

Duplicate
#1

PROPOSAL DOCUMENTS

In order to qualify for this Project, Contractors must submit all information requested in the following pages.

CONTRACTOR INFORMATION

Proposals must adhere to the format of these Proposal forms and content of this RFP. Proposals will not be evaluated unless all parts of the Proposal form are submitted in a complete package. The information set forth is the minimum required in order to qualify for consideration.

Firm Name Lorenz, Inc.

Address 512 Rolena Avenue

City, State, Zip Baltimore, MD 21208

Contact Person Joe Lorenz, President

Phone Number 410-486-0485

Email Address JLorenz@Lorenzinc.net

PROPOSAL RATE SHEET

In compliance with your invitation to Proposal, we propose to furnish all materials, labor, equipment, and services, necessary to complete the work as outlined in the Scope, per the pricing stated below:

Item	Approx. Quantity	Unit	Position	Unit Rate	Proposal Amount
1	150	EA	Overstory Tree (see appendix B for details)	# 188.97	# 28,345.50
2	150	EA	Understory Tree (see appendix B for details)	# 188.97	# 28,345.50
3	25	EA	Optional - Tree watering per tree (min 25 trees, see appendix B)	# 10.50	# 262.50
4	5	EA	Optional - Tree Diaper per tree (min 5 trees, see appendix B)	# 39.29	# 196.45
				Total Proposal	# 57,149.95

The quantities on this Proposal form are an estimate. Task orders for various planting projects will be issued by the City. Contractor will only be paid per task order for work that is invoiced to, inspected by, and accepted by the City.

PROPOSAL FORM PRICE AUTHORIZATION

By signing this Proposal form, such action certifies that the Contractor has personal knowledge of the following:

That said Contractor has examined the RFP and specifications, carefully prepared the Proposal form, and has checked the same in detail before submitting said Proposal; and that said Contractor, or the agents, officers, or employees thereof, have not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive Proposing in connection with this Proposal.

That all said work will be performed at the Contractor's own proper cost and expense. The Contractor will furnish all necessary materials, labor, tools, machinery, apparatus, and other means of construction in the manner provided in the applicable specifications, and at the time stated in the contract.

The undersigned, being a reputable Contractor and having submitted the necessary pre-qualification forms, hereby submits in good faith and in full accordance with all specifications, attached or integral, his/her Proposal:

Name of Contractor Loizez, Inc.

Authorized Signature 

Name and Title of Signatory Joe Loizez, President

Date February 22, 2003

Type of Organization (circle One)

Corporation

Partnership

Proprietorship



INSURANCE REQUIREMENT

See Attached

Submit a certificate of insurance from your insurance agent or insurance company that evidences your company's ability to obtain the following minimum insurance requirements. Attach and label as Exhibit I.

1. Workers Compensation

Coverage Statutory

A:

Coverage \$500,000 Bodily Injury by Accident for Each Accident

B:

\$500,000 Bodily Injury by Disease for Policy Limit

\$500,000 Bodily Injury by Disease for Each Employee

2. Commercial Auto Liability Insurance for All Owners, Non-Owned and Hired Autos.

\$1,000,000 Combined Single Limit for Bodily Injury and Property Damage Liability

3. Commercial General Liability Insurance

\$2,000,000 General Aggregate

\$1,000,000 Products/Completed Operations Aggregate

\$1,000,000 Personal and Advertising Injury Limit

\$1,000,000 Combined Single Limit Bodily Injury & Property Damage – Each Occurrence

\$50,000 Fire Legal Limit

\$5,000 Medical Payment

4. Umbrella/Access Liability Insurance

\$2,000,000 Each Occurrence



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/5/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER HMS Insurance Associates, Inc. 20 Wight Ave Suite 300 Hunt Valley MD 21030		CONTACT NAME: Megan Aversa PHONE (A/C, H/L, Ext): 443-832-3350 FAX (A/C, H/L, Ext): 443-832-3488 E-MAIL: maversa@hmsia.com ADDRESS:	
INSURED Lorenz, Inc. 512 Roland Avenue Baltimore MD 21208		INSURER(S) AFFORDING COVERAGE NAIC #	
LORENC-01		INSURER A: Chesapeake Employers Insurance 11039	
		INSURER B: Zurich American Insurance 18535	
		INSURER C: Columbia Casualty Company 31127	
		INSURER D: Pennsylvania National Mutual Casualty 14990	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 1008639843** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DESC LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		CL90705301	1/10/2023	1/10/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ 2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		AU90705301	1/10/2023	1/10/2024	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		UL90705301	1/10/2023	1/10/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	4461959 WC673305509	1/10/2023 1/10/2023	1/10/2024 1/10/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER MD/VA/DC E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D C	Installation Floater Professional Pollution		CL90705301 C 9023951588	1/10/2023 1/10/2023	1/10/2024 1/10/2024	Limit Per Loc/Agg Prof/Poll Each Claim \$100,000 \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
INSURANCE VERIFICATION

CERTIFICATE HOLDER	CANCELLATION
INSURANCE VERIFICATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

COMPANY BACKGROUND

Company Name Lorenz, Inc.
Main Office Location 512 Belconn Avenue
Baltimore, MD 21208
Year Founded 2002
Project Manager Name Ben Hill, Director of Operations
Project Manager Phone 443-250-0745
Project Manager Email BHill@Lorenzinc.net
Years of Experience 20 Years

Has the company ever operated under another name? If yes, what name?

