



## TREE SERVICES QUALIFICATIONS

RFQ: 2024-020  
RETENTION: 5 YEARS

### **PURPOSE:**

The Hillsborough County Sheriff's Office (HCSO) will use this form to obtain information from Tree Services Supplier (TSS) about their professional qualifications.

The information used to evaluate TSSs includes performance evaluations, any additional data requested by the HCSO, and may include interviews with the most highly qualified TSSs and their references. Attachment A will be used to select Awarded TSSs for the Request for Qualifications (RFQ). TSS will be selected based on professional qualifications listed herein, as required, on a project-by-project basis.

### **GENERAL INSTRUCTIONS:**

Part I presents the qualifications for a specific Agreement.

Part II presents the general qualifications of a TSS. Part II has two uses:

1. A TSS may submit Part II to the appropriate Buyer of the Agency to be kept on file. A public announcement is not required for certain Agreements, and agencies may use Part II as a basis for selecting at least three (3) of the most highly qualified TSSs for discussions prior to requesting submission of Part I. The retention period of this file for the HCSO is five (5) years. If a TSS has branch offices, submit a separate Part II for each branch office seeking work.

2. Prepare a separate Part II for each TSS that will be part of the team proposed for a specific Agreement and submitted with Part I.

### **DEFINITIONS:**

**Tree Services:** Services within the scope of practice of a TSS to include, but not limited to, the provision of various types of tree removal, tree trimming, and stump removal.; supervision; and any permitting services necessary to complete a proposed project, as defined by the laws of the State of Florida.

**Tree Services Supplier:** Any legal entity permitted by law to provide Tree Services in the State of Florida.

**Key Personnel:** Individuals who will have major contract responsibilities and/or provide unusual or unique expertise and/or project management.



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**SPECIFIC INSTRUCTIONS:**

**Part I – RFQ-Specific Qualifications**

**Section A.** RFQ Information.

1. Title and Location. Enter the title and location of the RFQ for which this form is being submitted, exactly as shown in the public announcement or Agency request.
2. Public Notice Date. Enter the posted date of the Agency's notice on the HCSO's website ([www.TeamHCSO.com](http://www.TeamHCSO.com)), other form of public announcement, or Agency request for this RFQ.
3. Solicitation or Project Number. Enter the Agency's solicitation number and/or project number, if applicable, exactly as shown in the public announcement or Agency request for this RFQ.

**Section B.** Tree Services Supplier Point of Contact.

4-8. Name, Title, Name of TSS, Telephone Number, Fax (Facsimile) Number and E-Mail (Electronic Mail) Address. Provide information for a representative that the HCSO can contact for additional information.

**Section C.** Organizational Chart.

As an attachment after Section C, present an organizational chart of the TSS's proposed on-site team showing the names and roles of all key personnel.

**Section D.** Resumes of Key Personnel.

Complete this section for each key person who will participate in this Agreement. The following blocks must be completed for each resume:

9. Name. Self-explanatory.
10. Role in this Agreement. Self-explanatory.
11. Years Experience. Total years of relevant experience.
12. Firm Name and Location. Name, city, and state of the TSS where the person currently works.
13. Education. Provide information on the highest relevant academic degree(s) received. Indicate the area(s) of specialization for each degree.
14. Current Professional Registration. Provide information on current relevant professional registration(s) applicable in the State of Florida.
15. Other Professional Qualifications. Provide information on any other professional qualifications relating to this Agreement, such as education, professional registration, publications, knowledge and experience, organizational memberships, certifications, training, awards, and foreign language capabilities.



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16. Relevant Projects. Provide information on up to five (5) projects in which the person had a significant role that demonstrates the person's capability relevant to her/his proposed role in this Agreement. These projects do not necessarily have to be any of the projects presented in Section E for the project team if the person was not involved in any of those projects or the person worked on other projects that were more relevant than the team projects in Section E. Use the check box provided to indicate if the project was performed with any office of the current TSS. If any of the professional services or construction projects are not complete, leave Year Completed blank and indicate the status in Brief Description and Specific Role (block 3).

