



Caring for Our Coast

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**Gary Jones**  
Director

**Kerry Silverstrom**  
Chief Deputy

**Amy M. Caves**  
Deputy Director

July 20, 2021

**ADDENDUM ONE  
REQUEST FOR STATEMENT OF QUALIFICATIONS FOR  
AS-NEEDED TREE MAINTENANCE AND REMOVAL SERVICES  
RFSQ #DBH74**

The Department of Beaches and Harbors issues Addendum One to the As-Needed Tree Maintenance and Removal Services Request for Statement of Qualifications RFSQ #DBH74, which was released on June 30, 2021.

As indicated in the RFSQ, Section 1.7, County Rights and Responsibilities, the County reserves the right to amend the RFSQ by written addendum. The Addendum contains portions of the RFSQ that have been revised.

The information contained in this Addendum One supersedes any related information previously provided.

Thank you for your interest in our Request for Statement of Qualifications for As-Needed Tree Maintenance and Removal Services. As a reminder, Statements of Qualifications (SOQs) must be emailed to [Contracts@bh.lacounty.gov](mailto:Contracts@bh.lacounty.gov) and must be received no later than 2:00 p.m. Pacific Standard Time on July 23, 2021.

We look forward to receiving your submittals.

Very truly yours,

GARY JONES, DIRECTOR

Angelica Vicente, Contracts Administrator



## ADDENDUM ONE

**The information hereunder, specific to the sections discussed below, supersedes any information previously provided as to those sections.**

1. RFSQ, Appendix C, Required Form P-1, is deleted from the Request for Statement of Qualifications in its entirety and replaced with the attached Required Form P-1A.

## VENDOR'S ORGANIZATION QUESTIONNAIRE/AFFIDAVIT AND CBE INFORMATION

**Please complete, sign and date this form. The person signing the form must be authorized to sign on behalf of the Vendor and to bind the applicant in a Contract.**

1. Is your firm a corporation or limited liability company (LLC)?  **Yes**  **No**

If yes, complete:

Legal Name (found in Articles of Incorporation) \_\_\_\_\_

State \_\_\_\_\_ Year Inc. \_\_\_\_\_

2. If your firm is a limited partnership or a sole proprietorship, state the name of the proprietor or managing partner:

\_\_\_\_\_

3. Is your firm doing business under one or more DBA's?  **Yes**  **No**

If yes, complete:

<b>Name</b>	<b>County of Registration</b>	<b>Year became DBA</b>
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_____	_____	_____
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_____	_____	_____
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4. Is your firm wholly/majority owned by, or a subsidiary of another firm?  **Yes**  **No**

If yes, complete:

Name of parent firm: \_\_\_\_\_

State of incorporation or registration of parent firm: \_\_\_\_\_

5. Has your firm done business as other names within last five (5) years?  **Yes**  **No**

If yes, complete:

Name \_\_\_\_\_ Year of Name Change \_\_\_\_\_

Name \_\_\_\_\_ Year of Name Change \_\_\_\_\_

6. Is your firm involved in any pending acquisition or mergers, including the associated company name?

**Yes**  **No** If yes, provide information:

\_\_\_\_\_

\_\_\_\_\_

Vendor acknowledges and certifies that firm meets and will comply with all of the Minimum Mandatory Requirements listed in Section 1.4 – Minimum Mandatory Requirements, of this Request for Statement of Qualifications, as listed below.

Check the appropriate boxes:

- Yes**    **No**   Vendors and/or their principal owners must have a minimum of five years' experience performing significant tree maintenance services for governmental and/or private organizations;
- Yes**    **No**   Vendor must provide a supervisor who has a minimum of two years' supervisory experience relative to the statement of work included in the Master Agreement;
- Yes**    **No**   Vendors has included verification of the following licenses, as listed in Section 1.4 with its SOQ submission:
  - Valid C-27 Landscape Contractor's License
  - Valid C-61 (D49) Tree Service License
  - Valid California Pest Control Business License
  - Valid registration with the Los Angeles County Agricultural Commission
- Yes**    **No**   Vendors must have certified biologist available to perform work under this Master Agreement;
- Yes**    **No**   Vendors must have an office located in Los Angeles County;
- Yes**    **No**   Vendor must complete and return required Forms P-1 – P-18 with the SOQ submittal;
- Yes**    **No**   Vendor does not have unresolved questioned cost, as identified by the Auditor-Controller, in an amount over \$100,000.00, that are confirmed to be disallowed costs by the contracting County department, and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.

**I. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

<b>Business Structure:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise						
<b>Total Number of Employees</b> (including owners):						
<b>Race/Ethnic Composition of Firm.</b> Distribute the above total number of individuals into the following						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

**II. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

**III. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Other

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

**DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

<b>PROPOSER NAME:</b>		<b>COUNTY WEBVEN NUMBER:</b>
<b>ADDRESS:</b>		
<b>PHONE NUMBER:</b>	<b>E-MAIL:</b>	
<b>INTERNAL REVENUE SERVICE EMPLOYER IDENTIFICATION NUMBER:</b>	<b>CALIFORNIA BUSINESS LICENSE NUMBER:</b>	
<b>PROPOSER OFFICIAL NAME AND TITLE (PRINT):</b>		
<b>SIGNATURE</b>	<b>DATE</b>	

### PENDING LITIGATION AND JUDGMENTS

JUDGMENTS WITHIN THE LAST FIVE YEARS			
NAME OF CASE	COURT CASE ID#	COURT JURISDICTION	OUTCOME OF CASE
PENDING LITIGATION			
NAME OF CASE	COURT CASE ID#	COURT JURISDICTION	OUTCOME OF CASE/ CURRENT STATUS