

**REQUEST FOR QUOTATIONS FOR
LANDSCAPING SERVICES
FOR THE
CUYAHOGA COUNTY BOARD OF HEALTH**

Background

The Cuyahoga County Board of Health (CCBH) seeks a qualified contractor to provide landscaping services for its property located at 5550 Venture Drive, Parma, Ohio 44130.

Our goal is to provide a safe, functional, and accessible environment for our visitors and employees.

Duration of Services

The Cuyahoga County Board of Health is seeking services commencing April 1, 2018 through November 30, 2020.

The Board will have the option to renew for an additional one year extension through November 30, 2021.

Basic Services - Costs for these services must be quoted on a total cost per year. List as Year 1, Year 2 and Year 3 (Board's option to renew).

1. Lawn Maintenance/Mowing:

Turf shall be cut once every **two** weeks.

Debris and trash is cleaned off the lawn before mowing.

All lawn areas are mowed, site and weather conditions permitting.

All grass around trees, buildings, and fences are trimmed.

Edging of walks, patios and other concrete areas shall be performed as needed.

All walks and driveways are cleaned of grass clippings and other debris.

2. Bed Maintenance

3. Seasonal Pruning of Trees and Shrubs

4. Bed Edge

5. Spring Clean Up

6. Fall Clean Up

7. Debris Removal

Please quote the following services **as alternates** – costs for these services should be quoted for each year separately for each of the eight services.

1. Aeration
2. Mulch (22 cubic yards)
3. Mulch Cultivation
4. Mulch Stain
5. Seasonal Floral
6. Tree and Shrub Program
7. Seeding
8. Spot treatment of herbicide on non-native plant material located on approximately two acres of the property (this service will only be needed in year 3).

Other Information Requested

The four items listed below must be included with quotes, for quotes to be considered.

1. Business establishment date.
2. Equipment and staffing information.
3. Three references (CCBH form attached).
4. State of Ohio certification for herbicide and fertilizer application.

Insurance Requirements

1. General Liability. The Contractor shall carry comprehensive general liability insurance, occurrence version, in an amount of \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.
2. Professional Liability. The Contractor shall carry professional liability insurance, occurrence version, providing single limit coverage in an amount of \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.
3. Workers' Compensation. The Contractor shall provide evidence of proper and current worker's compensation coverage at the time of execution of the contract and at any other time upon further request of the Board.
4. Additional Insured. The Board shall be named as an additional insured for all coverage required under (1) and (2) hereinabove.

5. Employee Dishonesty. It is recommended that the Contractor provide coverage against employee dishonesty, in an amount approved by the Board. In the event that the Contractor elects not to provide coverage for employee dishonesty, the Contractor shall assume all risk for losses arising from employee dishonesty and the Board shall not make any payments to cover losses incurred as a result of employee dishonesty.
6. Evidence of Coverage. At the time of execution of this contract, the Contractor shall provide the Board with a certificate of insurance evidencing each type of coverage required or provided under this section, and shall provide the Board notice of cancellation or non-renewal of any such coverage within thirty (30) days of the time the Contractor receives such notice.

Submission of Quotes

Quotation documents are due by Friday, March 9, 2018 at 11:00 a.m.

Documents may be mailed or emailed to the following:

Cuyahoga County Board of Health
Attention: Rebecca Burke, Executive Assistant
5550 Venture Drive
Parma, Ohio 44130
(216)201-2001 ext. 1101
bburke@ccbh.net

REFERENCE SHEET

INSTRUCTIONS:

List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.

ORGANIZATION'S NAME:

CONTACT PERSON'S NAME:

ORGANIZATION'S FULL ADDRESS:

CONTACT PERSON'S TELEPHONE NUMBER:

DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED:

ORGANIZATION'S NAME:

CONTACT PERSON'S NAME:

ORGANIZATION'S FULL ADDRESS:

CONTACT PERSON'S TELEPHONE NUMBER:

DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED:

ORGANIZATION'S NAME:

CONTACT PERSON'S NAME:

ORGANIZATION'S FULL ADDRESS:

CONTACT PERSON'S TELEPHONE NUMBER:

DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED: