

REQUEST FOR LAWN CARE & LANDSCAPE SERVICE GULF COAST CENTER

THE GULF COAST CENTER IS SEEKING QUALIFIED LAWN CARE & LANDSCAPE SERVICE PROVIDERS TO PROVIDE SERVICE/SERVICES TO IDENTIFIED CENTER FACILITIES FOR THE PERIOD OF TIME BEGINNING SEPTEMBER 1, 2025, AND ENDING AUGUST 31, 2026, UNLESS TERMINATED EARLIER IN ACCORDANCE WITH AGREEMENT. THE GULF COAST CENTER ("GCC") IS THE TAX-EXEMPT COMMUNITY MENTAL HEALTH, INTELLECTUAL & DEVELOPMENTAL DISABILITIES AUTHORITY FOR GALVESTON AND/OR 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 care & landscape service providers can make appointments with the facility representative to inspect the seven listed facilities. Price quotes for one or both county sites may be submitted. Price quotes identified with LAWN CARE & LANDSCAPE SERVICE BID -DO NOT OPEN UNTIL – 5:00 PM ON July 18, 2025 in the subject line must be submitted via email to bidsubmission@gulfcoastcenter.org no later than 5:00 PM on July 18, 2025. No bids will be accepted after the stated deadline. 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 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 that is 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

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

D. HISTORICALLY UNDERUTILIZED BUSINESS (HUB) AND MINORITY OWNED BUSINESSES (M/W/DBES)

Historically Underutilized Business and/or Minority/Women/Disadvantaged Business enterprises will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race color, creed, sex, or national origin in consideration for an award. The Center shall make a good faith effort to utilize HUBs or M/W/DBEs in contracts for construction, services including professional and consulting, and commodities. Please submit HUB state certificate and/or City M/W/DBE certificate.

E. SCOPE OF SERVICES & FREQUENCY:

1 – Bi-Weekly:

Mowing and edging of the lawn, weed eating and blowing.
Inspection of each facility to ensure overall attractiveness.
Removal and Disposal of dead brush/bushes/trash/debris around facilities including flower beds.
Trim branches and brush to allow for unimpeded access to/on property.

2-Monthly:

Inspection of flower beds – ensure plants are alive and bed is in adequate condition, free of pests and debris.
Treatment of Ant Piles – ensure they are being treated with center approved ant killer.
Gutters – ensure these are cleaned out, free of falling debris, and have adequate drainage.

3-Annually:

Flower beds – re-mulch annually.

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 have a safety rating. The contractor is responsible for providing each facility with a copy of all Safety Data Sheets (SDS) 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 provided.

G. PAYMENTS

Payments shall be made through ACH 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 on which services are completed for each facility.

H. TERM OF AGREEMENT

The contract term will be for twelve months from September 1, 2025 – August 31, 2026. Two extensions of the contract for an additional year each 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 and contractor 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 any day of the week unless specifically not allowed. The work shall only be performed while the sunlight is available. No work is to be done at dusk or in darkness.

FACILITY

Lawn Services:

League City West (approximately 0.85 acre of grass and other vegetation on property.)
4444 West Main League City, Texas 77573

Harbor House (approximately 1.27 acres of grass and other vegetation on property.)
5825 Emmett F. Lowry Texas City, Texas 77591

*Care must be taken to turn off the lawn sprinklers before mowing, then turning the sprinklers on when finished.

Mackey Buildings A & B (approximately 1.4 acres of grass and other vegetation on property.)
4352 Emmett F. Lowry Expressway Texas City, Texas 77591

Mainland Buildings 1 & 2 and Brown House (approximately 13 acres of grass and other vegetation on property.)
7510 FM 1765 & 7602 FM 1765 Texas City, Texas 77591

NBCSC (approximately 0.5 acre of grass and other vegetation on property.)
101 Brennen Alvin, Texas 77511

BCCSC (approximately 1. 2 acres of grass and other vegetation on property.)
101 Tigner Angleton, Texas 77515

Boat House and Bayou House (approximately 6.3 acres of grass and other vegetation on property.) 2320 & 2352 East Mulberry Angleton, Texas 77515

BID FORM

Lawn Care Service for facilities of the Gulf Coast Center must be submitted to:
bidsubmission@gulfcoastcenter.org

1. LAWN & LANDSCAPE SERVICE PER SCOPE OF SERVICE:

FACILITY	FEE PER YEAR
LEAGUE CITY WEST	_____

2. LAWN & LANDSCAPE SERVICE PER SCOPE OF SERVICE:

FACILITY	FEE PER YEAR
HARBOR HOUSE	_____

3. LAWN & LANDSCAPE SERVICE PER SCOPE OF SERVICE:

FACILITY	FEE PER YEAR
MACKEY BUILDINGS A & B	_____

4. LAWN & LANDSCAPE SERVICE PER SCOPE OF SERVICE:

FACILITY	FEE PER YEAR
MAINLAND BLDGS & BROWN HOUSE	_____

5. LAWN & LANDSCAPE SERVICE PER SCOPE OF SERVICE:

FACILITY	FEE PER YEAR
NBCSC	_____

6. LAWN & LANDSCAPE SERVICE PER SCOPE OF SERVICE:

FACILITY	FEE PER YEAR
BCCSC	_____

7. LAWN & LANDSCAPE SERVICE PER SCOPE OF SERVICE:

FACILITY	FEE PER YEAR
BOATHOUSE & BAYOU HOUSE	_____

SITE VISIT TO FACILITY CONDUCTED FOR BID: YES____NO____

COMPANY NAME:

_____CITY_____ZIPCODE_____

TELEPHONE: _____FAX_____E-MAIL_____

REFERENCES OF CUSTOMERS SERVED IN THE LAST THREE YEARS:

INSURANCE COVERAGE:	YES/NO	INSURANCE COMPANY
WORKERS COMPENSATION		

BUSINESS AUTOMOBILE LIABILITY

SIGNATURE_____DATE_____

POSITION_____