

CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

REQUEST FOR QUOTE RFQ# 2019-4 Annual Invasive Vegetation Maintenance

BACKGROUND

Previously, the Cuyahoga County Board of Health (CCBH) contracted with a company to treat an area of approximately 6 acres of non-native vegetation including *Phragmites australis* (common reed), *Rhamnus* sp. (buckthorn), and *Typha* sp. (cattail) in the areas adjacent to the CCBH building including seeding with native vegetation in the area. At this time, CCBH is seeking quotes for ongoing preventative maintenance treatments of the invasive vegetation at the CCBH from 2020 through 2023.

SCOPE OF WORK

Complete annual herbicide applications over three years, 2020 through 2023: Due to the extensive populations of common reed and other non-native vegetation that are present on adjacent properties, it will be necessary to conduct ongoing yearly herbicide applications to maintain the success of the previous years' treatments.

Suggested Application: A high-volume sprayer mounted on a utility task vehicle will be used to apply a 2% solution of aquatic-safe glyphosate, Rodeo®, via foliar application in areas with greater than 65% non-native cover. In areas with less than 65% cover, backpack sprayers will be used to selectively apply herbicide and help preserve desirable species. This method will allow for the greatest coverage of the area and ensures good control.

Seeking highly trained, licensed pesticide applicators that have experience in vegetation management, follow safety standards, and only utilize approved herbicides according to label specifications.

*Please submit quote for the following: Annual Invasive Vegetation Maintenance at the Cuyahoga County Board of Health
5550 Venture Drive
Parma, Ohio 44130*

Please include a description of services provided and price per annual application, as well as, the attached vendor reference form.

2020-2023 Annual Maintenance Treatments\$_____ (per year)

Send quote to: Rebecca Burke @ bburke@ccbh.net
Please respond by: Friday, October 11, 2019

REFERENCE SHEET

INSTRUCTIONS:

List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.

ORGANIZATION'S NAME:**CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:****ORGANIZATION'S NAME:****CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:****ORGANIZATION'S NAME:****CONTACT PERSON'S NAME:****ORGANIZATION'S FULL ADDRESS:****CONTACT PERSON'S TELEPHONE NUMBER:****DATE SERVICE(S) PROVIDED:****SPECIFY THE SERVICES PROVIDED:**