

## Request for Qualifications

# Statewide Native Seed and Woody Vegetation Installation and Restoration Management

Wisconsin Department of Transportation

## Request for Pre-Certification

- Option A: Installation and maintenance of native seed (prairie, wetland, and/or riparian landscape restoration management work)
- Option B: Installation and maintenance of woody vegetation (trees, shrubs, and Wisconsin Department of Natural Resources (WDNR) stock)
- Both Option A and B

Contractors seeking Departmental pre-certification to perform the installation and maintenance of native seed (Option A), woody vegetation (Option B), or both (Option A and B) must submit this Request for Qualifications (RFQ) form in digital format. Maps, photos and other relevant exhibits may be provided as a separate file (graphics should not exceed ten additional pages). Submittals are due on or before January 12, 2018, 4:00pm CST. Submittals after this time will not be accepted.

Email submittals to: [landscapecontractorprequalification@dot.wi.gov](mailto:landscapecontractorprequalification@dot.wi.gov)

## Request for Qualification Schedule

This RFQ is for any WisDOT project that requires pre-certified contractors for native seed installation and maintenance (Option A), woody vegetation installation and maintenance (Option B), and/or both. The schedule for pre-certification is as follows:

RFQ Advertisement:	December 5, 2017
RFQ Due:	January 12, 2018
Notification of Qualified Contractors:	February 16, 2018

## Background of Request for Qualifications

The Wisconsin Department of Transportation (WisDOT) anticipates planting native seed (prairie, wetland, and/or riparian landscape restoration management work) and woody vegetation (trees, shrubs, and Wisconsin Department of Natural Resources (WDNR) stock) in select projects. This RFQ is soliciting responses from qualified contractors seeking to be pre-certified to perform this work. Contractors performing work on these projects will be required to be on the "Pre-Certified Native Seed Installation and Maintenance Contractor List" (Option A), the "Pre-Certified Woody Vegetation Installation and Maintenance Contractor List" (Option B), or both lists (Option A and B) at the time of project advertisement.

Scope and scale of work:

Work will be located in various areas of the state and will require expertise for planting and maintaining native seeding mixes and/or woody vegetation. Project scope may include the following:

- Native prairie establishment along highway embankments, in the median, and at restoration or mitigation sites for different soil types
- Native wetland establishment within highway right-of-way and at restoration or mitigation sites
- Native plantings for infiltration basin and detention basin storm water management
- Tree and shrub plantings focused at intersections, interchanges, and overpass locations
- Plant screening material for noise wall and retaining wall installations
- Shrubs and/or trees for safety as living snow fence systems

Planting topography ranges from highway embankment slopes to flat areas. Seed and plant material will be obtained through the let contract. The pre-certified contractor will provide the expertise to ensure that the plant material, installation, and follow-up care meet the contract specifications. A Department Inspector may be assigned to the project to oversee pre-certified contractor operations. Plant bed and seeding locations will be shown on individual project contract documents and described in the project specifications. All planting areas that are within the WisDOT right-of-way will require traffic control as part of the contract. Work will typically be part of a highway construction contract, although vegetation installation, maintenance, and related work may be advertised as its own contract. The scale of work may coincide with the highway improvement or may extend beyond the highway construction limits.

Responses to this RFQ will be the sole basis for granting pre-certification status to perform native seeding and woody vegetation work on select WisDOT projects that require contractor pre-certification. This pre-certification list will be in effect until such time that another solicitation occurs. Solicitations will be made at maximum of every two years to provide

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opportunity for contractors to resubmit or submit for the first time; annual solicitation may occur depending on statewide project needs.

At any time which a contractor pre-certification is in effect, the Department may request a new statement of qualifications from that contractor due to non-conformance of the pre-certification requirements. If the contractor does not submit this within two weeks, the rating will be considered forfeited, and the contractor will not be pre-certified to perform contract work. The contractor may reapply at the next RFQ advertisement.

Upon reasonable notice, the Department reserves the right to review a contractor's records. If such review discloses that erroneous or misleading information has been shown in the RFQ submittal, it will be grounds for contractor removal from the pre-certification list. The records of a representative number of pre-certified contractors may be audited annually.

