less than \$500,000 Blanket all employees ISO Form

**OTHER INSURANCE PROVISIONS**

The policies are to contain, or be endorsed to contain, the following provisions:

**I Commercial General Liability and Automobile Liability Coverages**

a. The Alachua County Board of County Commissioners, its officials, employees and volunteers are to be covered as an Additional Insured as respects: Liability arising out of activities performed by or on behalf of the Contractor/Vendor; to include Products and/or Completed Operations of the Contractor/Vendor; Automobiles owned, leased, hired or borrowed by the Contractor.

b. The Contractor's insurance coverage shall be considered primary insurance as respects the County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officials, employees or volunteers shall be excess of Contractor/Vendor's insurance and shall be non-contributory.

**II All Coverages**

The Contractor/Vendor shall provide a Certificate of Insurance to the County with a notice of cancellation. The certificate shall indicate if cover is provided under a "claims made" or "per occurrence" form. If any cover is provided under claims made from the certificate will show a retroactive date, which should be the same date of the contract (original if contact is renewed) or prior.

**SUBCONTRACTORS**

The Contractor/Vendor shall be responsible for all subcontractors working on their behalf as a condition of this agreement. All subcontractors of the Contractor/Vendor shall be subject to the same coverage requirements stated herein.

**CERTIFICATE HOLDER:** Alachua County Board of County Commissioners

**MAIL, EMAIL or FAX CERTIFICATES**

**The Certificate of Insurance must contain the following:**

Department Contact: Neil Greishaw  
Department: Public Works  
Dept. Contact Phone: 352.374.5245  
Dept. Contact Email: [ngreishaw@alachuacounty.us](mailto:ngreishaw@alachuacounty.us)  
Bid: 19-226 Annual Aquatic and Right of Way (ROW) Vegetation Management Services



Markisha Boykin

---

**From:** wcody@bio-techconsulting.com  
**Sent:** Thursday, April 11, 2019 8:49 AM  
**To:** Markisha Boykin  
**Cc:** Chris McHan  
**Subject:** Bid 19-226 Annual Aquatic Veg Manage

Good Morning Ms. Boykin,

This email pertains to the updated Addendum sent via DemandStar. We at Bio-Tech Consulting Inc. acknowledge that we have read and received the addendum and would like to continue with the bid sent to you 4-9-2019.

Thank you.

William H. Cody | Aquatic Management Spray Technician

**Bio-Tech Consulting Inc.**

O: 407.894.5969

[www.bio-techconsulting.com](http://www.bio-techconsulting.com)

[@BioTechConsult](#)





510 Tech Consulting Inc

1157 Beach Blvd

Jacksonville Beach FL 32250

ALACHUA COUNTY DIVISION OF PURC  
12 SE 1ST ST  
FLOOR 3RD  
GAINESVILLE FL 32601  
P: EASOUT S: 1  
JAXX - 2416  
17A14927031866  
FL0R199UDC APR 9 08:12:14 2019  
1:54A

APR 9 '19 AM 11:15

CHRIS MCHAN  
(813) 313-6079  
1157 BEACH BLVD  
JACKSONVILLE BE FL 32250

1 LBS 1 OF  
SHP WT: 1 LBS  
DATE: 08 APR 201

SHIP 19-226 ANNUAL AQUATIC AND RIGHT OF  
TO: ALACHUA COUNTY DIVISION OF PURCHASI  
VEGETATION MANAGEMENT SERVICES  
3RD FLOOR, COUNTY ADMIN BUILDING  
12 SE 1ST ST  
GAINESVILLE FL 32601-6826

FL 326 0-04



UPS GROUND

TRACKING #: 1Z A14 927 03 1866 0507



Alachua County Division of Purchasing  
3rd Floor, County Administration Building  
SE 1st Street  
Gainesville, FL 32601-6826  
Re: 19-226 Annual Aquatic and Right  
Vegetation Management Services