

# REQUEST FOR PROPOSAL

## Emerald Ash Borer Treatment

The following requestor is seeking to treat ash trees either preventatively or that are infested with the invasive insect, Emerald Ash Borer (*Agrilus planipennis*) to limit canopy loss.

<b>Requested by:</b>	
<b>Date of Request:</b>	
<b>Return By:</b>	
<b>Submit Proposal to:</b>	
<b>Mark Proposal:</b>	

## **Project Description**

Emerald ash borer (EAB) has been detected in the area so therefore contractors are being solicited to enter into an agreement with \_\_\_\_\_ for the preventative and/or therapeutic treatment to control canopy loss. Treatment will be done using insecticides with the active ingredient Emamectin Benzoate which are specifically labeled for the control of Emerald Ash Borer. A tree inventory which outlines the trees to be treated can be found in **Addendum A** of this document.

## **Specifications**

### **1. Service Period**

Treatments shall be completed between May 1<sup>st</sup> and June 30<sup>th</sup>. Deviations outside this treatment window due to weather and entomological factors can be approved with written permission from the acting representative. The contractor will also agree that that all certified applicators and equipment will be dedicated exclusively to this project from start date until completion.

### **2. Regulation Compliance**

The contractor shall be responsible for complying with all local, state, and federal regulations.

### **3. Subcontractors**

The use of subcontractors will not be allowed.

### **4. Applicator Certification**

All applicators shall be certified pesticide applicators with the Kansas Department of Agriculture in category 3A (Ornamental). Proof of certification for each applicator must be submitted at least 15 days prior to the start of work. Additional proof of certification will be required for any added applicators.

### **5. Jobsite Management**

An ISA (International Society of Arboriculture) or KAA (Kansas Arborist Association) Certified Arborist must be present and available at all times during treatment periods. This individual shall be in full charge of the work and have full authority for making decisions involving the work. The assigned Certified Arborist shall not be removed or replaced without the consent of the contract representative. Proof of arborist certification must be submitted at least 15 days prior to the start of work.

## 6. Pesticide Formulation & Delivery Equipment Specifications

The insecticide prescribed for treatment shall have an active ingredient of Emamectin Benzoate and be specifically labeled for the treatment of EAB in ash trees (*Fraxinus* spp). The contractor shall use one-way valve type plugs which are able to be set in the sapwood. The plugs shall not exceed 3/8" diameter, contain no metal parts, and not be threaded in to the hole. Drill bits to drill the holes shall be in new condition and sharp. The plugs shall be designed to contain all pesticide within the tree throughout the injection process. The contractor shall be responsible for the acquisition of the insecticide and application equipment and administer treatments in accordance to the label. The contractor shall provide copies of the pesticide label and SDS at least 15 days prior to the start of work.

## 7. Ash Tree Inventory Worksheet

The inventory of trees selected for treatment and their size is listed in **Addendum A**. Tree size shall be measured at 4.5' from the ground and be referred to as Diameter at Breast Height (DBH). The address and property locations of ash trees selected for treatment will be provided by the property owner or representative. The DBH, the specific pesticide dosage, and cost per tree shall be provided by the bidder. The pesticide dosage shall refer to the specific amount of insecticide (in milliliters) prescribed to treat the individual trees for **two years** of EAB control **not** including carrier (water to dilute product as specified on the label).

## 8. Duty to inform

It shall be the contractor's duty to inform the contract representative of any tree related issues that could cause harm or injury to people or property. It shall also be the contractor's duty to inform the contract representative of trees that are found to be unsuitable for tree injection for any reason.

## Content of Proposal

All elements listed below shall be satisfied to be considered an acceptable bid.

1. Bids must be good for 90 days from the bid closing date and prices shall not change during the duration of the treatment period.
2. **Attachment A** - The bidder shall submit their pricing **only** on the provided pricing sheet along with the completed contractor's portion of **Addendum A**.
3. **Attachment B** - The bidder shall submit proof of arborist and pesticide applicator certification.
4. **Attachment C** - The bidder shall submit references for similar work.
5. **Attachment D** - The bidder must submit a completed insurance verification form.



**Attachment A – Bid Pricing**

**Company (This address should match the address on file with your insurance carrier)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

State of Kansas Pesticide Business License Number: \_\_\_\_\_

**Primary Contact**

Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Treatment Rate and Cost**

Chemical tradename and manufacturer: \_\_\_\_\_

Recommended pesticide application rate: \_\_\_\_\_

Estimated time to complete project in days: \_\_\_\_\_

Total cost to treat all trees listed in **Addendum A**: \_\_\_\_\_

**Company Representative**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachment B – Proof of Certification**

**ISA and/or KAA Certified Arborists (One must be onsite and available during treatments)**

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
ISA Certification Number & Expiration date: \_\_\_\_\_  
KAA Certification Expiration Date: \_\_\_\_\_  
How many years certified: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
ISA Certification Number & Expiration date: \_\_\_\_\_  
KAA Certification Expiration Date: \_\_\_\_\_  
How many years certified: \_\_\_\_\_
  
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
ISA Certification Number & Expiration date: \_\_\_\_\_  
KAA Certification Expiration Date: \_\_\_\_\_  
How many years certified: \_\_\_\_\_

**State of Kansas Certified Pesticide Applicators**

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  
- 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  
- 4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  
- 5. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
  
- 6. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Please make copies of this form to include additional personnel)

**Attachment C – References**

1. Customer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Service Provided: \_\_\_\_\_

\_\_\_\_\_

Length of relationship: \_\_\_\_\_

2. Customer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Service Provided: \_\_\_\_\_

\_\_\_\_\_

Length of relationship: \_\_\_\_\_

3. Customer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Service Provided: \_\_\_\_\_

\_\_\_\_\_

Length of relationship: \_\_\_\_\_

**Attachment D – Insurance Verification Form**1. Professional Liability Insurance

Carrier/Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Term (Effective/Expiration Dates): \_\_\_\_\_

Policy Limits (Per Occurrence/Aggregate): \_\_\_\_\_

If none, please provide explanation: \_\_\_\_\_

2. General Liability Insurance

Carrier/Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Term (Effective/Expiration Dates): \_\_\_\_\_

Policy Limits (Per Occurrence/Aggregate): \_\_\_\_\_

If none, please provide explanation: \_\_\_\_\_

3. Workers Compensation Insurance

Carrier/Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Term (Effective/Expiration Dates): \_\_\_\_\_

Policy Limits (Per Occurrence/Aggregate): \_\_\_\_\_

If none, please provide explanation: \_\_\_\_\_

\*The selected bidder will have to provide a certificate of insurance at least 15 days prior to the start of work.