



**CONTRACT NO. Y22-137A
TREE TRIMMING AND RELATED SERVICES FOR ROADS AND DRAINAGE**

This contract is not valid unless bilaterally executed. Subject to mutual agreement Orange County, Florida, hereby enters into a contract subject to the following:

1. Ordering against Contract:

- A. Unless otherwise specified in the Invitation for Bids, the County will place orders by issuance of a numbered Delivery Order against this contract. Each Delivery Order will specify the quantity, description and location for deliver.
- B. The obligations of Orange County under this contract are subject to need and availability of funds lawfully appropriated for its purpose by the Board of County Commissioners or other funding source as specified in the terms and conditions.

2. Taxes:

The County has the following tax exemption certificates assigned.

- A. Certificate of Registry No. 59-70-004K for tax free transactions under Chapter 32, Internal Revenue Code;
- B. Florida Sales and Use Tax Exemption Certificate No. 85-8012622266C-0.

3. Invoicing:

- A. Invoices must be submitted, in duplicate, referencing this contract number and the Delivery Order to:

Orange County Public Works Department
Fiscal Administrative Services
4200 S. John Young Pkwy
Orlando, Florida
Phone (407) 836-7850

- B. Invoices against this contract are authorized only at the prices stated in your bid response, unless otherwise provided in the Invitation for Bids.

4. Counterpart (1):
Bidder's Irrevocable Offer and Acceptance

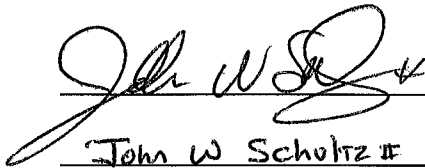
- A. The Bidder hereby submits an irrevocable offer in response to **Invitation for Bids No. Y22-137-MV, TREE TRIMMING AND RELATED SERVICES FOR ROADS AND DRAINAGE - Term Contract**, subject to all general terms and conditions and special terms and conditions therein without exception.
- B. All requirements contained in any addenda to the solicitation for this procurement are part of and hereby incorporated into this contract.
- C. Debarment, Suspension, Ineligibility and Voluntary Exclusion
By executing Counterpart (1) the Bidder affirms that it is in compliance with the requirements of 2 C.F.R. Part 180 and that neither it, its principals, nor its subcontractors are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

NATIONAL STORM RECOVERY DBA

CENTRAL FLORIDA ARBORCARE

(COMPANY NAME)

BY:



(Authorized Signatory)

John W Schultz II

(Name)

Project Manager / Arborist

(Title)

DATE:

2/21/2022

NOTICES:

24200 County Road 561

(Address)

(Address)

ASTATULA, FL, 34705

(City, State Zip)

(407) 886-8733

(Phone)

Sheila@CENTRALFLORIDANARBORCARE.COM (Email)

5. Counterparts. This Agreement may be executed in two identical counterparts, all of which shall be considered one and the same agreement and shall become effective when both counterparts have been signed by each party and delivered to the other party.

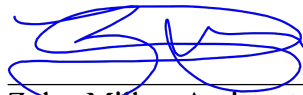
Counterpart (1) shall be executed by the bidder and included in the sealed bid response.

Counterpart (2) may be executed by the County Procurement Division to formalize Acceptance of Bidders Offer and Contract Award.

6. Counterpart (2):
Orange County's Acceptance of Bidder's Offer and Contract Award
- A. The County's acceptance of the Bidder's offer in response to our **Invitation for Bids No. Y22-137-MV, TREE TRIMMING AND RELATED SERVICES FOR ROADS AND DRAINAGE - Term Contract.**
 - B. This contract is effective **MAY 19, 2022**, and shall remain in effect through **MAY 18, 2025**.
 - C. The estimated contract award for the initial term of the contract is **\$5,747,361.15**.
 - D. This is a term contract for the time period specified in the referenced Invitation for Bids, for the products/services covered by this contract. The County is not obligated to purchase any minimum amount of products or services, unless otherwise stipulated in the Invitation for Bids. The bidder is granted authorization to proceed to perform services upon receipt of duly executed Delivery Order.
 - E. This contract may be renewed as provided in the Invitation for Bids.
 - F. Any amendments modifying the terms, conditions or scope of this contract must be in writing and signed by both parties. Such amendment(s) must be signed by the representative of the Orange County Procurement Division to be valid, binding, and enforceable.
 - G. This contract may be cancelled or terminated as provided for in the Invitation for Bids.

