

ANTICOLLUSION/NONDISCRIMINATION/DRUG FREE WORKPLACE CLAUSES

ANTICOLLUSION CLAUSE:

IN THE PREPARATION AND SUBMISSION OF THIS BID, SAID BIDDER DID NOT EITHER DIRECTLY OR INDIRECTLY ENTER INTO ANY COMBINATION OR ARRANGEMENT WITH ANY PERSON, FIRM OR CORPORATION, OR ENTER INTO ANY AGREEMENT, PARTICIPATE IN ANY COLLUSION, OR OTHERWISE TAKE ANY ACTION IN THE RESTRAINT OF FREE, COMPETITIVE BIDDING IN VIOLATION OF THE SHERMAN ACT (15 U.S.C. SECTION 1), SECTIONS 59.1-9.1 THROUGH 59.1-9.17 OR SECTIONS 59.1-68.6 THROUGH 59.1-68.8 OF THE CODE OF VIRGINIA.

THE UNDERSIGNED BIDDER HEREBY CERTIFIES THAT THIS AGREEMENT, OR ANY CLAIMS RESULTING THEREFROM, IS NOT THE RESULT OF, OR AFFECTED BY, ANY ACT OF COLLUSION WITH, OR ANY ACT OF, ANOTHER PERSON OR PERSONS, FIRM OR CORPORATION ENGAGED IN THE SAME LINE OF BUSINESS OR COMMERCE; AND, THAT NO PERSON ACTING FOR, OR EMPLOYED BY, THE CITY OF SUFFOLK HAS AN INTEREST IN, OR IS CONCERNED WITH, THIS BID; AND, THAT NO PERSON OR PERSONS, FIRM OR CORPORATION OTHER THAN THE UNDERSIGNED, HAVE, OR ARE, INTERESTED IN THIS BID.

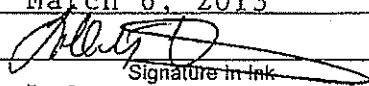
DRUG-FREE WORKPLACE:

DURING THE PERFORMANCE OF THIS CONTRACT, THE CONTRACTOR AGREES TO (I) PROVIDE A DRUG-FREE WORKPLACE FOR THE CONTRACTOR'S EMPLOYEES; (II) POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, A STATEMENT NOTIFYING EMPLOYEES THAT THE UNLAWFUL MANUFACTURE, SALE, DISTRIBUTION, DISPENSATION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE OR MARIJUANA IS PROHIBITED IN THE CONTRACTOR'S WORKPLACE AND SPECIFYING THE ACTIONS THAT WILL BE TAKEN AGAINST EMPLOYEES FOR VIOLATIONS OF SUCH PROHIBITION; (III) STATE IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES PLACED BY OR ON BEHALF OF THE CONTRACTOR THAT THE CONTRACTOR MAINTAINS A DRUG-FREE WORKPLACE; AND (IV) INCLUDE THE PROVISIONS OF THE FOREGOING SECTIONS I, II, AND III IN EVERY SUBCONTRACT OR PURCHASE ORDER OF OVER \$10,000, SO THAT THE PROVISIONS WILL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

FOR THE PURPOSE OF THIS SECTION, "DRUG-FREE WORKPLACE" MEANS A SITE FOR THE PERFORMANCE OR WORK DONE IN CONNECTION WITH A SPECIFIC CONTRACT AWARDED TO A CONTRACTOR IN ACCORDANCE WITH THIS CHAPTER, THE EMPLOYEES OF WHOM ARE PROHIBITED FROM ENGAGING IN THE UNLAWFUL MANUFACTURE, SALE, DISTRIBUTION, DISPENSATION, POSSESSION OR USE OF ANY CONTROLLED SUBSTANCE OR MARIJUANA DURING THE PERFORMANCE OF THE CONTRACT.

NONDISCRIMINATION CLAUSE:

1. EMPLOYMENT DISCRIMINATION BY BIDDER SHALL BE PROHIBITED.
2. DURING THE PERFORMANCE OF THIS CONTRACT, THE SUCCESSFUL BIDDER SHALL AGREE AS FOLLOWS:
 - A. THE BIDDER, WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER BASIS PROHIBITED BY STATE LAW RELATING TO DISCRIMINATION IN EMPLOYMENT, EXCEPT WHERE THERE IS A BONA FIDE OCCUPATIONAL QUALIFICATION/CONSIDERATION REASONABLY NECESSARY TO THE NORMAL OPERATION OF THE BIDDER. THE BIDDER AGREES TO POST IN CONSPICUOUS PLACES, AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES SETTING FORTH THE PROVISIONS OF THIS NONDISCRIMINATION CLAUSE.
 - B. THE BIDDER, IN ALL SOLICITATIONS OR ADVERTISEMENTS FOR EMPLOYEES PLACED ON BEHALF OF THE BIDDER, WILL STATE THAT SUCH BIDDER IS AN EQUAL OPPORTUNITY EMPLOYER.
 - C. NOTICES, ADVERTISEMENTS, AND SOLICITATIONS PLACED IN ACCORDANCE WITH FEDERAL LAW, RULE OR REGULATION SHALL BE DEEMED SUFFICIENT FOR THE PURPOSE OF MEETING THE REQUIREMENTS OF THIS SECTION.
 - D. BIDDER WILL INCLUDE THE PROVISIONS OF THE FOREGOING SECTIONS A, B, AND C IN EVERY SUBCONTRACT OR PURCHASE ORDER OF OVER \$10,000, SO THAT THE PROVISIONS WILL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

Name and Address of Bidder: LW's Lawn Service 615 Old East Pinner Street Suffolk, Virginia 23434 Telephone Number: (757) 925-0747 Fax Phone Number: (757) 925-4943 FIN/SSN#: 54-1679648	Date: March 6, 2013 By:  Signature in Ink LeOtis Williams Printed Name Manager Title
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Is your firm a "minority" business? Yes No If yes, please indicate the "minority" classification below:
 African American Hispanic American American Indian Eskimo Asian American Aleut
 Other; Please Explain: _____

Is your firm Woman Owned? Yes No Is your firm a Small Business? Yes No

Alternative Contacts for Firm:

LW's Lawn Service

Name: LeOtis Williams

Email Address: _____

Cell Phone (757) 328-2085

Fax Number: (757) 925-4943

Licenses:

Please include a list of all current permits and licenses that shall be valid for the duration of the contract period:

Offeror has included Anti-collusion Statement with proposal. Yes/No
(Circle one)

Offeror has included SCC Form with proposal. Yes/No
(Circle one)

Offeror has included Insurance documents with proposal. Yes/No
(Circle one)

Offeror has acknowledged any Addenda Yes/No
(Circle one)

I will accept payment by means of the City's Purchasing Card. Yes/No
(Circle one)

I will accept electronic transfer of funds as payment. Yes/No
(Circle one)

Commonwealth of Virginia



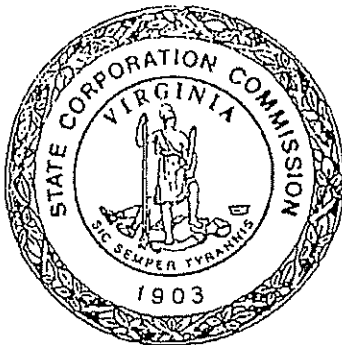
STATE CORPORATION COMMISSION

Richmond, May 17, 2005

This is to certify that the certificate of organization of

L W'S LAWN SERVICE, LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: May 17, 2005



State Corporation Commission

Attest:

Joel H. Beck
Clerk of the Commission



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/7/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Selective Insurance Company of America P.O. Box 13325 Richmond VA 23225-0325	CONTACT NAME:	
	PHONE (A/C. No. Ext): (877) 744-3125	FAX (A/C. No.): (877) 378-3033
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Selective Ins Co of America		12572
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WORD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			1404058	4/21/2012	4/21/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000
	GENL AGGREGATE LIMIT APPLIES PER. <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH) If yes, describe the: DESCRIPTION OF OPERATIONS below		Y/N	1404058	4/21/2012	4/21/2013	WC STATUTORY LIMITS \$ OTH ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER City of Suffolk Purchasing Division Att: Ivy Crawford 441 Market St Suffolk, VA 23434	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Deborah Dzrendzel/CGW <i>Deborah Dzrendzel</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER M HUNTER MARCH 908 W WASHINGTON ST SUFFOLK VA 23434 - 6242	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____
	INSURER(S) AFFORDING COVERAGE INSURER A: NATIONWIDE MUTUAL FIRE INSURANCE COMPANY NAIC # 23779 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED LEOTIS WILLIAMS DBA LWS LAWN SERVICE PO Box 3285 SUFFOLK VA 23439	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		ACP BAF 2442890588	02/17/2013	02/17/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			WK STATU- TORY LIMITS OTHER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, (if more space is required))