Yes, Lorenz Lawn care Landscape, Inc.

Do you have the equipment and staff available to start within 10 days of notice to proceed?

Yes - 100%

If no to the previous question, how long would it take to have the equipment and staff available?

N/A

Has the company ever done work with the City of Hyattsville? If yes, when and what type of work.

No

REFERENCES

Complete and submit the following for three (3) projects of similar nature as the project specified. Make copies and/or attach additional pages as needed.

Name of Project City of Rockville, Furnish and Plant Trees and Shrubs

Owner of Project City of Rockville

Address of Project Various locations throughout The City of Rockville

Contact Person Rob Omdorff, Horticulturist, City of Rockville

Phone Number 240-314-8707

Email address romdorff@rockvillemd.gov

Description of work Planting and Maintaining 2.0"-2.5" Street Trees for The City of Rockville, for the Past 5 Years

Comments

REFERENCES

Complete and submit the following for three (3) projects of similar nature as the project specified. Make copies and/or attach additional pages as needed.

Name of Project Tree Planting at Various Locations Campus-Wide for University of Maryland, Baltimore

Owner of Project UMB- Baltimore

Address of Project Various locations, campus-wide

Contact Person Anthony Consoli, AIA, LEED AP, UMB University Architect

Phone Number 443-955-1953 (cell)

Email address aconsoli@umaryland.edu

Description of work

Furnish and Install Trees Campus-Wide at Various Locations, Including Opening Sidewalk Tree Boxes.

Comments

REFERENCES

Complete and submit the following for three (3) projects of similar nature as the project specified. Make copies and/or attach additional pages as needed.

Name of Project

Tree Planting at Masonville Cove

Owner of Project

Maryland Environmental Services

Address of Project

1000 Frankfurst Avenue, Baltimore, MD 21226

Contact Person

Megan O'Hara, Lead Environmental Specialist

Phone Number

410-729-8248 (office)

Email address

mohara@menv.com

Description of work

Furnish and Install B&B Trees to Re-Forest The AZ1 & AZ2 Areas of Masonville Cove in Baltimore, Maryland

Comments

ADDENDUM NO. 1
TO THE REQUEST FOR PROPOSAL (RFP)
FOR Proposal for Tree Planting Services
FOR THE CITY OF HYATTSVILLE, MARYLAND
RFP #DPW23-001

Friday February 24, 2023

The City of Hyattsville, Maryland, hereafter the "City", is issuing this Addendum #1 on February 24, 2023, to amend and clarify information and specifications included in RFP #DPW23-001. **Addendum #1 updates the schedule for the RFP Process, including the submission date and time.** There are no other changes to the RFP. This addendum is incorporated into RFP# DPW23-001 and any associated contract documents as if fully set out in the original RFP. **Proposer must acknowledge the receipt of Addendum #1 by signing this addendum where indicated and including this addendum as part of your proposal package.**

On Page 3 of the existing RFP Solicitation Schedule the below is struck and replaced with the following:

RFQ/RFP Solicitation Schedule:

February 9, 2023: Solicitation

February 16, 2023: Questions due by 5 PM

~~February 23, 2023: Proposals due at 1 PM~~

~~February 23, 2023: Proposals opened at 1:10 PM~~

March 3, 2023: Proposals due at 1 PM

March 3, 2023: Proposals opened at 1:10 PM

March 10, 2023: Notification of intent to award

March 20, 2023: Council review and approval

There are no other changes to the RFP at this time.

END OF ADDENDUM #1

Ron Brooks

City of Hyattsville, Director of Finance

I acknowledge receipt of addendum #1 for this RFP and have enclosed it as part of the bid package.

Company:

Lorenz, Inc.

Signature:



Date:

February 28, 2023

ADDENDUM NO. 2
TO THE REQUEST FOR PROPOSALS (RFP)
FOR TREE PLANTING SERVICES
FOR THE CITY OF HYATTSVILLE, MARYLAND
RFP #DPW23-001

Tuesday February 28, 2023

The City of Hyattsville, Maryland, hereafter the "City", is issuing this Addendum #2 on February 28, 2023 to answer questions received for RFP #DPW23-001, Tree Planting Services. **Addendum #2 provides answers to questions received.** There are no other changes to the RFP. This addendum is incorporated into RFP #DPW23-001 and any associated contract documents as if fully set out in the original RFP. **Proposer must acknowledge the receipt of Addendum #2 by signing this addendum where indicated and including this addendum as part of your proposal package.**

Q. Will be any exemptions for trees that are taller than 5-6 ft but fall short of 1.5 caliber. For instance would a 10ft tall American Elm with a 1.25" caliper be acceptable?

A. Requests for variation can be submitted to the City Arborist, or their designee, and will be reviewed on a case-by-case basis.

Q. I noticed that this project was posted on eMMA and was wondering if there is any way to fill out the forms and bid online. I noticed that it states 6 copies of the proposal and 4 hard copies. Please advise.

A. Electronic submission of RFP responses are not accepted. Responses are to be submitted as outlined in the RFP.

END OF ADDENDUM #2

Hal Metzler
City of Hyattsville, Deputy Director of Public Works

I acknowledge receipt of addendum #2 for this RFP and have enclosed it as part of the bid package.

Company

Lorenz, Inc.

Signature



Date

March 01, 2023