A contractor dissatisfied with the pre-certification determination may submit a written request for reconsideration and for the Department provide explanation for the determination. Such requests shall be directed to the following email:

landscapecontractorprequalification@dot.wi.gov

Requests will be reviewed by the Director of the Bureau of Highway Maintenance (BHM), Division of Transportation System Development (DTSD), and a response will be provided within three weeks of receipt. The Department's decision on pre-certification appeal is final.

### **Anticipated Contract Requirements**

Anticipated contract requirements may include (but may not be limited to) the following:

1. The entity or entities performing the work must be on the Department's pre-certified list to perform contract work.
2. The prime contractor will be required to utilize a pre-certified contractor for this work. If the potential subcontractors are not listed on the appropriate Pre-Certified Contractor List, the work will not be allowed to begin.
3. If a pre-certified entity does not provide the personnel and construction equipment as stated in its submitted RFQ package, the entity will not be authorized to proceed with any work until the proposed equipment and personnel are reviewed and accepted by the Engineer. Equipment and personnel with equivalent experience, qualifications, and specifications must be supplied. If the Department does not find the provided equipment or personnel equivalent, the contractor's pre-certification status will be subject to review and revocation for that project.

It is anticipated that contract scope may include but are not limited to:

1. Identifying and acquiring materials from suppliers using the special provisions and quantities described in the plans.
2. Coordinating with suppliers to obtain suitable replacements if multiple suppliers are unable to obtain materials specified in the plans.
3. Working with the Department Inspector to jointly inspect material at their sources to ensure conformance to contract requirements.
4. Installing the materials as described in the plans and specifications.
5. Providing all equipment needed to perform tasks described in the plans and specifications.
6. Providing documentation to the Department in an annual monitoring report that describes the work performed and the status of the planted materials over the past year.
7. Providing as-built plans to the Department that describes the location of the work established for the project.
8. (Option A) Properly handling, storing, and mixing (if required) the native seed prior to planting.  
(Option B) Properly handling and storing plant material prior to planting.
9. (Option A) The ability to prepare seed beds by providing equipment that will ensure that 100 percent of the salvaged topsoil surface will pass the 1-inch sieve and at least 90 percent will pass the 3/8-inch sieve. Subsoiling may be required in infiltration areas.
10. (Option A) Identifying and managing invasive species and performing weed removal and plant maintenance services prior to and following the initial planting activity, during plant establishment, and throughout a maintenance (proving) period, as described in the plans and specifications. This includes applying pre-seeding broadcast herbicides, post-planting herbicide spot treatment, and using mechanical, mowing and hand removal methods, as appropriate.

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## Submitted By

Company Name			Contact Name
Street Address			
Post Office Box			
City		State	ZIP Code
Date Submitted (m/d/yyyy)	(Area Code) Telephone Number	(Area Code) FAX Number	Email Address

1. How many years have you been in business as a contractor under your present business name?		
2. Give previous business name, if changed during past 3 years.		
3. Option A: Seeking pre-certification to perform native seed installation and maintenance on select WisDOT projects?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Select one or both boxes as appropriate
4. Option B: Seeking pre-certification to perform woody vegetation (trees, shrubs, and WDNR stock) installation and maintenance on select WisDOT projects?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

## Project Experience

List below at least three native seeding projects (seeking pre-certification for Option A) or at least three woody vegetation projects (seeking pre-certification for Option B). If seeking pre-certification for both Options A and B, at least three projects should be provided for both types of work, but one project may count towards each type. If a project contained both types of work, answer all questions. Project should have been completed in the last five years, and may include current projects where maintenance may still be in progress. Native seeding sites should focus on the contractor's experience with sites not previously containing native landscapes (i.e. disturbed sites, restoration sites). Please be specific. Any additional project information may be provided at the end of this document.

PROJECT 1	Check one or both boxes as appropriate:
Client/owner name, address, phone and Email	<input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Site address or location	
If applicable, WisDOT project ID and standard and/or special seed mixes used	
Dates work was performed (may be ongoing)	
Contract amount	
Acreage planted	
OPTION A - Type(s) of native plants (forbs/grasses) and number of species	
OPTION B - Type(s) of woody plant materials (trees, shrubs, and WDNR stock) and number of species	
OPTION B - Demonstrate knowledge of the standards for plant quality per ANSI Z60.1 <sup>1</sup>	