ORANGE COUNTY, FLORIDA

BY:



Zulay Millan, Assistant Manager
Procurement Division

DATE:

5.19.2022

**NOTICES: PROCUREMENT DIVISION
INTERNAL OPERATIONS CENTRE II
400 EAST SOUTH STREET, 2ND FLOOR
ORLANDO, FLORIDA 32801
(407) 836- 5635**

BID RESPONSE FORM
IFB #Y22-137-MV

The Contractor shall provide all labor and other resources necessary to provide the goods and/or equipment in strict accordance with the specifications defined in this solicitation for the amounts specified in this Bid Response Form, inclusive of overhead, profit and any other costs.

ITEM NO.	DESCRIPTION	UNIT	ANNUAL ESTIMATED QUANTITY	X	UNIT PRICE	=	TOTAL ESTIMATED BID
TREE ELEVATIONS							
1.	Elevations 0" to 12" in diameter at breast height	Each	4,255	X	\$ 33.50	=	\$ 142,542.50
2.	Elevations 12.1" to 24" in diameter at breast height	Each	3,105	X	\$ 42.75	=	\$ 132,738.75
3.	Elevations 24.1" to 36" in diameter at breast height	Each	2,530	X	\$ 67.45	=	\$ 170,648.50
4.	Elevations 36.1" to 48" in diameter at breast height	Each	1,380	X	\$ 76.75	=	\$ 105,915.00
5.	Elevations 48.1" to 60" in diameter at breast height	Each	805	X	\$ 94.75	=	\$ 76,273.75
6.	Elevations 60.1" to 70" in diameter at breast height	Each	460	X	\$ 199.25	=	\$ 91,655.00
7.	Elevations 70.1" or more in diameter at breast height	Each	345	X	\$ 237.25	=	\$ 81,851.25
TREE PRUNING							
8.	Pruning 0" to 12" in diameter at breast height	Each	3,105	X	\$ 33.50	=	\$ 104,017.50

NATIONAL STORM RESCUE
DBA Central Florida Arboreal

Company Name

ITEM NO.	DESCRIPTION	UNIT	ANNUAL ESTIMATED QUANTITY	X	UNIT PRICE	=	TOTAL ESTIMATED BID
9.	Pruning 12.1" to 24" in diameter at breast height	Each	1,093	X	\$ 42.75	=	\$ 46,725.75
10.	Pruning 24.1" to 36" in diameter at breast height	Each	1,093	X	\$ 67.25	=	\$ 73,504.25
11.	Pruning 36.1" to 48" in diameter at breast height	Each	805	X	\$ 75.50	=	\$ 60,777.50
12.	Pruning 48.1" to 60" in diameter at breast height	Each	518	X	\$ 94.75	=	\$ 49,080.50
13.	Pruning 60.1" to 70" in diameter at breast height	Each	23	X	\$ 199.25	=	\$ 4,582.75
14.	Pruning 70.1" or more in diameter at breast height	Each	23	X	\$ 237.25	=	\$ 5,456.75
TREE REMOVAL							
15.	Tree Removal 0" to 12" in diameter at breast height	Each	460	X	\$ 86.50	=	\$ 39,790.00
16.	Tree Removal 12.1" to 24" in diameter at breast height	Each	345	X	\$ 410.00	=	\$ 141,450.00
17.	Tree Removal 24.1" to 36" in diameter at breast height	Each	115	X	\$ 723.50	=	\$ 83,202.50
18.	Tree Removal 36.1" to 48" in diameter at breast height	Each	46	X	\$ 1424.75	=	\$ 65,538.50
19.	Tree Removal 48.1" to 60" in diameter at breast height	Each	46	X	\$ 2184.75	=	\$ 100,498.50
20.	Tree Removal 60.1" to 70" in diameter at breast height	Each	12	X	\$ 2659.00	=	\$ 31,908.00

