

- **Security & ID:** Enforce drug-free, alcohol-free policy; background checks within four (4) weeks of hire (to extent allowed by law); cooperate with City requests (within 30 days as allowed)
- **Uniforms & identification:** Company-branded shirts; **FDOT safety vests** for roadway/ROW work; marked vehicles
- **Repairs reporting:** Immediate verbal report for critical issues + written follow-up by end of shift

Minimum Qualifications (How We Meet Them)

AOG Logistics will submit documentation confirming:

- Registered with Florida Division of Corporations
- ISA Arborist certification requirement met through our integrated project team with **two ISA-certified arborist consultants** (certifications provided; City can verify online)
- Not on Scrutinized List of Prohibited Companies (attestation)

Approach and Capacity (Implementation Plan + Org Structure)

Engagement with City: Weekly coordination, single point of contact, rapid issue escalation, and transparent reporting.

Implementation plan (draft sufficient for initial term):

- Planting period plan (500 trees) with phased installs
- Maintenance and watering plan with monthly schedules
- 1-year warranty inspection and replacement plan
- Giveaway/voucher plan (200 trees) + workshops + meeting participation

Staffing resources by discipline (prime + subs + consultants):

- Program Management / Admin (Prime)
- Field Operations Supervisors (Subcontractor)
- Installation Crews (Subcontractor)
- Data Management / Deliverables (Prime, with GIS support if required)
- Consulting Arborists (2) – on-call (consultants)

Organizational diagram (text version):

- City Project Manager / Sustainability & Resilience Staff
 ↓ coordination
- AOG Logistics (Prime) – Aura Bailey (PM) / Oscar Gallego (GM)
 - Field Operations: Stars & Stripes (Lead Field Supervisor → Crews)
 - Technical Oversight: Consulting Arborists (Primary + Backup)
 - Data/Reporting: AOG Logistics Data Lead (Excel/GIS deliverables)
 - Outreach Support: AOG Logistics Coordinator (meetings/workshops/giveaways)

Tree Procurement

- Trees will be sourced from approved South Florida nurseries
- Sizes will follow City standards (15-, 25-, or 30-gallon as specified)
- Species selection will comply with the City's approved list
- Delivery logistics will be coordinated to align with planting schedule

EXHIBIT C

Plant List

Southern Oak	<i>Quercus virginiana</i> *
Gumbo Limbo	<i>Bursera simaruba</i> *
Pigeon Plum	<i>Coccoloba diversifolia</i> *
Dahoon Holly	<i>Ilex cassine</i> *
Green Buttonwood	<i>Conocarpus erectus</i> *
Silver Buttonwood	<i>Conocarpus erectus</i> 'Sericeus'*
Stoppers	<i>Eugenia spp.</i> *
Orange Geiger	<i>Cordia sebestina</i> *
Royal Poinciana	<i>Delonix regia</i>
Yellow Poinciana/Copperpod	<i>Peltophorum spp.</i>
Bridal Veil	<i>Caesalpinia granadillo</i>
Sabal Palms	<i>Sabal palmetto</i> *

Installation & Compliance

- All planting will comply with **Right Tree, Right Place** principles
- Sunshine 811 will be contacted prior to any excavation
- Proper setbacks from utilities, transformers, and infrastructure will be maintained
- Installation will include soil preparation, staking, mulching, and initial watering

Maintenance & Establishment

- Post-planting inspections and establishment support
- Adjustments to stakes, ties, and mulch as required
- Replacement coordination for non-viable trees per warranty terms

Quality Assurance

- Consulting arborists will provide oversight and guidance as needed
- AOG Logistics will conduct internal quality checks
- Any deficiencies will be corrected promptly

REFERENCES – VENDOR REFERENCE FORM

Completed Vendor Reference Forms are attached separately as required by the solicitation.

PRICE PROPOSAL

Pricing is provided in the City's required pricing format and reflects:

Project ID: RFP-364-26-JJ- Alpha Omega Group Logistics – Tree Planting Program



- Tree material procurement
- Delivery and installation
- Labor and supervision
- Maintenance and administration
- Program management and compliance oversight

All prices are **firm, reasonable, and inclusive of the full scope of work** necessary to successfully execute the Tree Planting Program.

AOG Logistics' pricing ensures:

- Financial stability throughout the contract term
- Adequate staffing and technical oversight
- High-quality materials and workmanship
- Full compliance with City standards

Total pricing is provided in the attached Price Proposal form.

CERTIFICATION

Alpha Omega Group Logistics LLC certifies that this response is complete, accurate, and submitted in good faith in accordance with the solicitation requirements.

