

**REQUEST FOR LAWN CARE SERVICE
GULF COAST CENTER**

THE GULF COAST CENTER IS SEEKING QUALIFIED LAWN SERVICE PROVIDERS TO PROVIDE SERVICE/S TO IDENTIFIED CENTER FACILITIES FOR THE PERIOD OF TIME BEGINNING SEPTEMBER 1ST, 2020 AND ENDING AUGUST 31ST, 2021, UNLESS TERMINATED EARLIER IN ACCORDANCE TO AGREEMENT. THE GULF COAST CENTER (“GCC”) IS THE TAX-EXEMPT COMMUNITY MENTAL HEALTH, INTELLECTUAL & DEVELOPMENTAL DISABILITIES AUTHORITY FOR GALVESTON AND BRAZORIA COUNTIES, TEXAS. INTERESTED SERVICE PROVIDERS MUST DEMONSTRATE AN ABILITY TO COMPLETE THE JOB (EXPERIENCE, REFERENCES) AND PROVIDE APPROPRIATE DOCUMENTATION OF LIABILITY INSURANCE, VEHICLE INSURANCE AND WORKER’S COMPENSATION COVERAGE. INSURANCE COVERAGE MUST REMAIN IN EFFECT THROUGHOUT THE PERIOD IDENTIFIED ABOVE.

A. SUBMITTAL PROCEDURE

Interested lawn service providers can make appointments with the facility representative to walk through the listed facilities. Price quote for the contract sites may be submitted. Sealed price quote clearly marked LAWN SERVICE BID must be submitted no later than 10:00 A.M. on June 12, 2020 to the Gulf Coast Center at 4352 E.F. Lowry Expressway, Texas City, Texas 77591 for consideration. No bids will be accepted after the stated deadline. The bid opening will be conducted at that time. The Gulf Coast Center may select one or more contractors based upon the price, best value and service in the interest of the Gulf Coast Center, or reject all proposals if deemed in its best interest.

The bid is to be submitted on the attached “Bid Form” with the original, signed in ink in a sealed envelope marked “BID-DO NOT OPEN UNTIL – 10:00 A.M. ON June 12, 2020. Respondents may mail or personally deliver their bid at the designated location at the above address. The Gulf Coast Center will not be responsible for any bid(s) that is lost in the mail or not delivered to the designated location by the stated deadline.

The Bid must be signed by the person or officer of the company submitting the bid that is authorized to enter into contractual agreements on behalf of the company. Bids shall include reference list and insurance certificates or other evidence of insurance satisfactory to the Gulf Coast Center (minimum insurance requirements listed below).

B. NON-DISCRIMINATION

The Gulf Coast Center does not discriminate against any individual or contractor with respect to his/her compensation, terms, conditions, or award of contract because of race, color, religion, sex, national origin, age or disability; or limit, segregate, or classify candidates for award of contract in any way which would deprive or tend to deprive any individual or company of business opportunities or otherwise adversely affect status as a contractor because of race, color, religion, sex, national origin, age or disability.

C. PERMITS

Any and all permits as required by authorities having jurisdiction; local, state, county and/or federal, are the total responsibility of bidder/contractor.

D. SCOPE OF SERVICES & FREQUENCY (WEEKLY-W):

The contractor is responsible for purchasing all supplies, tools and equipment needed to perform the scope of the service. Chemicals must be of acceptable quality and safety rating. Contractor is responsible for providing to each facility a copy of all Material Safety Data Sheets (MSDS) for chemicals utilized at the sites. Tools and equipment are to be maintained in good, safe working order.

F. SAFETY

Safety in the workplace is to be maintained through appropriate operating procedures, proper training and utilization of chemicals and equipment, parking cones, etc. Documentation of contractor staff safety training must be maintained and available upon request.

G. PAYMENTS

Payments shall be made for services meeting specifications within thirty (30) days of receipt and approval of an invoice. Along with submission of the invoice a monthly service summary should be included stating the dates in which services are completed for each facility.

H. TERM OF AGREEMENT

The contract term will be for twelve months from September 1, 2020 – August 31, 2021. Extension of the contract for an additional year may be negotiated with the successful bidder when services have been conducted to mutual satisfaction, and prices and conditions remain unchanged. During the contract period, the Center maintains the right to terminate the Service Agreement with a thirty day written notice if the services provided do not conform to the standards and requirements detailed herein.

I. INSURANCE MINIMUM REQUIREMENTS

- a. Workers Compensation Insurance-such insurance shall be in an amount equal to the limit of liability and in the form prescribed by the laws of the State of Texas.
- b. General Liability Insurance-\$100,000 each occurrence limit subject to a General Aggregate limit of \$100,000 or \$100,000 combined Single Limit for Bodily Injury Liability and Property Damage Liability.
- c. Automobile Liability Insurance-\$100,000 Bodily Injury Each Person, subject to a \$300,000 Bodily Injury each Accident and \$100,000 Property Damage Liability each Accident, or \$300,000 Combined Single Limit for Bodily Injury Liability and Property Damage Liability.

J. SCHEDULE OF SERVICE

Service to be provided after 5 PM Monday through Friday, or during the weekend. The work shall only be performed while the sunlight is available. No work is to be done at dusk or in the darkness.

FACILITY

Lawn Services:

League City Park & Ride (approximately 1. 2 acres of grass and other vegetation on property.)
2214 Gulf Freeway South
League City, Texas 77573
Service: daily and/or weekends as needed to cut all grass on property once per week.

BID FORM

Lawn Care Service for one facility of the Gulf Coast Center. Submit to: Attn: Luis Diaz, Gulf Coast Center, 4352 E.F. Lowry Expressway, Texas City, TX. 77591.

1. LAWN SERVICE PER SCOPE OF SERVICE:

FACILITY	FEE PER YEAR
LEAGUE CITY PARK & RIDE	_____
TOTAL	_____

SITE VISIT TO FACILITY CONDUCTED FOR BID: YES ___ NO ___

BIDDER INFORMATION: CONTACT REPRESENTATIVE: _____

COMPANY NAME: _____

ADDRESS: _____ CITY _____ ZIPCODE _____

TELEPHONE: _____ FAX _____ E-MAIL _____

NUMBER OF EMPLOYEES: ___ **CONTRACT WORKERS:** ___ **EXPERIENCE AND YEARS IN BUSINESS:** _____

REFERENCES OF CUSTOMERS SERVED IN THE LAST THREE YEARS:

	COMPANY	CONTACT PERSON	TELEPHONE #	YEARS SERVED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

INSURANCE COVERAGE: YES/NO INSURANCE COMPANY

WORKERS COMPENSATION _____

COMPREHENSIVE GENERAL LIABILITY _____

BUSINESS AUTOMOBILE LIABILITY _____

(INCLUDE CERTIFICATE OF INSURANCE)

AUTHORIZED BIDDER SIGNATURE _____ DATE _____

POSITION _____