

**Borough of Closter
Shade Tree Commission
295 Closter Dock Road, Closter, NJ 07624**

**Request for Quote
Municipal Tree Pruning
District Three & Closter Business District**

October 28, 2021

BASE Scope of Work

The Borough of Closter is requesting quotes for the trimming and pruning of shade trees within the geographical area known as *Closter Voting District Three and Closter Downtown Business District*. **The boundaries are: north side bounded by Borough of Harrington Park and reservoir, south side bounded by High Street, east side bounded by railroad tracks west of Herbert Ave. and west side bounded CSX railroad track at High St. High Street and Schraalenburgh Road are not included in this scope of work.**

The Closter Business District boundaries begin at the intersection of Harrington Avenue and Old Closter Dock Road (190 Closter Dock Rd.) east to 257 Closter Dock Rd. on the north side of CDR, to the railroad tracks on the south side of Closter Dock Rd.

For the purpose of this quote, a shade tree is defined as any portion of a street tree trunk **within fifteen feet (15')** of the curb line. A map of the *Borough's Voting District Three District* is enclosed.

BASIS OF AWARD

One overall contract will be awarded to the lowest responsible quote for all work.

I. SPECIFICATIONS – District Three Pruning

A. Contractor must provide the STC supervisor with the work schedule prior to work being performed. Contractor must text the locations of work to the STC supervisor on a daily basis (morning) and contact the supervisor immediately with questions or concerns in a specific location.

1. Compliance with A.N.S.I. Pruning Standards
2. Crown Raising: Trimming lower branches that block sidewalks or the ability of all vehicles and trucks to approach the curb line
3. Crown cleaning using A.N.S.I. Class III Pruning (Hazard Pruning) Standards; removal of dead wood 2" and larger
4. Young trees, defined as trees under 6" caliper, prune to:
 - a. Remove crossed and rubbing branches
 - b. Develop a strong scaffold branch structure
 - c. Develop a central leader, when appropriate, by removing or subordinating leaders that compete with the selected leader. This is not shearing. When finished with structural pruning on young trees, the tip of dominant leader should be visible while walking around the tree about as far away from the trunk as the tree is tall. Stems blocking view of leader should be reduced or removed.
5. Cutting of branches that block street lighting and/or signage
6. Removal of all debris and cleanup

II. **SPECIFICATIONS – Downtown Tree Pruning**

1. Compliance with A.N.S.I. Pruning Standards
2. Crown thinning: Select removal of branches to increase air movement and light penetration into crown of tree
3. Crown pruning: cut back branches 2-3 feet away from building, signs & streetlights
4. Crown reduction: Reduce height and sides of tree by 10% on smaller Pear trees and 20% on larger Pear trees
5. Removal of all debris and cleanup
6. Prior notification of work must be made to businesses; pruning to be done in off-business/shop hours

Contractor must provide the STC supervisor with the work schedule prior to work being performed. Contractor must text the locations of work to STC supervisor on a daily basis (morning) and contact the supervisor immediately with questions or concerns in a specific location.

The Borough is requesting a separate price for District 3 Pruning and the Downtown Business District.

Completion of all work on or before February 15, 2022.

The Borough reserves the right to reject and go out for quotes again based upon budget as well modify the scope of work as needed. The Borough reserves the right to edit, change, add or remove trees and stumps as needed.

In addition to the proposal, a valid LTCO license, New Jersey Business Registration Certificate, W-9, a Certificate of Insurance specifying the Borough of Closter as *Additional Insured*, and a signed, original Hold Harmless Agreement (samples are enclosed) must be provided if not currently on file with the Borough of Closter.

Written quotes for the scope of work described above must be submitted in a sealed envelope, labeled “STC Municipal Tree Pruning” and received by 2:00 p.m., Tuesday, November 23, 2021.

Quotes shall be submitted, in writing, to the Shade Tree Commission, Attn: Leslie Weatherly, Borough of Closter, 295 Closter Dock Road, Closter, New Jersey 07624. We appreciate your interest in our community and look forward to receiving your quote.