### **Section E.** Example Projects which Best Illustrate Proposed Team's Qualifications for this Agreement.

Select projects where multiple team members worked together, if possible, that demonstrate the team's capability to perform work in government agencies. Complete one (1) Section E for each project. Present three (3) projects, unless otherwise specified by the Agency. Complete the following blocks for each project:

17. Example Project Key Number. Start with "1" for the first project and number consecutively.

18. Title and Location. Title and location of project or contract. For an indefinite delivery contract, the location is the geographic scope of the contract.

19. Year Completed. Enter the year completed of the professional services (such as roof inspection, installation, maintenance, repair, replacement, or permitting), and/or the year completed of construction, if applicable. If any of the professional services or the construction projects are not complete, leave Year Completed blank and indicate the status in Brief Description of Project and Relevance of this Contract (block 21).

20a. Project Owner. Project owner or user, such as a government agency or installation, an institution, a corporation, or private individual.

20b. Point of Contact Name. Provide name of a person associated with the project owner or the organization which contracted for the services, who is very familiar with the project and the TSS's (or TSSs') performance.

20c. Point of Contact Telephone Number. Self-explanatory.

21. Brief Description of Project and Relevance to this RFQ. Indicate scope, size, location, term, cost, principal elements, and special features of the project. Discuss the relevance of the example project to this RFQ. Enter any other information requested by the Agency for each example project.

### **Section F.** Additional Information.

22. Use this section to provide additional information specifically requested by the Agency or to address selection criteria that are not covered by the information provided in Sections A-E.

### **Section G.** Authorized Representative.

23-24. Signature of Authorized Representative and Date. An authorized representative of the TSS must sign and date the completed form. Signing attests that the information provided is current and factual.

25. Name and Title. Self-explanatory.



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### Part II – General Qualifications

1. Solicitation Number. If Part II is submitted for a specific Agreement, insert the Agency's solicitation number and/or project number, if applicable, exactly as shown in the public announcement or Agency request.

2a-2e. TSS Name and Address. Self-explanatory.

3. Year Established. Enter the year the TSS was established under the current name.

4. Unique Entity Identifier. Insert the unique entity identifier issued by the entity designated at SAM (formerly DUNS Number).

5. Ownership.

a. Type. Enter the type of ownership or legal structure of the TSS (sole proprietor, partnership, corporation, LLC/LLP, etc.).

b. Small Business Status. Refer to the North American Industry Classification System (NAICS) code in the public announcement and indicate if the TSS is a small business according to the current size standard for that NAICS code. The small business categories and the internet website for the NAICS codes can be found at <https://www.naics.com/search/>. Contact your local U.S. Small Business Administration office for any questions regarding Business Status.

6a-6c. Point of Contact. Provide this information for a representative of the TSS that the Agency can contact for additional information. The representative must be empowered to speak on contractual and policy matters.

7. Name of TSS. Enter the name of the TSS if Part II is prepared for a branch office.

8a-8c. Former TSS Names. Indicate any other previous names for the TSS (or branch office) during the last six years. Insert the year that this corporate name change was effective and the associated unique entity identifier. This information is used to review past performance on Federal contracts.

9. Annual Average Professional Services Revenues of TSS for the Last 3 (Three) Years. Complete this block for the TSS or branch office for which this Part II is prepared. Enter the appropriate revenue index numbers to reflect the professional services revenues received annually (averaged over the last 3 [three] years) by the TSS or branch office. Indicate work performed either as the TSS or subcontractor, work specific to public facilities and detention facilities and the total.

10-13. Authorized Representative. An authorized representative of the TSS or branch office must sign and date the completed form. Signing attests that the information provided is current and factual. Provide the name and title of the authorized representative who signed the form.

