



**Office of the Town Clerk**  
*Diane M. Wilhelm*

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Registrar of Vital Statistics

Records Management Officer

Marriage Officer

**TO:** Supervisor Walter, Councilpersons Dunleavy, Wooten, Giglio, Hubbard, Maryann Tague, Sanitation

**FROM:** Julie O'Neill, Deputy Town Clerk

**DATE:** January 31, 2017

**RE:** Open Bid Report for Removal/Grinding of Town Yard Waste at Young's Avenue Yard Waste Facility (North Side)

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**1 bid was received and opened on January 31, 2017 at 11:00am:  
See attached**

**Crown Recycling Facility  
865 Youngs Avenue  
Calverton NY 11933  
631 727-3939  
[prossano@crowncyclingfacility.net](mailto:prossano@crowncyclingfacility.net)**

IV. BID

PROPOSAL BID SHEET

TOWN OF RIVERHEAD  
PROPOSAL FOR YOUNG'S AVENUE YARD WASTE FACILITY

(If Contractor seeks to submit more than one proposal simply use additional bid sheets labeled "Second Proposal Bid Sheet"/ "Third Proposal Bid Sheet" annexed hereto for your convenience.)

1. Description of Services (i.e. load, removal, and transport; grind, load, removal and transport, or alternate proposal):

Crowne will grind load and remove from site, My company has accounts that we supply mulch to and we will be delivering the material to them, to various supply yards across Long Island

(a). Estimate total # cubic yards to be removed from Town Yard Waste Facility  
: 3500 c yds

(b). Identify total # cubic yards \*if any that Contractor is unable to remove from the Town Yard Waste Facility: 0 and brief description of why Contractor is unable to remove this yard waste (i.e. size, type, unable to grind...)

(c). Identify date Contractor is available to commence services described above: ASAP

(d). Identify the number of days the Contractor shall be on site (Town Yard Waste Facility) necessary to complete removal of all yard waste debris identified in 1 (a) above: 10 days

(e). Identify estimated final completion date: 10 days from start date that town agrees to

**2. Describe Cost/Fee for Services Described Above.**

\*Please be certain to describe cost/fee either as either per cubic yard, daily rate, three day rate, weekly rate or total fee for all services from date of commencement to date of completion: \$4,000 per cubic yard / Four dollars per cubic yard.

Note, all costs related to containers, collection, transport, separation, use of equipment, fuel, labor are to be included and incorporated into the cost per cubic yard, daily rate, three day rate, weekly rate or total fee for all services from date of commencement to date of completion, as the case may be. The Town shall not be responsible for any other costs to perform the tasks identified in the Request for Proposals.

**3. Equipment:**

Identify the equipment available to perform the items identified in the scope of services and identify if the company and personnel have any necessary expertise/training and, to the extent required by law, permits and licenses to operate the equipment required to perform the pick up and removal (transport) services.

Equipment (Identify each piece of equipment, NYS Vehicle Identification #, License Plate # and information regarding volume of vehicles (trucks) to remove and transport the yard waste.)

<u>Modark 4600XL</u>	<u>Komatsu PC210 Excavator</u>
<u>Doosan DL400 back bucket</u>	<u>① Modark 120yd Walking Floor</u>
<u>Doosan 255 (IV) Grapple</u>	<u>② Modark 120yd Walking Floor</u>
<u>McCloskey Tromell 62B III</u>	<u>③ Western Star tractor 120yd walking floor</u>

**4. Permits/licenses**

A copy of ALL permit/licenses required to complete the Scope of Services/Description of Services must be annexed to bid.

Upon award of bid, CONTRACTOR shall provide a copy of all insurance certificates identified above within thirty six hours of notification of successful bid and prior to commencement of any services identified in the contract/bid specification. In the event the CONTRACTOR fails to provide the insurance required information, the Town may cancel the award and award to the next lowest bidder.

**5. Company information**

a. Name, physical address, mailing address, telephone number, fax number, the name of the primary contact for this bid, and the e-mail address for the primary

contact and/or main office.

Peter Rossano -631-445-0782 P.Rossano@CrownRecyclingFacility.net  
Crown Recycling office - 631-727-3939  
Add: 865 Youngs ave Calverton NY. 11933

b. Identify the facility that CONTRACTOR shall transport all yard waste and related material to, together with NYSDEC permit/licensee # for the facility:

We will be delivering finished products to our customer base  
not to any facility

c. Identify the key personnel who will be, or may be, involved in the pick up and removal of yard waste, their roles, and their experience.

Crown Sanitation and Recycling: Peter Rossano 631-445-0782 20 years exp  
30 years exp Frank Rossano 516-523-1494  
25 years exp Danny Aiello 631-369-8900

d. References:

George Woodson Town Highway department -631-466-0141

DATE: 1/25/2017  
SIGNED: [Signature]  
TITLE: President

IV. BID

Second Proposal Bid Sheet

PROPOSAL FOR YOUNG'S AVENUE YARD WASTE FACILITY

1. Description of Services (i.e. load, removal, and transport; grind, load, removal and transport, or alternate proposal):

Crown Recycling also proposes to grind material that is brought into property by Riverhead residents for free - in trade for the ability to park our vehicles on the property for our employees and for the right to sell the mulch that we produce from the residents we will also leave 100yds upfront for residents to pickup by shovel free of charge.

(a). Estimate total # cubic yards to be removed from Town Yard Waste Facility  
: 3500 yds

(b). Identify total # cubic yards \*if any that Contractor is unable to remove from the Town Yard Waste Facility: 0 and brief description of why Contractor is unable to remove this yard waste (i.e. size, type, unable to grind...)