<sup>1</sup> American Standard for Nursery Stock (ANSI Z60.1, the "Standard") is to provide buyers and sellers of nursery stock with a common terminology, a "single language," in order to facilitate commercial transactions involving nursery stock.  
[https://americanhort.org/documents/ANSI\\_Nursery\\_Stock\\_Standards\\_AmericanHort\\_2014.pdf](https://americanhort.org/documents/ANSI_Nursery_Stock_Standards_AmericanHort_2014.pdf)

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Herbicide methods	
Installation methods and equipment used	
Site preparation techniques	
Techniques for ongoing management and maintenance	
Number of care cycles and duration	
Describe how the project was a success	
Describe how project obstacles were overcome	
<b>PROJECT 2</b>	Check one or both boxes as appropriate: <input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Client/owner name, address, phone and Email	
Site address or location	
If applicable, WisDOT project ID and standard and/or special seed mixes used	
Dates work was performed (may be ongoing)	
Contract amount	
Acreage planted	
OPTION A - Type(s) of native plants (forbs/grasses) and number of species	
OPTION B - Type(s) of woody plant materials (trees, shrubs, and WDNR stock) and number of species	
OPTION B - Demonstrate knowledge of the standards for plant quality per ANSI Z60.1	
Herbicide methods	
Installation methods and equipment used	
Site preparation techniques	
Techniques for ongoing management and maintenance	
Number of care cycles and duration	
Describe how the project was a success	
Describe how project obstacles were overcome	
<b>PROJECT 3</b>	Check one or both boxes as appropriate: <input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Client/owner name, address, phone and Email	
Site address or location	
If applicable, WisDOT project ID and standard and/or special seed mixes used	
Dates work was performed (may be ongoing)	
Contract amount	
Acreage planted	

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OPTION A - Type(s) of native plants (forbs/grasses) and number of species	
OPTION B - Type(s) of woody plant materials (trees, shrubs, and WDNR stock) and number of species	
OPTION B - Demonstrate knowledge of the standards for plant quality per ANSI Z60.1	
Herbicide methods	
Installation methods and equipment used	
Site preparation techniques	
Techniques for ongoing management and maintenance	
Number of care cycles and duration	
Describe how the project was a success	
Describe how project obstacles were overcome	
<b>PROJECT 4</b>	Check one or both boxes as appropriate: <input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Client/owner name, address, phone and Email	
Site address or location	
If applicable, WisDOT project ID and standard and/or special seed mixes used	
Dates work was performed (may be ongoing)	
Contract amount	
Acreage planted	
OPTION A - Type(s) of native plants (forbs/grasses) and number of species	
OPTION B - Type(s) of woody plant materials (trees, shrubs, and WDNR stock) and number of species	
OPTION B - Demonstrate knowledge of the standards for plant quality per ANSI Z60.1	
Herbicide methods	
Installation methods and equipment used	
Site preparation techniques	
Techniques for ongoing management and maintenance	
Number of care cycles and duration	
Describe how the project was a success	
Describe how project obstacles were overcome	

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<b>PROJECT 5</b>	Check one or both boxes as appropriate: <input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Client/owner name, address, phone and Email	
Site address or location	
If applicable, WisDOT project ID and standard and/or special seed mixes used	
Dates work was performed (may be ongoing)	
Contract amount	
Acreage planted	
OPTION A - Type(s) of native plants (forbs/grasses) and number of species	
OPTION B - Type(s) of woody plant materials (trees, shrubs, and WDNR stock) and number of species	
OPTION B - Demonstrate knowledge of the standards for plant quality per ANSI Z60.1	
Herbicide methods	
Installation methods and equipment used	
Site preparation techniques	
Techniques for ongoing management and maintenance	
Number of care cycles and duration	
Describe how the project was a success	
Describe how project obstacles were overcome	
<b>PROJECT 6</b>	Check one or both boxes as appropriate: <input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Client/owner name, address, phone and Email	
Site address or location	
If applicable, WisDOT project ID and standard and/or special seed mixes used	
Dates work was performed (may be ongoing)	
Contract amount	
Acreage planted	
OPTION A - Type(s) of native plants (forbs/grasses) and number of species	
OPTION B - Type(s) of woody plant materials (trees, shrubs, and WDNR stock) and number of species	
OPTION B - Demonstrate knowledge of the standards for plant quality per ANSI Z60.1	

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Herbicide methods	
Installation methods and equipment used	
Site preparation techniques	
Techniques for ongoing management and maintenance	
Number of care cycles and duration	
Describe how the project was a success	
Describe how project obstacles were overcome	

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## Experience and Qualifications of Field Crew

Field crew members must be able to demonstrate proper field techniques for native seed and/or woody plant installation. The Department will oversee field demonstrations of these techniques for each crew as work commences. Provide the following information for each field crew member (up to ten). Any additional field crew information may be provided at the end of this document.