CERTIFICATE HOLDER City of Suffolk Purchasing Dept 441 Market Street Suffolk VA 23434	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Cynthia E. McClenny <i>Cynthia E. McClenny</i>
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THOMAS A. HAZELWOOD
 COMMISSIONER OF THE REVENUE
 P.O. BOX 1459 • SUFFOLK, VIRGINIA 23439
 MAIN: (757) 514-4252 OR BRANCH: (757) 514-7182

2013
 EXPIRES
 DEC. 31ST

CITY OF SUFFOLK BUSINESS LICENSE

WILLIAMS LEOTIS
 PO BOX 3285
 SUFFOLK VA 23439-3285

L W LAWN SERVICE
 615 OLD E PINNER ST
 SUFFOLK VA 23434

757-925-0747

<u>DISTRICT CODE:</u> CY	<u>BUSINESS TYPE:</u> S I	<u>DATE BUSINESS BEGAN:</u> 7/25/1989	<u>ACCOUNT#:</u> 002082
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<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
LAWN	LAWN CARE/LANDSCAPING		

THE COMPLETION AND ISSUANCE OF THIS CITY LICENSE SHALL NOT BE DEEMED TO BE APPROVAL TO PROSECUTE ANY BUSINESS WITHOUT OBTAINING ZONING AND USE PERMITS FOR THE LOCATION IN WHICH YOU INTEND TO LOCATE.

I, Commissioner of the Revenue of the City of Suffolk, do find the foregoing application in due form. Therefore, pursuant to the license tax ordinance of the City of Suffolk, licenses are this day severally granted the above named applicant to prosecute the business, employments or professions covered by the foregoing application hereon, at the definite house or place in this city. This license, however, shall not be valid or have any legal effect unless and until the taxes (and penalties) prescribed by ordinance are paid to the Treasurer of the city, and does not permit licensee to prosecute any business, profession or occupation in violation of any city ordinance, state or federal law.

Thomas A. Hazelwood

3/14/2013

Signature of Commissioner of the Revenue, his deputy or other designated official

Date

PROOF OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL/BID, FAILURE TO INCLUDE THIS FORM MAY RESULT IN REJECTION OF YOUR PROPOSAL/BID

Pursuant to Virginia Code §2.2-4311.2 an Offeror/Bidder organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 of the Code of Virginia shall include in its proposal/bid the identification number issued to it by the State Corporation Commission ("SCC"). Any Offeror/Bidder that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law shall include in its proposal/bid a statement describing why the Offeror/Bidder is not required to be so authorized. Any Offeror/Bidder described herein that fails to provide the required information shall not receive an award unless a waiver of this requirement and the administrative policies and procedures establish to implement this section is granted by the City Manager, as applicable.

If this quote for goods or services is accepted by the City of Suffolk, Virginia the undersigned agrees that the requirements of the Code of Virginia Section §2.2-4311.2 have been met.

Please complete the following by checking the appropriate line that applies and providing the requested information.

A. Offeror/Bidder is a Virginia business entity organized and authorized to transact business in Virginia by the SCC and such vendor's Identification Number issued to it by the SCC is S 154303-4.

B. Offeror/Bidder is an out-of-state (foreign) business entity that is authorized to transact business in Virginia by the SCC and such vendor's identification Number issued to it by the SCC is _____.

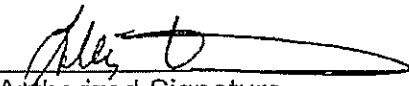
C. Offeror/Bidder does not have an Identification Number issued to it by the SCC such vendor is not required to be authorized to transact business in Virginia by the SCC for the following reason(s):

Please attach additional sheets if you need to explain why such Offeror/Bidder is not required to be authorized to transact business in Virginia.

LW's Lawn Service
Legal Name of Company (as listed on W-9)

LW's Lawn Service
Legal Name of Offeror/Bidder

March 6, 2013
Date


Authorized Signature

LeOtis Williams, Manager
Print or Type Name and Title

RETURN THIS PAGE WITH COPIES OF DOCUMENTATION

Please note: The SCC website will be unavailable Thursday, April 18, from 6 p.m. until 10 p.m. for system maintenance. We apologize for the inconvenience and appreciate your patience.

