# Request For Qualifications & Pricing Mosquito Management Services Issued by Chicago Botanic Garden

RFQP Issue Date: March 20, 2014 Due Date: Friday, April 17, 2014

### Contact Name for Delivery and Questions:

Tom Tiddens plant health care supervisor

Email: <a href="mailto:ttiddens@chicagobotanic.org">ttiddens@chicagobotanic.org</a>
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### I) <u>Introduction</u>

The Chicago Botanic Garden (Garden) has historically utilized the services of a mosquito management company to make treatments to manage adult mosquitoes in specific areas prior to public events.

The Garden has designed this RFQP process to evaluate potential providers capable of providing the best service for the Garden. As you will see from the questions contained in the RFQP, the Garden would like to receive information regarding your company's qualifications, service capabilities and typical fees charged. Your timely and complete response to this RFQP will allow the Garden to properly evaluate your qualifications and pricing.

#### II) <u>Background and Organization Overview</u>

The Chicago Horticultural Society operates the Chicago Botanic Garden on land owned by the Forest Preserve District of Cook County. The 385-acre Garden features 26 distinct gardens and three native habitats, uniquely situated on nine islands surrounded by lakes. The Garden is one of the most-visited botanic gardens in the U.S., with approximately one million annual visitors. It has 50,000 members – the largest membership of any U.S. botanic garden.

The Chicago Botanic Garden's mission adopted by The Board of Directors is:

"We cultivate the power of plants to sustain and enrich life."

More information is available at www.chicagobotanic.org and on the Garden's Form 990 at www.guidestar.org.

# III) Minority and Women Owned Business participation goals

The Garden recognizes its responsibility to the communities that it serves, and is committed to a policy of nondiscrimination. It is the policy and commitment of the Garden not to discriminate on the basis of race, color, national origin, or sex in the award and performance of any Garden contract or in the administration of the Garden's Supplier Diversity Program. The Garden will take all necessary and reasonable steps to assure that certified minority and women owned businesses shall have a fair opportunity to participate in Garden contracts. The Garden has established goals for certified minority and women owned businesses participation for 2014 at 15% of the Garden's total expenditures.

Bidders with questions about the Garden's minority and women owned businesses program, please contact Beth Dunn, Director of Government Affairs and Coordinator of the Garden's Supplier Diversity Program at (847) 835-6879 or <a href="mailto:edunn@chicagobotanic.org">edunn@chicagobotanic.org</a>.

### IV) Qualifications Required

- Provide proof that the company employs at least four trained applicators or operators on staff during mosquito management season so that multiple teams may work the Garden property simultaneously if needed. Must be able to complete work in several locations (up to four locations) within one hour.
- Provide proof of current Illinois State pesticide licenses for all applicators and operators.
- Provide proof of a current Illinois EPA General NPDES Permit for Pesticide Application Point Source Discharges that covers the Chicago Botanic Garden property.
- Provide statements of qualifications and capacity to perform the mosquito management activities needed. Previous experience in mosquito management at public sites should be highlighted.
- Provide proof of liability insurance and acceptance of responsibility for all damage or injuries caused by mosquito management activities.
- Employ at least one degreed mosquito expert to serve as a consultant to the Garden representation; bachelors' degree in entomology or closely related field preferred.
- Provide a contact person available to Garden staff 24 hours a day.
- Provide MSDS and product specimen labels for all products proposed to be used.

# V) Scope of Services

As described in the Introduction, the Garden is soliciting pricing for mosquito management services. Primary responsibilities will include the following.

- Use only products, primarily permethrin, that have been pre-approved by the Garden staff
  representative. Substitutions may not be made without prior written approval from the
  Garden staff representative.
- Provide approximately 40 to 80 treatments per year for various sites at the Garden as scheduled weekly by the Garden staff representative (an average of three mosquito treatment days per week).
- Make fog and barrier treatments using <u>both</u> of the following methods of application as appropriate for the areas of treatment under the direction of the Garden staff representative:
  - ATV fog treatments
  - Backpack blower barrier treatments
- Accurately access current mosquito levels for the Garden from a monitoring station located on the property or within one mile.
- Predict brood emergences for our area using scientifically sound assessment procedures.
- Communicate weekly (pre-arranged day and time) with the Garden staff representative to discuss mosquito levels and coordinate treatments for the week.
- Provide additional service visits to accommodate special public or rental events as requested by the Garden with as little as a 24-hour notice, at standard rate.
- Routinely make applications as early as 5:00 AM.
- Provide utility vehicle(s) and transport for all mosquito management activities that is able to negotiate narrow pedestrian paths without damage to plants or path edges.

### VI) Selection Criteria and Process

The Garden seeks an optimum mix of qualifications, service capabilities, and fees. Proposing companies shall demonstrate how their unique strengths will benefit the Garden and provide exemplary mosquito management services. The credentials and experience of the individuals assigned to the Garden account are significant selection criteria.

Documents submitted must contain sufficient information to allow the reviewers to adequately assess the contractor's qualifications and experience.

A committee comprised of the director of horticulture, the manager of horticulture services and the supervisor of plant health care will review qualifications and pricing submissions. Interviews may be scheduled if additional information is needed.

