

NEW YORK CITY DEPARTMENT OF TRANSPORTATION ADOPT A GREENWAY

MAINTENANCE PROVIDER APPLICATION INSTRUCTIONS

I. PURPOSE

The New York City Department of Transportation (DOT) encourages civic-minded companies and individuals interested in the opportunity to enhance New York City's greenways by sponsoring greenway segments through the Adopt A Greenway Program. These sponsors must have contracts (or other means of guarantee) for reliable maintenance. If the sponsor does not have direct capacity for these requirements, they may look to an approved Maintenance Provider for partnership in fulfilling the requirements.

Companies whose professional services include litter removal and landscape maintenance may submit a statement of qualifications and performance data, in the form of the following Maintenance Provider Application, to become a qualified Maintenance Provider for the Adopt A Greenway Program. Interested companies should complete and file this form with DOT, reflecting that the company is qualified to perform such services. DOT shall evaluate each qualification questionnaire, together with any other performance data on file to determine if the company is appropriately qualified. Approved Maintenance Providers will be placed on a list of Approved Maintenance Providers for the Adopt A Greenway Program. The list will be distributed in response to public inquiries regarding the Adopt A Greenway Program.

II. DEFINITIONS

Sponsor A company or organization that agrees to take on the sponsorship of maintenance of a greenway segment by following the specifications outlined in the Adopt A Greenway Segment Requirements and Descriptions.

Maintenance Provider A company whose professional services include litter removal and landscape maintenance.

Principals are the key managers and operators of the firm. They may be owners, partners, corporate officers, associates, administrators, etc.

Discipline as used in this questionnaire, refers to the primary technological capability of individuals in the responding firm. Possession of academic degree, professional registration, certification, or extensive experience in a particular field of practice normally reflects an individual's primary technical discipline.

Related Services include graffiti removal, landscaping (mowing, pruning, herbicide application, planting, etc.) and mechanical sweeping.

III. **INSTRUCTIONS FOR FILING**

(Numbers below correspond to numbers contained in form):

1. Type the accurate and complete name of submitting firm.
2. Type the complete address of submitting firm, including zip code.
3. Provide the date that the firm was established under the name shown in question 1.
4. Show date on which form is prepared. All information submitted shall be current and accurate as of this date.
5. Enter type of ownership of firm (sole proprietor, partnership, corporation, joint venture).
6. List not more than two principals from submitting firms who may be contacted by the agency receiving this form.
7. Show numbers of employees, by discipline. While some personnel may be qualified in several disciplines, each person should be counted only once, in accord with his or her primary function. Include clerical personnel as "Administrative." Write in additional disciplines and number of people in each, in blank spaces. Enter total number of employees in the space provided.
8. Insert appropriate index numbers to indicate range of professional service fees, received by submitting firm each calendar year, for the last five years, the most current year first. New firms should write N/A in years prior to start of business.
9. In the spaces provided, list marketing experience, marketing initiatives (include dollar value), mechanical sweeping experience (provide number of miles & equipment configuration). Additionally, you must provide information on lane closure and safety set-up experience.
10. In the spaces provided, list not more than five (5) projects which demonstrate your firm's capacity to provide maintenance services as defined in the guidelines of this program (see Adopt A Greenway Segment Requirements and Descriptions). You may also list your involvement with projects as a subcontractor.
11. In the spaces provided, list not more than five (5) additional services you firm provides which are not fully reflected in the experience profile described above.
12. The completed form should be signed by a principal of the firm (the chief executive officer or president.)

IV. **ADDITIONAL INFORMATION**

- A completed **VENDEX** questionnaire must be attached.

- Attach a copy of the Certificate of Insurance (verification sheet). The New York City and State Departments of Transportation must be listed as additional insured (see Guidelines).

- **Mail completed form to:**

New York City Department of Transportation
Adopt A Greenway Program
55 Water Street
New York, NY 10041

- Forms may be re-submitted to reflect future changes relating to experiences and services provided.
- In its sole discretion, DOT will determine if a sponsor is qualified. The pre-approval status of a Maintenance Provider may be withdrawn by the DOT, acting in its sole discretion, if such action is determined to be in the best interests of the City.
- DOT will make the current list of pre-approved Maintenance Providers available to potential sponsors interested in Adopt A Greenway and to other interested parties.

**NEW YORK CITY DEPARTMENT OF TRANSPORTATION ADOPT A GREENWAY
MAINTENANCE PROVIDER APPLICATION**

Firm name:

Business address:

Year present firm established:

Date prepared:

Specify type of ownership:

Names of not more than two principals to contact:

Name:	Name:
Title:	Title:
Phone:	Phone:

The following is a statement of facts. I request that the firm that I represent be included on list for participation in the NYC DOT Adopt-A-Greenway Program.

Signature: _____

Name: _____

Title: _____ Date: _____

Certification by Notary Public required here:

Number of Personnel by Discipline: [Note each person only once by function]

- _____ Administrative
- _____ Landscape Architects, Designers or Arborists
- _____ Lawyers
- _____ Certified Public Accountants
- _____ Carpenters or Masons
- _____ Civil Engineers
- _____ Painters
- _____ Draftspersons
- _____ Planners: Urban or Regional
- _____ Drivers: Mechanical sweepers, Back-up trucks, etc.
- _____ NYS Certified Pesticide Applicators
- _____ Ecologists
- _____ Public Relations or Community Affairs
- _____ Electricians
- _____ Safety Structure Repair Technicians: Fence, Guiderail, etc.
- _____ Estimators: Sales or Marketing
- _____ Field Supervisors
- _____ Surveyors
- _____ Graffiti Control Technicians
- _____ Traffic Safety Technician
- _____ Horticulturists
- _____ Other Laborers: Cleaning, Landscaping, Paving, etc.

- _____ Total Number of Personnel

Summary of Professional Services Fees Received (Insert index number)

Index Number

1. Less than \$100,000
2. \$100,000 to \$250,000
3. \$250,000 to \$500,000
4. \$500,000 or greater

Last five (5) Years -Most Recent Year First

Year					
Fees:					
Contracted Government Work					
Greenway or Highway Work					
All Other Domestic Work					

1. Marketing experience

2. Marketing Initiatives & dollar value, etc. (provide specific information):

3. Maintenance Experience (Greenway & Highway):

Number of miles:

Equipment:

Configuration:

4. Specifically describe your greenway experience, including jobs that have required lane closures and significant safety set-ups:

GREENWAY EXPERIENCE PROFILE:

Project #1

Project Description:	Location:
Length of Project and Completion Date: (Actual or Estimated)	Cost of Work:
Client Name: Address: Telephone No.:	Scope of Services Provided:

Project #2

Project Description:	Location:
Length of Project and Completion Date: (Actual or Estimated)	Cost of Work:
Client Name: Address: Telephone No.:	Scope of Services Provided:

Project #3

Project Description:	Location:
Length of Project and Completion Date: (Actual or Estimated)	Cost of Work:
Client Name: Address: Telephone No.:	Scope of Services Provided:

Project #4

Project Description:	Location:
Length of Project and Completion Date: (Actual or Estimated)	Cost of Work:
Client Name: Address: Telephone No.:	Scope of Services Provided:

Project #5

Project Description:	Location:
Length of Project and Completion Date: (Actual or Estimated)	Cost of Work:
Client Name: Address: Telephone No.:	Scope of Services Provided:

Additional Services Provided

Service	Scope of Service	In-House	Sub-Contract	Specialized Equipment
1.				
2.				
3.				
4.				
5.				