Request for Proposal: Landscaping
Section One: COST 50 Points

Contractor ID/UBI #: 603-123456

After reviewing the WSTIP Scope of Work I can confirm that my Company can provide services equivalent to the entire Scope of Work

☑ YES ☐ NO

Comments:

Insert Monthly Monthly Cost -Cost Here Annualized (x12)

Total Monthly Billing Cost for weekly scope of work:

456.00 \$ 5,472.00 Comments:

Please provide the cost for your Company to provide the following Periodic services (description provided in the Scope of Work)

|                        | Insert Cost |             |        |                          |                   |        |        |
|------------------------|-------------|-------------|--------|--------------------------|-------------------|--------|--------|
| Semi-Annual            | Here        | Yearly (x2) |        | Annual                   | Insert Costs Here | Yearly |        |
| Category               |             |             |        | Mailbox                  | \$ 50.00          | \$     | 50.00  |
| Apply Casoron          | \$ 50.00    | \$          | 100.00 | Pressure Washing         | \$ 50.00          | \$     | 50.00  |
| Remove Sediment        | \$ 50.00    | \$          | 100.00 | Trim Rhododendrons       | \$ 50.00          | \$     | 50.00  |
|                        |             | \$          | -      | Moss Removal/Maintenance | \$ 50.00          | \$     | 50.00  |
|                        |             | \$          | -      | Turn Sprinklers On       | \$ 50.00          | \$     | 50.00  |
|                        | Total       | \$          | 200.00 | Winterize Sprinklers     | \$ 50.00          | \$     | 50.00  |
| Total Annual Cost:     | \$ 6,022.00 |             |        | Planting Annuals         | \$ 50.00          | \$     | 50.00  |
|                        | •           |             |        | Snow Removal             | \$ 50.00          | \$     | 50.00  |
| Hourly Rate as Needed: | \$25/hr     |             |        |                          | Total:            | \$     | 350.00 |

Comments: \*If you don't charge extra for a service note that HERE do not leave blank

Section Two: Experience & References 30 Points

(must provide 3 with contact information)

ABC Company

Contact: 888-888-88

Contact: 123-456-7891

3 123 Inc.

Contact: 800-088-0888

Years of Experience: 20 years

Comments:

Section Three: Equipment, L&I and Other 20 Points

☑ YES ☐ NO

Company has all necessary Equipment (or ability to obtain equipment) to accomplish all tasks outlined in the Scope of Work provided:

Any other fees associated with Equipment rentals or procurement:

\$20/hr to rent mower

Comments:

Do you have ANY open L&I claims?

ES

Comments:

Does your Company have easily identifiable clothing of any kind with your company Logo and/or logos on your vehicles?

☑ YES ☐ NO

Comments:

Is your company veteran owned?

YES NO

Is your Company a CERTIFIED Woman or minority owned business (by the State of Washington)? Comments:

Reminder: Please look over the RFP listing to be sure you are including all the pieces necessary to a complete bid. This includes a biography of your agency and an insurance certificate. Any missing documents asked for in the RFP can make your proposal non-compliant and therefore not eligible

for scoring.