CITY HALL

320 W. Broadway • 48858-2447 (989) 779-5300 (989) 773-4691 fax

PUBLIC SAFETY

804 E. High • 48858-3595 (989) 779-5100 (989) 773-4020 fax

PUBLIC WORKS

1303 N. Franklin • 48858-4682 (989) 779-5400 (989) 772-6250 fax

PRE-BID ADDENDUM NO. 2

Project Bid: 2016 Tree Trimming & Removal Services

Bid Date: March 1, 2016 Time: 1:30 p.m.

Opening: Office of the City Clerk

City Hall

320 West Broadway Street Mt. Pleasant, Michigan 48858

Addendum Issued By: Division of Public Works

(989) 779-5401

Date Issued: February 16, 2016

Intent: To specify the approximate number of hours for tree trimming

and removal services, and number of stumps to use as a base

for the bid and bid check/ bond purposes.

Please indicate receipt of this addendum on the proposal

sheet when submitting your bid.

Bid Proposal: Revised and attached

Specifications: No change.

City of Mt. Pleasant 2016 Tree Trimming and Removal Bid

TO: Office of the City Clerk BID DATE: March 1, 2016 City Hall TIME: 1:30 p.m. 320 W. Broadway Street Mt. Pleasant, MI 48858 The undersigned hereby agrees to provide tree trimming and removal services, as per the specifications heretofore set forth, at the following unit prices. This is a firm bid and not subject to withdrawal or change for a period of sixty (60) days. Please complete both sections. Base Bid: 1. Tree Trimming, Clean Up and Chipping –Three Person Crew* Estimated number of hours = 160 Cost per Hour: \$ Crew and equipment 2. Tree Removal, Clean Up and Chipping -Three Person Crew* Estimated number of hours = 160 Crew and equipment Cost per Hour: \$ 3. Stump Removal Estimated number of stumps = 50 Crew and equipment Cost per Stump: \$ 4. Emergency Work –Three Person Crew* Cost per Hour: \$_____ Alternate Bid: 1. Tree Removal, Clean Up and Chipping \$_____ per inch Up to 12" 12.5" to 18" \$ per inch 18.5" to 24" \$ per inch \$_____ per inch 24.5" to 32"

32.5" to 40"

40" and Above

\$ per inch

\$ per inch

^{*}The three-person crew shall be a minimum crew of three (3) persons, including working foreman, climber, grounds person, aerial high-ranger, and trimming equipment. Payment time shall begin when the crew begins trimming, removal, or stump grinding, and end when the work is completed.

Please acknowledge receipt of Addendums 1 and 2 by initialing here:							
NOTE: Experience Questionnaire, signed Indemnification Form (Appendix A of Specifications, and Certificate of Insurance must be submitted with this proposal.							
Respectfully Submitted by:							
COMPANY	DATE						
ADDRESS							
CITY	STATEZIP						
TELEPHONE	_FAX						
AUTHORIZED SIGNATURE							
PRINT NAME & TITLE							
EMAIL							

EXPERIENCE QUESTIONNAIRE TO BE FURNISHED BY BIDDER

The signatory of this proposal guarantees the truth and accuracy of all statements and of all answers hereinafter made.

1.	How many years have you been in business as a contractor under your present name?						
2.	. How many years have you been a principal officer of a firm under a different name?						
	Name o	of Firm			_		
		similar nature has your orgut each blank completely.)		tracted for wit	hin the past five		
	Name of Owner And Location	Contact Name & Number of Person in Charge	Type of Work	Value of Work			
1.							
2.							
3.							
4.							
5.							
6.							