NATIONAL STORM SERVICES
DBA Central Florida Arborsite
 Company Name

ITEM NO.	DESCRIPTION	UNIT	ANNUAL ESTIMATED QUANTITY	X	UNIT PRICE	=	TOTAL ESTIMATED BID
STUMP GRINDING/REMOVAL							
21.	Tree Removal 70.1" or more in diameter at breast height	Each	12	X	\$ 2349.175	=	\$ 34,197.00
22.	Stump Grinding/Removal 0" to 12" in diameter at breast height	Each	230	X	\$ 47.25	=	\$ 10,867.50
23.	Stump Grinding/Removal 12.1" to 24" in diameter at breast height	Each	230	X	\$ 71.00	=	\$ 16,330.00
24.	Stump Grinding/Removal 24.1" to 36" in diameter at breast height	Each	58	X	\$ 85.45	=	\$ 4,956.10
25.	Stump Grinding/Removal 36.1" to 48" in diameter at breast height	Each	29	X	\$ 142.25	=	\$ 4,125.25
26.	Stump Grinding/Removal 48.1" to 60" in diameter at breast height	Each	23	X	\$ 166.15	=	\$ 3,821.45
27.	Stump Grinding/Removal 60.1" to 70" in diameter at breast height	Each	5	X	\$ 189.50	=	\$ 947.50
28.	Stump Grinding/Removal 70.1" or more in diameter at breast height	Each	5	X	\$ 237.25	=	\$ 1,186.25
TREE ROOT GRINDING							
29.	Tree Root Grinding 0" to 12" in diameter at breast height	Each	58	X	\$ 35.50	=	\$ 2,059.00
30.	Tree Root Grinding 12.1" to 24" in diameter at breast height	Each	58	X	\$ 53.25	=	\$ 3,088.50

NATIONAL STORM PREVENTION
DBA CENTRAL Florida ARBORCARE
Company Name

ITEM NO.	DESCRIPTION	UNIT	ANNUAL ESTIMATED QUANTITY	X	UNIT PRICE	=	TOTAL ESTIMATED BID	
31.	Tree Root Grinding 24.1" to 36" in diameter at breast height	Each	23	X	\$ 106.50	=	\$ 2,449.50	
32.	Tree Root Grinding 36.1" to 48" in diameter at breast height	Each	23	X	\$ 124.50	=	\$ 2,863.50	
33.	Tree Root Grinding 48.1" to 60" in diameter at breast height	Each	12	X	\$ 142.25	=	\$ 1,707.00	
34.	Tree Root Grinding 60.1" to 70" in diameter at breast height	Each	5	X	\$ 189.75	=	\$ 948.75	
35.	Tree Root Grinding 70.1" or more in diameter at breast height	Each	5	X	\$ 284.75	=	\$ 1,423.75	
36.	Trimming of Palm Trees	Each	575	X	\$ 21.25	=	\$ 12,218.75	
37.	Arborist's Report	Each	100	X	\$ 71.00	=	\$ 7,100.00	
38.	Emergency Mobilization Response Fee	Each	1,150	X	\$ 171.60	=	\$ 197,340	
TOTAL ESTIMATED ANNUAL BID (LINES 1 THROUGH 38)							=	\$ 1,915,787.05
TOTAL ESTIMATED THREE YEAR BID							=	\$ 5,747,361.15

X 3 years

Minimum Quantity/Dollars – During the initial performance period of this contract (the first 12 month period) the COUNTY guarantees that the CONTRACTOR shall receive orders for a minimum of \$10,000.

NATIONAL STORM RECOVERY
 DBA CENTRAL FLORIDA ARBORLANDS
 Company Name

IMPORTANT NOTE: When completing your bid, do not attach any forms which may contain terms and conditions that conflict with those listed in the County's bid documents(s). Inclusion of additional terms and conditions such as those which may be on your company's standard forms shall result in your bid being declared non-responsive as these changes will be considered a counteroffer to the County's bid.

