
ATTACHMENT A – BID FORM
MOWING OF TURF AREAS IN OTTAWA COUNTY PARKS FOR 2024

Submitted by: _____

Company/Organization Name

Company/Organization Street Address

City, State, and Zip Code

Signature of Company's/Organization's
Authorized Representative

Typed or printed Name and Title

Person to be contacted regarding bid:

Name and Title

Street Address

City, State, and Zip Code

Office or Home Phone: Area Code and Telephone Number

Cell Phone: Area Code and Telephone Number

Fax: Area Code and Telephone Number

Email Address

The undersigned bidder proposes to provide mowing in accordance with and as specified in these contract documents at the location listed below at the unit prices stated:

<u>LOCATION</u>	Unit Price per mowing	Total Price 24 mowings
1. Paw Paw Park	\$_____	\$_____
2. Upper Macatawa Natural Area	\$_____	\$_____
3. Adams Street Landing	\$_____	\$_____

Total Bid for 24 Mowings at the above three properties
\$_____

Price per acre for additional mowing if requested by OCPC at one of the contracted sites, but not already included in this ITB.

\$_____

Bid Submitted by:

COMPANY

Please check your preferred performance security method:

Performance bond ☐
10% Retainage ☐

Have you submitted or do you already have on file new-vendor/W-9 paperwork? ☐ Yes ☐ No
Forms are available at: <http://employee.miottawa.org/?ddownload=5790>

Do you plan to request permission to use any chemical herbicide? ☐ Yes ☐ No
If yes, please include a copy of your Michigan Commercial Pesticide Applicator certification.

Authorized Representative's Signature

Date

Authorized Representative's Printed Name, Title, and Company (Legal) Name for Business

ATTACHMENT B – VENDOR REFERENCE

Please state references of similar that required comparable size and scope of project.

Reference 1			
Customer Name		Contact Person	
Contact Number		Contact Email	
Project Description			
Reference 2			
Customer Name		Contact Person	
Contact Number		Contact Email	
Project Description			
Reference 3			
Customer Name		Contact Person	
Contact Number		Contact Email	
Project Description			

The undersigned hereby authorizes the County to obtain all information that said recipient may have concerning the undersigned's contract performance history and releases all parties from all liability for any damage that may result from furnishing the same to the County. A photocopy of this authorization shall be deemed equivalent to the original.

Authorized Representative's Signature

Date

Authorized Representative's Printed Name, Title, and Company (Legal) Name for Business

ATTACHMENT C – EQUIPMENT LIST

<u>TYPE</u>	<u>AGE</u>	<u>CONDITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach additional sheets as needed.

Authorized Representative's Signature

Date

Authorized Representative's Printed Name, Title, and Company (Legal) Name for Business

ATTACHMENT D – BID CHECKLIST

Please confirm that your organization has the capacity and qualifications to complete the project from start to finish at a standard at or above industry standards. Please check each box to confirm qualifications.

- ☐ Bid Form information sheet
- ☐ Bid Pricing Schedule
- ☐ Reference list
- ☐ Equipment list
- ☐ Proof of insurance as stated in Exhibit 7
- ☐ Commercial Pesticide Applicator Certification (if applicable)
- ☐ Vendor Setup/W-9 paperwork has been submitted or is on file.
- ☐ Bid has been submitted and received prior to 10AM ET on April 8, 2024

Authorized Representative's Signature

Date

Authorized Representative's Printed Name, Title, and Company (Legal) Name for Business