(c). Identify date Contractor is available to commence services described above: ASAP

(d). Identify the number of days the Contractor shall be on site (Town Yard Waste Facility) necessary to complete removal of all yard waste debris identified in 1 (a) above: 10 days

(e). Identify estimated final completion date: 10 days

2. Describe Cost/Fee for Services Described Above.

\*Please be certain to describe cost/fee either as either per cubic yard, daily rate, three day rate, weekly rate or total fee for all services from date of commencement to date of completion: FREE

Note, all costs related to containers, collection, transport, separation, use of equipment, fuel, labor are to be included and incorporated into the cost per cubic yard, daily rate, three day rate, weekly rate or total fee for all services from date of commencement to date of completion, as the case may be. The Town shall not be responsible for any other costs to perform the tasks identified in the Request for Proposals.

### 3. Equipment:

Identify the equipment available to perform the items identified in the scope of services and identify if the company and personnel have any necessary expertise/training and, to the extent required by law, permits and licenses to operate the equipment required to perform the pick up and removal (transport) services.

Equipment (Identify each piece of equipment, NYS Vehicle Identification #, License Plate # and information regarding volume of vehicles (trucks) to remove and transport the yard waste.)

DL 400 Doosan Wheel loader	}
Komatsu PC210 Excavator	
Moebert 4600 Woodgrader	
Doosan 255 LCV	

### 4. Permits/licenses

A copy of ALL permit/licenses required to complete the Scope of Services/Description of Services must be annexed to bid.

Upon award of bid, CONTRACTOR shall provide a copy of all insurance certificates identified above within thirty six hours of notification of successful bid and prior to commencement of any services identified in the contract/bid specification. In the event the CONTRACTOR fails to provide the insurance required information, the Town may cancel the award and award to the next lowest bidder.

### 5. Company information

a. Name, physical address, mailing address, telephone number, fax number, the name of the primary contact for this bid, and the e-mail address for the primary contact and/or main office.

Peter Rossano	Rossano & Crow Recycling Facility, Inc. cell 631-775-0782
Crow Sanitation and Recycling	F- 631-369-7657
865 Yongs ave Calverton N.Y. 11933	O- 631-727-3939

b. Identify the facility that CONTRACTOR shall transport all yard waste and related material to, together with NYSDEC permit/licensee # for the facility:

Finished products will be delivered directly to our clientele that own supply yards

c. Identify the key personnel who will be, or may be, involved in the pick up and removal of yard waste, their roles, and their experience.

Peter Rossano - Operator - Supervisor - 631-445-0782

Danny Aiello - Machine operator - 631-367-8900

Hugo Guadalupe - Machine operator - 631-208-1082

d. References:

George Woodson - 631-466-0141

DATE: 11/25/017  
SIGNED: Peter Rossano  
TITLE: President

IV. BID

**Third Proposal Bid Sheet**  
**PROPOSAL FOR OF YOUNG'S AVENUE YARD WASTE FACILITY**

1. Description of Services (i.e. load, removal, and transport; grind, load, removal and transport, or alternate proposal): \_\_\_\_\_

NIA

(a). Estimate total # cubic yards to be removed from Town Yard Waste Facility

: NIA

(b). Identify total # cubic yards \*if any that Contractor is unable to remove from the Town Yard Waste Facility: NIA and brief description of why Contractor is unable to remove this yard waste (i.e. size, type, unable to grind...)

(c). Identify date Contractor is available to commence services described above: NIA

(d). Identify the number of days the Contractor shall be on site (Town Yard Waste Facility) necessary to complete removal of all yard waste debris identified in 1 (a) above: NIA

(e). Identify estimated final completion date: NIA

**2. Describe Cost/Fee for Services Described Above.**

\*Please be certain to describe cost/fee either as either per cubic yard, daily rate, three day rate, weekly rate or total fee for all services from date of commencement to date of completion: Per cubic yard

Note, all costs related to containers, collection, transport, separation, use of equipment, fuel, labor are to be included and incorporated into the cost per cubic yard, daily rate, three day rate, weekly rate or total fee for all services from date of commencement to date of completion, as the case may be. The Town shall not be responsible for any other costs to perform the tasks identified in the Request for Proposals.



**3. Equipment:**

Identify the equipment available to perform the items identified in the scope of services and identify if the company and personnel have any necessary expertise/training and, to the extent required by law, permits and licenses to operate the equipment required to perform the pick up and removal (transport) services.

Equipment (Identify each piece of equipment, NYS Vehicle Identification #, License Plate # and information regarding volume of vehicles (trucks) to remove and transport the yard waste.)

N/A

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**4. Permits/licenses**

A copy of ALL permit/licenses required to complete the Scope of Services/Description of Services must be annexed to bid.

Upon award of bid, CONTRACTOR shall provide a copy of all insurance certificates identified above within thirty six hours of notification of successful bid and prior to commencement of any services identified in the contract/bid specification. In the event the CONTRACTOR fails to provide the insurance required information, the Town may cancel the award and award to the next lowest bidder.

**5. Company information**

a. Name, physical address, mailing address, telephone number, fax number, the name of the primary contact for this bid, and the e-mail address for the primary contact and/or main office.

N/A

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b. Identify the facility that CONTRACTOR shall transport all yard waste and related material to, together with NYSDEC permit/licensee # for the facility:

N/A

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c. Identify the key personnel who will be, or may be, involved in the pick up and removal of yard waste, their roles, and their experience.

\_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

d. References:

\_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
SIGNED: \_\_\_\_\_  
TITLE: \_\_\_\_\_

\*Contractor may attach additional sheets to describe services or provide the Town of Riverhead with information responsive to this Request for Proposal. (Please number, date and sign all pages.)