

**QUALIFICATION APPLICATION  
BID 15-82 LAWN CARE SERVICES (ANNUAL CONTRACT)**

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

Representative: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal I.D. Number: \_\_\_\_\_

E-Verify Number: \_\_\_\_\_

Year's In Business: \_\_\_\_\_

Year's operating under current Business Name: \_\_\_\_\_

Former name organization has operated under (if applicable): \_\_\_\_\_

Does the vendor or any officer, director or owner of the company have any pending litigation, outstanding claim, or a financial dispute relating to prior or current performance with the District, any other government agency, individual, company or other party?

Yes (Describe): \_\_\_\_\_  
\_\_\_\_\_

No

Has the vendor or any officer, director or owner of the company had a contract terminated due to non-performance issues in the past three (3) years?

Yes (Describe): \_\_\_\_\_  
\_\_\_\_\_

No

Application Submitted By: \_\_\_\_\_

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

Signature:

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**Document and Form Checklist:**

**The following documents should be submitted in a separate sealed envelope as a complete Qualification Application. The envelope must be clearly marked on the outside with the Firm's name and "Qualification Application".**

- Minimum of three (3) references of Contracts of Similar Scope of Service **(pages 3 and 4 of this document)**.
- List of Current Contractual Obligations, Service Frequency, Personnel and Time dedicated to each contract on a weekly basis. **(pages 5 and 6 of this document. Submit additional pages as required)**.
- Equipment Inventory List **(page 7 of this document)**.
- Personnel Listing **(page 8 of this document)**.
- Copy of Current Certificate of Insurance showing coverage for all insurance requirements stated in Attachment "B" of the solicitation, or a letter from the firm's insurance carrier stating your firm's ability to meet all the insurance requirements. **(Documentation must be attached to this application)**.
- Copy of 2015, 2014, and 2013 Business License/Tax Certificates **(Documentation must be attached to this application)**.
- Copy of Current Pesticide Contractor License issued by the Georgia Department of Agriculture **(Documentation must be attached to this application)**.
- Copy of MSDS Sheets for Pesticides that will be used under a resulting contract **(Documentation must be attached to this application)**.
- Copy of Safety Plan currently in place for your firm.

CLIENT SERVICE REFERENCES:

**Reference No. 1**

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

**Reference No. 2**

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

**Reference No. 3**

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

**Reference No. 4**

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

CLIENT SERVICE REFERENCES:

**Reference No. 5**

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

**Reference No. 6**

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

**Reference No. 7**

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

**Reference No. 8**

Company/Individual's Name:
Representatives Name and Fax Number:
Date(s) of Contract:
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Description of Services Provided:

## CURRENT CONTRACT OBLIGATIONS

<b><i>Client No. 1</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 2</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 3</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 4</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 5</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 6</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):

## CURRENT CONTRACT OBLIGATIONS

<b><i>Client No. 7</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 8</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 9</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 10</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 11</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):
<b><i>Client No. 12</i></b>
Client Name:
Date of Contract Expiration (if applicable):
Total Acreage of Area(s) Serviced:
Service Frequency:
Staff Positions Assigned:
Time Dedicated to Contract on a "Weekly" Basis (Hours):