Sincerely,
Leslie Weatherly
Shade Tree Commission
Cc: Shade Tree Commission
Enclosures: Closter Map of District Three & Downtown Business District
Insurance & Hold Harmless Agreement Samples

Borough of Closter
Shade Tree Commission
295 Closter Dock Road, Closter, NJ 07624

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Price for: I. District Three Pruning

\$ _____ \$ _____
Numbers Written Numbers

Price for: II. Closter Business District

\$ _____ \$ _____
Numbers Written Numbers

TOTAL for I and II:

\$ _____ \$ _____
Numbers Written Numbers

Company: _____
(please print)

Address: _____

Phone Number(s): _____ office _____ cell

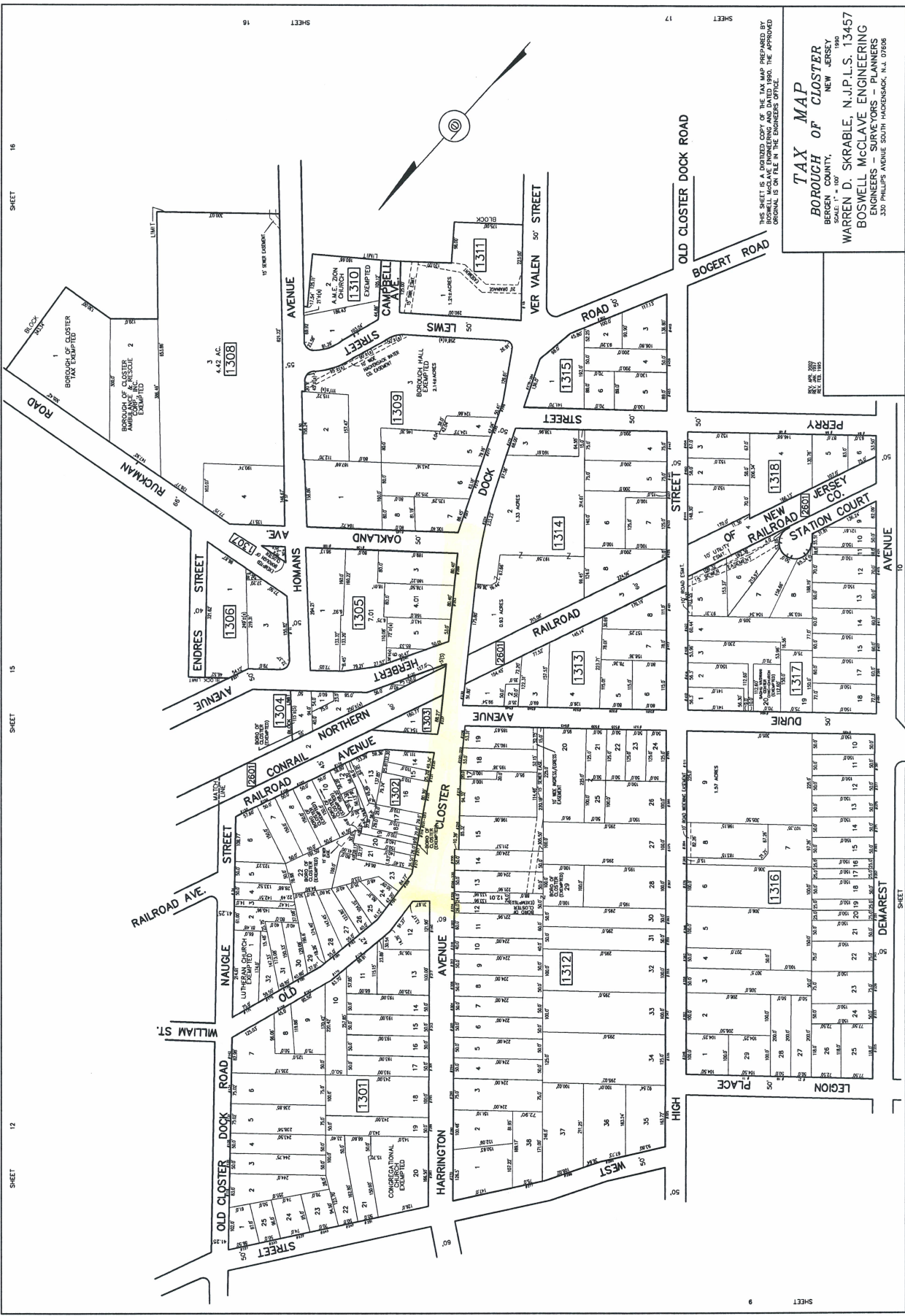
Owner: _____

Email: _____



Fig. 2

*Cluster Business District
190 car to 257 cluster
Cluster*



THIS SHEET IS A PORTION COPY OF THE TAX MAP PREPARED BY
BOROUGH OF CLUSTER, NEW JERSEY. THE APPROVED
ORIGINAL IS ON FILE IN THE ENGINEERS OFFICE.