Name	Years of experience per type of work A or B	WI pesticide application license	Native plant bed hand weeding experience	Prescribed burn experience / training	Watering experience	Brief description of experience and any other pertinent training or experience
1	____ (A) ____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
2	____ (A) ____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
3	____ (A) ____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
4	____ (A) ____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
5	____ (A) ____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list)  Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
6	____ (A) ____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
7	____ (A) ____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

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Name	Years of experience per type of work A or B	WI pesticide application license	Native plant bed hand weeding experience	Prescribed burn experience / training	Watering experience	Brief description of experience and any other pertinent training or experience
8	_____ (A) _____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
9	_____ (A) _____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	
10	_____ (A) _____ (B) Concurrent? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes License number/s:  Certification Category/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes WI Prescribed Fire Council Classification: (Select from list) Training:	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Describe how you have or would provide adequate staff and equipment to perform native seeding and follow-up maintenance work on a large scale site and also on multiple sites at once. Address time constraints (order lead-times, planting windows, coordination with highway construction work, etc.).

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## Experience and Qualifications of Project Manager/Principal in Charge (PM/PIC)

Name	
Education	
Certifications	
Other pertinent qualifications	

Show at least five years of recent experience overseeing projects of similar scope and scale for native seed and/or woody plant installation and maintenance. Any additional PM/PIC role information may be provided at the end of this document.

Project type, name, location & dates (or reference project number above)	PM/PIC role in project	Number of crews or staff managed	Project description (or reference project number from the Project Experience section above)
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
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<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			

Provide at least three references.

Name	Address	Phone number	Email address	Relationship to PM/PIC

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## Experience and Qualifications of Crew Supervisor (CS)

Provide the following information for each Crew Supervisor (up to three). Any additional CS information may be provided at the end of this document.

<b>Name 1</b>	Check one or both boxes as appropriate: <input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Vegetation management formal/ continuing education	
Describe experience/ training identifying native plants and/or weeds in the field	

Show at least five years of recent experience overseeing projects of similar scope (native seed installation and prairie, wetland, and/or riparian landscape restoration management work) and scale.

Project name, location & dates (or reference project number above)	CS role in project	Number of crews or staff managed	Project description (or reference project number from the Project Experience section above)
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			

Provide at least three references.

Name	Address	Phone number	Email address	Relationship to PM/PIC

## RFQ – Statewide Native Seed and Woody Vegetation Installation and Restoration Management

Name	Address	Phone number	Email address	Relationship to PM/PIC

<b>Name 2</b>	Check one or both boxes as appropriate: <input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Vegetation management formal/ continuing education	
Describe experience/ training identifying native plants and/or weeds in the field	

Show at least five years of recent experience overseeing projects of similar scope (native seed installation and prairie, wetland, and/or riparian landscape restoration management work) and scale.

Project name, location & dates (or reference project number above)	CS role in project	Number of crews or staff managed	Project description (or reference project number from the Project Experience section above)
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			

Provide at least three references.

Name	Address	Phone number	Email address	Relationship to CS

## RFQ – Statewide Native Seed and Woody Vegetation Installation and Restoration Management

<b>Name 3</b>	Check one or both boxes as appropriate: <input type="checkbox"/> Option A – Native Seeding <input type="checkbox"/> Option B – Woody Vegetation
Vegetation management formal/ continuing education	
Describe experience/ training identifying native plants and/or weeds in the field	

Show at least five years of recent experience overseeing projects of similar scope (native seed installation and prairie, wetland, and/or riparian landscape restoration management work) and scale.

Project name, location & dates (or reference project number above)	CS role in project	Number of crews or staff managed	Project description (or reference project number from the Project Experience section above)
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B  <input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			
<input type="checkbox"/> Option A <input type="checkbox"/> Option B			

Provide at least three references.

Name	Address	Phone number	Email address	Relationship to CS

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Other relevant information not provided above related to project, staffing, methods, etc.