Inquiries regarding this Invitation for Bids may be directed to Melisa Vergara, Contracting Agent, at Melisa.Vergara@ocfl.net

BID RESPONSE FORM - CONTINUED
THE FOLLOWING SECTION MUST BE COMPLETED BY ALL BIDDERS:

Company Name: NATIONAL STORM RECOVERY Dba CENTRAL Florida Arborcare

NOTE: COMPANY NAME MUST MATCH LEGAL NAME ASSIGNED TO TIN NUMBER. CURRENT W9 MUST BE SUBMITTED WITH BID.

TIN#: 82-2705612 D-U-N-S® # 081236714

24200 COUNTY ROAD 561 ASCATULA
(Street No. or P.O. Box Number) (Street Name) (City)

LAKE FL 34705
(County) (State) (Zip Code)

Contact Person: John Schultz

Phone Number: (262) 203-3666 Fax Number: _____

Email Address: John@CENTRALFLORIDAARBORCARE.COM

EMERGENCY CONTACT

Emergency Contact Person: John Schultz

Telephone Number: (407) 886-8733 Cell Phone Number: (262) 203 3666

Residence Telephone Number: _____ Email: John@CENTRALFLORIDAARBORCARE.COM

ACKNOWLEDGEMENT OF ADDENDA

The Bidder shall acknowledge receipt of any addenda issued to this solicitation by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the bid. Failure to acknowledge an addendum that has a material impact on this solicitation may negatively impact the responsiveness of your bid. Material impacts include but are not limited to changes to specifications, scope of work/services, delivery time, performance period, quantities, bonds, letters of credit, insurance, or qualifications.

Addendum No. _____, Date _____ Addendum No. _____, Date _____

Addendum No. _____, Date _____ Addendum No. _____, Date _____

AUTHORIZED SIGNATORIES/NEGOTIATORS

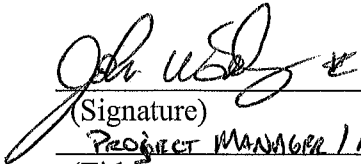
The Bidder represents that the following **principals** are authorized to sign bids, negotiate and/or sign contracts and related documents to which the bidder will be duly bound. Principal is defined as an employee, officer or other technical or professional in a position capable of substantially influencing the development or outcome of an activity required to perform the covered transaction.

Name _____ Title _____ Telephone Number/Email _____

John Schultz _____ Project Manager / ARBORIST _____ (262) 203 3666

John@CENTRALFLORIDAARBORCARE.COM

Brian Rivera _____ MANAGER _____ (407) 680-9405 BRIAN@CENTRALFLORIDAARBORCARE.COM



(Signature)

Project Manager / ARBORIST

(Title)

NATIONAL STORM RECOVERY INC DBA CENTRAL FLORIDA ARBOR CARE

(Name of Business)

2-21-22

(Date)

The Bidder shall complete and submit the following information with the bid:

Type of Organization

_____ Sole Proprietorship _____ Partnership _____ Non-Profit
 _____ Joint Venture* _____ Corporation

State of Incorporation: FLORIDA

Principal Place of Business (Florida Statute Chapter 607): ASTATULA / LAKE / FL
 City/County/State

THE PRINCIPAL PLACE OF BUSINESS SHALL BE THE ADDRESS OF THE BIDDER'S PRINCIPAL OFFICE AS IDENTIFIED BY THE FLORIDA DIVISION OF CORPORATIONS.

Federal I.D. number is: 82-2705612

** Joint venture firms must complete and submit with their Bid Response the form titled "Information for Determining Joint Venture Eligibility", and a copy of the formal agreement between all joint venture parties. This joint venture agreement must indicate the parties' respective roles, responsibilities and levels of participation for the project. **If proposing as a Joint Venture, the Joint Venture shall obtain and maintain all contractually required insurance in the name of the Joint Venture as required by the Contract. Individual insurance in the name of the parties to the Joint venture will not be accepted.** Failure to timely submit the required form along with an attached written copy of the joint venture agreement may result in disqualification of your Bid Response*

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. National Storm Recovery, LLC	
2 Business name/disregarded entity name, if different from above DBA Central Florida Arborcare	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ C <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 24200 County Road 561	Requester's name and address (optional)
6 City, state, and ZIP code Astatula, FL 34705	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																					
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Tom Payne</i>	Date ▶ <i>1-10-22</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.