TAX MAP
BOROUGH OF CLUSTER
BERGEN COUNTY, NEW JERSEY
SCALE: 1" = 100'
WARREN D. SKRABLE, N.J.P.L.S. 13457
BOSWELL McCLAVE ENGINEERING
ENGINEERS - SURVEYORS - PLANNERS
330 PHILLIPS AVENUE SOUTH HACKENSACK, N.J. 07606

SHEET 12 SHEET 15 SHEET 16 SHEET 17 SHEET 18

SHEET 13

CONTRACTOR
HOLD HARMLESS AGREEMENT

Between the Borough of Closter and

Applicant Name: _____ **Date:** _____

Company Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Type of work to be performed: _____

Address at which the work is to be performed: _____

On the following date(s): _____

To the fullest extent permitted by law,

_____ agrees that it will defend, indemnify And save Harmless the **Borough of Closter, Closter, New Jersey, its Officers, Agents and Employees** from any and all liability, suits, actions, and demands and all Damages, costs or fees on account of injuries to persons or property, including accidental Death, arising out of or in connection with the work, or by reason of the operations under this Agreement.

The Contractor shall maintain during the term of this agreement, the following insurance coverage with limits not less than the amounts indicated. All insurance policies (except Workers Compensation) shall designate the Borough of Closter, its officers, officials, agents, employees, consultants as additional insureds on a primary and non-contributory basis. Except as modified by the Borough of Closter in writing, the insurance requirements herein shall also apply to Subcontractors and to Sub-subcontractors. The Contractor is responsible for making sure that sub-contractors of all tiers provide Certificates of Insurance evidencing the following insurance coverage prior to commencing their work. Contractor agrees to furnish copies of all Certificates of Insurance outlined herein to the Borough prior to the commencement of any work.

Commercial General Liability insurance coverage, written on an occurrence basis, and must not be altered by any endorsements limiting coverage. Limits of liability shall not be less than the following:

- Each Occurrence: \$1,000,000
- General Aggregate: \$2,000,000
- Products – Comp/Op Aggregate: \$2,000,000

Worker’s Compensation as required by statute and Employers Liability with limits of \$500,000 each accident/ \$500,000 Disease Policy Limit/\$500,000 Each Employee.

This Agreement shall remain in full force and effect for any continued additional or proposed date(s) for the work indicated.

The Borough reserves the right to cancel or interrupt the work if representations set forth herein are not adhered to or if the Municipality determines that a situation might lead to personal injury, property damage or violation of the law exists.

In case of any damage or destruction to Borough premises caused by any error, omission, negligent or intentional act of the Contractor, its agents, servants, employees, and/or subcontractors, the Contractor shall repair or replace the damage at its own cost and expense as expeditiously as possible.

The Borough may defend itself at Contractor's expense from any and all claims or lawsuits which may arise out of and/or relating to Contractor's work performed.

Signed this _____ day of _____, 20____ as the Binding Act in Deed.

Company or Business Name

Authorized Signature/Title

Print Name of Signature listed above

Witness (Witness to Contractor Signature)

08 21 ER:LW

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																															
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table> <p style="text-align: center; font-weight: bold; margin: 5px 0;">or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-weight: bold;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> </table>	Social security number																					-				-						Employer identification number																					-				-					
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.</p>	

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/irw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

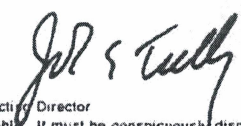
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.


By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
ADDRESS:	ISSUANCE DATE:	
EFFECTIVE DATE:	 Acting Director	
FORM-BRC(08-01)	<small>This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.</small>	

THESE ARE SAMPLES OF THE ONLY ACCEPTABLE BUSINESS REGISTRATION CERTIFICATES.

ONE OF THESE DOCUMENTS MUST BE PROVIDED WITH THE BID OR PRIOR TO AWARD OF THE CONTRACT, REGARDLESS OF THE FACT THAT A COPY MAY ALREADY BE ON FILE WITH THE COUNTY OF OCEAN. THE CERTIFICATE MUST BE DATED PRIOR TO THE RECEIPT OF BIDS.

	STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE
Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004
For Office Use Only:	
20041014112823533	