Thank you for your consideration.

Respectfully,

Aura Bailey, MBA

Project Manager

Alpha Omega Group Logistics LLC

2406 Askey Ct., Kissimmee, FL 34743, USA

aoglogistic@outlook.com | +1 (757) 371-4015 | www.aoglogisticsllc.com

Tree planting project Pricing Table

Initial Term					
Item	Est Qty	Unit of Measure	Description	Unit Price	Total Price
City Property Trees	500	Each	Trees and all materials (soil, tree protectors, stakes, etc.)	\$ 1,250	\$ 625,000.00
Tree Giveaways	200	Each	Trees and all materials (soil, tree protectors, stakes, etc.)	\$ 100	\$ 20,000.00
Labor	tbd	Hourly		\$ 48	\$ 0
Maintenance	tbd	Hourly		\$ 50	\$ 0
Administration	tbd	Hourly		\$ 65	\$ 0
			ESTIMATED TOTAL ANNUAL FEE		\$ 645,000.00

AURA BAILEY

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFP-364-26-JJ
 Reference for: Alpha Omega Group Logistics LLC (Project Manager Aura Bailey, former realtor)

Organization/Firm Name providing reference:

Keller Williams South Shore

Organization/Firm Contact Name:

Amber Bailey

Title:

Manager

Email:

baileya@kw.com

Phone: 813 641 8300

Name of Referenced Project:

Real estate staging and sales

Contract No: NA

Date Services were provided:

2022-2025

Project

Amount: Various

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/
Subconsultant

Would you use the Vendor again?

Yes

NO. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
Performed all necessary duties to stage and sell real estate properties during 2022-2025, including improvements to landscape.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****					
Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail: <input type="checkbox"/>
Verified by:	Name:				Title:
	Department:				Date:

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFP-364-26-JJ
 Reference for: Stars and Stripes (Subcontractor to Alpha Omega Group Logistics LLC)

Organization/Firm Name providing reference:

Revival Home Buyers

Organization/Firm Contact

Name:

Mary

Title:

Manager

Email:

mary@revivalhomebuyers.com

Phone: 727 744 6154

Name of Referenced Project:

Assisted Living Specialists

Contract No: NA

Date Services were provided:

2024-2025

Project

Amount: Varies per job site

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/
Subconsultant

Would you use the Vendor again?

Yes

No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):

Commercial Planting/Landscaping

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

****THIS SECTION FOR CITY USE ONLY****

Verified via:	Email:	<input type="checkbox"/>	Verbal:	<input type="checkbox"/>	Mail:	<input type="checkbox"/>
Verified by:	Name:				Title:	
	Department:				Date:	

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFP-364-26-JJ
 Reference for: Stars and Stripes (Subcontractor to Alpha Omega Group Logistics LLC)

Organization/Firm Name providing reference:

The Reserve at Sea Forest (HOA)

Organization/Firm Contact

Title:

Name: Sean Fontaine

Manager

Email: spfontaine@me.com

Phone: 727-518-5063

Name of Referenced Project: The Reserve at Sea Forest

Contract No: NA

Date Services were provided:

Project Amount: \$50K

2023

Referenced Vendor's role in Project:

Prime Vendor

Subcontractor/
Subconsultant

Would you use the Vendor again?

Yes

NO. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
Commercial Planting/Landscaping

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

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Verified via:	Email: <input type="checkbox"/>	Verbal: <input type="checkbox"/>	Mail: <input type="checkbox"/>	
Verified by:	Name:			Title:
	Department:			Date:

VENDOR REFERENCE FORM

City of Hollywood Solicitation #: RFP-364-26-JJ
 Reference for: Stars and Stripes (Subcontractor to Alpha Omega Group Logistics LLC)

Organization/Firm Name providing reference: Assisted Living Specialists

Organization/Firm Contact Name: Melissa Longano Title: Manager

Email: Melissa@theassistedlivingspecialists.com Phone: 727 616 8998

Name of Referenced Project: Assisted Living Specialists Contract No: NA

Date Services were provided: 2024 Project Amount: \$50K

Referenced Vendor's role in Project: Prime Vendor Subcontractor/ Subconsultant

Would you use the Vendor again? Yes No. Please specify in additional comments

Description of services provided by Vendor (provide additional sheet if necessary):
Commercial Planting/Landscaping

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
Vendor's Quality of Service				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vendor's Organization:				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Timeliness/Cost Control of:				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Additional Comments (provide additional sheet if necessary):

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Verified by:	Name:				Title:
	Department:				Date: