

SCHOOL BOARD OF ALACHUA COUNTY
 FORM OF PROPOSAL
 LANDSCAPE MAINTENANCE SERVICES
 (PER MONTH SERVICE RATE)

Service Site: _____ Authorized Rep.: _____

Parts A – G to be completed by Authorized Representative of Service Site.

A) Contract Term: _____, 2009 through June 30, 2010

B) Work Period: Landscape maintenance services shall ordinarily be performed:

(Check (✓) as applicable)

- During normal site/facility operating hours, Monday through Friday from _____ to _____
- After normal site/facility operating hours, Monday through Friday from _____ to _____
- During daylight hours on Saturday or Sunday from _____ to _____

C) Schedule of Services: The following schedule is provided as a general timetable of the frequency of services to be performed at the Service Site as well as a working part of contract.

(Check (✓) as applicable and specify Months)

- ❖ **Growing Season** (April – October) or _____ to _____
 - Service every week, Months: _____
 - Service every other week, Months: _____
 - Service twice per month, Months: _____
- ❖ **Dormant Season** (November – March) or _____ to _____
 - Service every week, Months: _____
 - Service every other week, Months: _____
 - Service twice per month, Months: _____
 - Service once per month, Months: _____

D) Estimated Site Visits: Based on above defined service frequency, the following table represents the number of times each listed service category shall be performed each month. The total (TTL) represents the estimated number of site visits per contract term. This shall serve as a basis for Service Provider (Quoter) to establish and propose per month service rate.

| <u>Month</u> | 2009 | | | | | | 2010 | | | | | | TTL |
|-----------------|------|-----|------|-----|-----|-----|------|-----|-----|-------|-----|------|-----|
| | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April | May | June | |
| Mowing | | | | | | | | | | | | | |
| Edging | | | | | | | | | | | | | |
| Trimming | | | | | | | | | | | | | |
| Pruning | | | | | | | | | | | | | |
| Weed Control | | | | | | | | | | | | | |
| Site Cleanup | * | * | * | * | * | * | * | * | * | * | * | * | |
| Site Inspection | * | * | * | * | * | * | * | * | * | * | * | * | |
| Blowing | | | | | | | | | | | | | |
| Raking | | | | | | | | | | | | | |

* To be performed each visit

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Service Site: _____

E) Define any service area exclusions (i.e., athletic fields, etc.): _____

F) Completed Form of Proposal (2 pages) shall be returned to the Authorized Representative at:
 Service Site or Purchasing Dept. (Fax: 352 955-7486)

Price: Quoter shall input Price that will be charged each month for landscape maintenance services based on number of months in contract term as defined by Service Site.

| | G) Contract Term (# months) | Price Per Month | Award Total |
|--|--|----------------------------|------------------------|
| Landscape Maintenance Services (as specified) | | \$ | \$ |

Supplemental Services

Quoter is requested to propose pricing for any contract related supplemental services that are available. Quoter shall indicate the basis of price which is the method that the District will be charged for the services performed (i.e., per sq. yd., hourly rate, per application, etc.).

| | Price | Basis of Price |
|--|--------------|-----------------------|
| Fertilization for: <input type="checkbox"/> turf <input type="checkbox"/> shrubs Fertilization to be provided by: <input type="checkbox"/> District <input type="checkbox"/> Service Provider | \$ | |
| Mulching Services: Mulch to be provided by: <input type="checkbox"/> District <input type="checkbox"/> Service Provider | \$ | Type mulch: |
| General Clean-up Services as specified: | \$ | |
| Additional Proposed Services: | \$ | |

It is agreed and understood that services shall always be completed in conformance to the standards of performance as established by Service Site. Quoter certifies, by signature below, that an inspection of the area to be maintained at Service Site has been performed and that the full scope of services is understood. Quoter hereby proposes to provide landscape maintenance services in accordance with SOQ 09-73 and the above specifications, for the amount as quoted.

Quoter (Company) Name: _____

Signature: _____ Date: ____/____/____

Address: _____

Phone#: _____ Cell #: _____