The following criteria will be used by the Garden in evaluating the documentation received in response to this solicitation:

- Understanding of the Garden's overall history and mission, the importance of the living plant collection, and the public issues surrounding pest management.
- Qualifications, expertise and knowledge of mosquito identification, life cycle, and behaviors.
- Expertise in pesticide applications.
- Well trained staff.
- Exemplary customer service, especially towards Garden visitors and staff.
- Experience and qualifications of the company and individuals assigned to this account, particularly with regard to non-profit organizations with similar attendance, membership, living collections, funding requirements and operating constraints.
- Minority Business Enterprise (MBE) or Women Business Enterprise (WBE) certification.
- Related service fees.

The Garden reserves the right to reject any and all pricings submitted and seek new RFQP's when such procedure is deemed reasonable and in its best interest. The Garden further reserves the right in its sole discretion to accept the mosquito management services company it considers most favorable to the Garden's interests.

# VII) Q & A Meeting with Garden Staff Representative

One question and answer meeting (Q&A) with the Garden staff representative will be held on Wednesday, April 3, 2014 at 1:30 PM in the Grounds-Maintenance Building Lunchroom. A short presentation will be made followed by a site visit to the property and specific areas required for pricing.

Questions regarding the scope of work will only be addressed in person at this bidders meeting. Attendance at the Q&A meeting is not required.

# VIII) Due Date and Submission Information

Please submit your documents on or before 5:00 p.m. (CDT), April 17, 2014, by <u>electronic</u> <u>submission ONLY</u> via informal email to:

Tom Tiddens plant health care supervisor ttiddens@chicagobotanic.org

# IX) Format for Submission

Respond to this request in the following format so as to facilitate comparisons between respondents.

# A. History, Ownership, and Organization

- 1. Provide your company's complete name, address, telephone, and website.
- 2. Provide a brief history of your company (including date founded) and affiliated organizations, if any.
- 3. Describe the ownership structure of your company, including specific details with regard to parent or affiliated companies.
- 4. Identify and provide background information on the key person or personnel who take the most active role(s) in the administration and management of the company.
- 5. Provide the company's licensing or registration qualifications especially as it applies to mosquito management.

### B. Personnel

- 1. How many employees does your company employ? How many of these are trained applicators or operators?
- 2. How many minorities and women does your company employ?
- 3. What is the average number of accounts handled by your company during one calendar year?
- 4. Provide profiles of key personnel including formal education and certification(s), years of experience (total and with your company), and professional affiliates.
- 5. Identify the personnel to be assigned to our account. Please provide profiles for these individuals.

#### C. Conflicts of Interest

- 1. Disclose any potential conflicts of interest, or appearance of conflict, which might arise if your company is selected.
- 2. Provide an affirmation statement that the company is independent of the Garden and its Board of Directors.

#### D. Fees

- Specify the fee structure, indicating which services are included and additional fees, if any, for services not included. Fees must include all charges associated with your services.
- 2. Provide specific fee your company will charge for one treatment to manage mosquitoes with fog and barrier treatments for each of the following primary treatment areas:
  - McGinley Pavilion (area south of Regenstein Center, events on pavilion)

- The Esplanade (area north of Regenstein Center, events on lawn area)
- 3. Indicate whether or not your company will accept MasterCard for payments.

#### E. References

1. Provide three references from similar institutions, including client name, length of time your company has provided mosquito management services, contact personnel, phone number and e-mail address.

#### F. Documentation

- 1. Provide proof that the company employs at least four trained applicators or operators on staff during mosquito management season so that multiple teams may work the Garden property simultaneously if needed. Must be able to complete work in several locations (up to four) within one hour.
- 2. Provide proof of current Illinois State pesticide licenses for all applicators and operators.
- 3. Provide proof of a current Illinois EPA General NPDES Permit for Pesticide Application Point Source Discharges that covers the Chicago Botanic Garden property.
- 4. Provide statements of qualifications and capacity to perform the mosquito management activities needed. Previous experience in mosquito management at public sites should be highlighted.
- 5. Provide proof of liability insurance and acceptance of responsibility for all damage or injuries caused by mosquito management activities.
- 6. Pricing must include completion of the Chicago Botanic Garden Substitute Form W-9 Vendor Registration Form. Minority owned enterprises and women owned enterprises are requested to identify themselves and include current certification documents.
- 7. Provide MSDS and product specimen labels for all products proposed to be.

#### G. Other

- Describe how you would approach mosquito management at the Garden including operation plan and ability to meet the requirements described in the scope of services.
- 2. Describe any unique services that your company would offer that would differentiate you from your competition.
- 3. Describe training you provide to staff concerning topics relevant to customer service and mosquito management.
- 4. Describe sustainable practices and organic treatment options that your company uses.

5. Identify all MBE/WBE sub-contractors that your company engages for professional services.

### H. Confidentiality of RFQP Process

This RFQP and the information contained in it or provided in connection with the RFQP are proprietary and confidential and may only be used solely for preparing its pricing to the Garden. Your company may not use the Garden's name or logo or the name or logo of any direct or indirect subsidiary of the Garden without prior written authorization.

If you are unwilling or unable to treat such information as confidential or do not intend to respond to this RFQP, please destroy the RFQP immediately and notify the Garden that you do not intend to respond to the RFQP. At the conclusion of the evaluation and selection process, your company must continue its ethical and professional obligations to keep the RFQP and any related information confidential.

The Garden commits to maintain in strict confidence any information you submit in response to this RFQP and will destroy your response at the end of the RFQP process if you are not selected.