PLATTE RIVER RECOVERY IMPLEMENTATION PROGRAM
REQUEST FOR QUOTES

PROJECT: P20-011: Rowe Sanctuary Brush Herbicide Treatment
LOCATION: PRRIF Minden-Gibbon Complex
NEAR: Gibbon, NE
REQUEST DATE: July 15, 2020
MANDATORY SITE SHOWING: July 31, 2020 – 3:00 pm central time
CLOSING DATE: August 7, 2020 – 5:00 pm central time
POINT OF CONTACT: Tim R. Tunnell, Senior Land Manager
Headwaters Corporation
4111 4th Ave, Suite 6
Kearney, NE 68845
tunnellt@headwaterscorp.com

The undersigned, having examined the drawings and investigated the local conditions affecting the project work, hereby proposes to perform the project in accordance with the contract documents for the following rates:

THIS QUOTE SUBMITTED ON DATE: ______________________

NOTE: Prices requested are hourly rates for equipment and operators and reimbursement cost of 100 gallons of herbicide mixture. Payment will be made on actual hours worked and herbicide mixture used to accomplish work.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Unit</th>
<th>Rate</th>
<th>Quantity</th>
<th>Unit Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Brush Spraying (Application) ATV</td>
<td>Hour</td>
<td>$____</td>
<td>________</td>
<td>$________</td>
</tr>
<tr>
<td>2</td>
<td>Brush Spraying (Application) UTV</td>
<td>Hour</td>
<td>$____</td>
<td>________</td>
<td>$________</td>
</tr>
<tr>
<td>3</td>
<td>Brush Spraying (Application) Other</td>
<td>Hour</td>
<td>$____</td>
<td>________</td>
<td>$________</td>
</tr>
<tr>
<td>4</td>
<td>Brush Spraying (Application) Other</td>
<td>Hour</td>
<td>$____</td>
<td>________</td>
<td>$________</td>
</tr>
<tr>
<td>5</td>
<td>Brush Spraying (Herbicide Mix)</td>
<td>100</td>
<td>$____</td>
<td>________</td>
<td>$________</td>
</tr>
</tbody>
</table>
gallons
PROJECT DURATION:
The Contractor, under this agreement, shall commence this work as soon as possible upon receipt of NOTICE TO PROCEED (anticipated around August 10). Work should be completed as soon as possible, but prior to September 30, 2020.

EQUIPMENT LIST

Please list equipment that is expected to be deployed for this project:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please list herbicide mixture and rate that will be used for this project:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
THIS QUOTE SUBMITTED BY:

An Individual

Name (typed or printed): _____________________________________________________________

By: _____________________________________________________________________________ (SEAL)

(Individual’s signature)

Doing business as: _____________________________________________________________

A Partnership

Partnership Name: ________________________________________________________________ (SEAL)

By: ____________________________________________________________________________

(Signature of general partner - attach evidence of authority to sign)

Name (typed or printed): ___________________________________________________________

A Corporation

Corporation Name: ________________________________________________________________ (SEAL)

State of Incorporation: ______________________

Type (General Business, Professional, Service, Limited Liability): ______________________

By: ____________________________________________________________________________

(Signature - attach evidence of authority to sign)

Name (typed or printed): ___________________________________________________________

Title: ___________________________________________________________________________

(CORPORATE SEAL)

Attest: __________________________________________________________________________

(Signature of Corporate Secretary)

CONTACT INFORMATION:

Bidder’s Business Address: _________________________________________________________

Phone: ___________________________ Facsimile: _________________________________
PART 01 GENERAL

1.1 SUMMARY

1.1.1 Description of Work: Furnish equipment, transportation, labor, supervision, supplies, and materials, to target spray woody vegetation on previously cleared accretion ground. *Herbicide used cannot be non-selective and must only control woody vegetation.*

1.1.2 Location: Work under this Contract is in Buffalo County, Nebraska. The work site is located south of the city of Gibbon on the Platte River. Sheet 1 identifies the project location.

1.1.3 Schedule of Work: The performance period of this Contract shall be from date of award through September 30, 2020.

1.2 LIABILITY/INSURANCE

1.2.1 The successful bidder agrees to carry appropriate Workers' Compensation, hazard, and liability insurance coverage during the term of this contract. The successful bidder shall furnish the Program satisfactory proof of coverage of the applicable insurance required. Upon request from the Program, the Contractor shall have the Program and Nebraska Community Foundation named as an additional insured on the Contractor’s policy and provide the Program with evidence that the appropriate insurance coverage is in effect. Any bidder being self-insured must submit complete documentation that shows the company has sufficient insurance coverage to cover the terms and conditions of the contract.

1.3 QUALITY ASSURANCE

1.3.1 Code and Standards: The work shall comply with the specification as written, and with codes and standards applicable to this type of work. This Contract may incorporate the use of specialized equipment to perform the required end product, with the same force and effect as if they were given in full text.

1.4 PROJECT/SITE CONDITIONS

1.4.1 Access to the Work: Public roads and unpaved access road on the property. Most of work takes place within the floodplain of the Platte River.
Directions to **MANDATORY**

*Pre-Bid Meeting*

**Date and Time:**  Friday, July 31, 2020 at 3:00 PM CT

**Location:**  Audubon Rowe Sanctuary

**Map:**  

From I-80 Exit 279 (Minden):

Travel 3 miles south on Highway 10, turn west onto V Rd and travel 2 miles, turn North onto 34 Rd and travel 1.5 miles, turn east on Elm Island Road and travel 1.8 miles to Rowe Sanctuary.

From I-80 Exit 285 (Gibbon):

Travel 2.25 miles south on Lowell Road, turn West on Elm Island Road. Travel 2 miles to Rowe Sanctuary.
PLATTE RIVER RECOVERY IMPLEMENTATION PROGRAM
Audubon Rowe Sanctuary
PRRIP Management Agreement
Woody Vegetation Control
IN BUFFALO COUNTY, NE

The Platte River Recovery Implementation Program will not be responsible for, or liable for, unauthorized changes to, or uses of these plans. All changes to the plans must be written and must be approved by the Program.

CAUTION

INDEX

1  COVER SHEET
2  BRUSH HERBICIDE TREATMENT AREA
Legend

- Property Boundary
- County
- Tree/Brush Treatment Areas

Audubon Rowe Sanctuary
Management Agreement

BRUSH HERBICIDE TREATMENT

Rowe Sanctuary
44450 Elm Island Rd
Gibbon, NE 68840

- Spray all woody vegetation. (Approx 6 acres)
- Spray all woody vegetation. (Approx 23 acres)
- Spray all woody vegetation. (Approx 41 acres)
- Spray all woody vegetation. (Approx 56 acres)
- Spray all woody vegetation. (Approx 84 acres)

PROJECT NO. 20-011
06/22/20
TRT