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**PART I – CONTRACT-SPECIFIC QUALIFICATIONS**

**TREE SERVICES SUPPLIER QUALIFICATIONS**

**A. CONTRACT INFORMATION**

1. TITLE AND LOCATION ( <i>City and State</i> )		
2. PUBLIC NOTICE DATE	3. SOLICITATION OR PROJECT NUMBER	

**B. TREE SERVICES SUPPLIER POINT OF CONTACT**

4. NAME AND TITLE		
5. NAME OF TREE SERVICES SUPPLIER		
6. TELEPHONE NUMBER	7. FAX NUMBER	8 E-MAIL ADDRESS

**C. ORGANIZATIONAL CHART OF PROPOSED TEAM**

(*Attached*)

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D. RESUMES OF TSS'S KEY PERSONNEL PROPOSED FOR THIS AGREEMENT

*(Complete one [1] Section D and for each key person.)*

9. NAME	10. ROLE IN THIS AGREEMENT	11. YEARS OF EXPERIENCE
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12. TSS NAME AND LOCATION *(City and State)*

13. EDUCATION *(Degree and Specialization)*

14. CURRENT PROFESSIONAL REGISTRATION *(State and Discipline)*

15. OTHER PROFESSIONAL QUALIFICATIONS *(Publications, Knowledge and Experience, Training, Awards, etc.)*

16. RELEVANT PROJECTS

<b>a.</b>	(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED
		TREE SERVICES
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	
<b>b.</b>	(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED
		TREE SERVICES
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	
<b>c.</b>	(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED
		TREE SERVICES
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	
<b>d.</b>	(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED
		TREE SERVICES
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	
<b>e.</b>	(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED
		TREE SERVICES
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	



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E. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE  
PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT

*(Present as many projects as requested by the Agency, or three [3] projects, if not specified.  
Complete one [1] section E for each project.)*

17. EXAMPLE PROJECT KEY NUMBER

18. TITLE AND LOCATION *(City and State)*

19. YEAR COMPLETED

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20. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER

b. POINT OF CONTACT NAME

c. POINT OF CONTACT TELEPHONE NUMBER

21. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, cost, location, term, etc.)*

F. ADDITIONAL INFORMATION

22. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE AGENCY *(Include availability/response time, service capacity, historical ability to meet schedule and budget requirements for specified projects, etc.)*. ATTACH ADDITIONAL SHEETS IF NEEDED.

G. AUTHORIZED REPRESENTATIVE

*The foregoing is a statement of facts.*

23. SIGNATURE

24. DATE

25. NAME AND TITLE



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**PART II – GENERAL QUALIFICATIONS**

*(If TSS has branch offices, complete for each specific branch office seeking work.)*

1. SOLICITATION NUMBER *(If any)*

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2a. TSS NAME			3. YEAR ESTABLISHED	4. UNIQUE ENTITY IDENTIFIER
2b. STREET			5. OWNERSHIP	
			a. TYPE	
2c. CITY	2d. STATE	2e. ZIP CODE	b. SMALL BUSINESS STATUS	
6a. POINT OF CONTACT NAME AND TITLE			7. NAME OF TSS <i>(If block 2a is a Branch Office)</i>	
6b. TELEPHONE NUMBER			6c. E-MAIL ADDRESS	
8a. FORMER TSS NAME(S) <i>(If any)</i>			8b. YEARS ESTABLISHED	8c. UNIQUE ENTITY IDENTIFIER

9. ANNUAL AVERAGE PROFESSIONAL SERVICES REVENUES OF FIRM FOR LAST THREE (3) YEARS <i>(Interest revenue index shown at right)</i>		PROFESSIONAL SERVICES REVENUE INDEX NUMBER			
a. Tree Services		1. Less than \$100,000	6. \$2 million to less than \$5 million		
b. Subcontracted		2. \$100,000 to less than \$250,000	7. \$5 million to less than \$10 million		
c. Total Work		3. \$250,000 to less than \$500,000	8. \$10 million to less than \$25 million		
		4. \$500,000 to less than \$1 million	9. \$25 million to less than \$50 million		
		5. \$1 million to less than \$2 million	10. \$50 million or greater		

10. AUTHORIZED REPRESENTATIVE  
*The foregoing is a statement of facts.*

11. SIGNATURE	12. DATE
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13. NAME AND TITLE