Home | Site Map | About SCC | Contact SCC | Privacy Policy



Login | Create an Account

SCC eFile > Entity Search > Entity Details



SCC eFile Business Entity Details

Help

L W'S LAWN SERVICE, LLC

SCC eFile
SCC eFile Home Page
Check Name
Distinguishability
Business Entity Search
Certificate Verification
FAQs
Contact Us
Give Us Feedback
Business Entities
UCC or Tax Liens
Court Services
Additional Services

General

SCC ID: S1543034
Entity Type: Limited Liability Company
Jurisdiction of Formation: VA
Date of Formation/Registration: 5/17/2005
Status: Active

Select an action

- [File a registered agent change](#)
- [File a registered office address change](#)
- [Resign as registered agent](#)
- [File a principal office address change](#)
- [Pay annual registration fee](#)
- [Order a certificate of fact of existence](#)
- [Submit a PDF for processing \(What can I submit?\)](#)
- [View eFile transaction history](#)
- [Manage email notifications](#)

Principal Office

615 E PINNER ST
SUFFOLK VA23434

New Search Home

Registered Agent/Registered Office

LEOTIS L WILLIAMS
615 E PINNER ST
SUFFOLK VA 23434
SUFFOLK CITY 220
Status: Active
Effective Date: 5/17/2005

Screen ID: e1000

Need additional information? Contact scinfo@scv.virginia.gov Website questions? Contact: webmaster@scv.virginia.gov

We provide external links throughout our site.

PDF (.pdf) Reader Excel (.xls) Viewer PowerPoint (.ppt) Viewer Word (.doc) Viewer

Build #: 1.0.0.26793

CEMETERY MAINTENANCE (RFP #2013-00072-IC)

LW's Lawn Service **PROPOSED COST SCHEDULE**

CEMETERY Holly Lawn Cemetery

ITEM #	DESCRIPTION	QTY APPROX PER YEAR	PER OCCURANCE	ANNUAL COST
1	Mowing/Trimming	18	1,120.00	20,160.00
2	Mowing Public Utilities Site	18	-0-	-0-
3	Shrub Pruning	4	105.00	420.00
4	Flower Bed Maintenance	18	-0-	-0-
5	Tree Maintenance	1	-0-	-0-
6	Weekly Emptying of Trash Receptacles	52	85.00	4,420.00
7	Emptying of Trash Receptacles Prior to Designated Holiday	4	85.00	340.00
8	Litter Control Non-Mowing Season (November 2 nd – March 14 th)	16	125.00	2,000.00
9	Leaf Removal Non-Mowing Season (November 2 nd – March 14 th)	16	175.00	2,800.00
10	Planting 100 Geraniums	1	-0-	-0-
11	Planting 100 Pansies	1	-0-	-0-
12	Herbiciding Roadways	2	400.00	800.00
13	Flower Bed Maintenance	18	-0-	-0-
14	Tree Maintenance	4	-0-	-0-
15	Weekly Emptying of Trash Receptacles	18	-0-	-0-
16	Emptying of Trash Receptacles Prior to Designated Holiday	1	-0-	-0-
Total Annual Cost				30,940.00

AD

CEMETERY MAINTENANCE (RFP #2013-00072-IC)

LW's Lawn Service **PROPOSED COST SCHEDULE**

CEMETERY Cedar Hill Cemetery

ITEM #	DESCRIPTION	QTY APPROX PER YEAR	PER OCCURANCE	ANNUAL COST
1	Mowing/Trimming	18	3,460.00	62,280.00
2	Mowing Public Utilities Site	18	-0-	-0-
3	Shrub Pruning	4	200.00	800.00
4	Flower Bed Maintenance	9 18	180.00	1,620.00
5	Tree Maintenance	1	-0-	-0-
6	Weekly Emptying of Trash Receptacles	52	138.00	7,176.00
7	Emptying of Trash Receptacles Prior to Designated Holiday	4	138.00	552.00
8	Litter Control Non-Mowing Season (November 2 nd – March 14 th)	16	450.00	7,200.00
9	Leaf Removal Non-Mowing Season (November 2 nd – March 14 th)	16	400.00	6,400.00
10	Planting 100 Geraniums	1	400.00	400.00
11	Planting 100 Pansies	1	400.00	400.00
12	Herbiciding Roadways	2	2,449.50	4,899.00
13	Flower Bed Maintenance	18	-0-	-0-
14	Tree Maintenance	4	-0-	-0-
15	Weekly Emptying of Trash Receptacles	18	-0-	-0-
16	Emptying of Trash Receptacles Prior to Designated Holiday	1	-0-	-0-
Total Annual Cost				91,727.00

add

CEMETERY MAINTENANCE

(RFP #2013-00072-IC)

LW's Lawn Service **PROPOSED COST SCHEDULE**

CEMETERY Holly Lawn Cemetery - Public Utilities

ITEM #	DESCRIPTION	QTY APPROX PER YEAR	PER OCCURANCE	ANNUAL COST
1	Mowing/Trimming	18	-0-	-0-
2	Mowing Public Utilities Site	18	59.98	1,079.64
3	Shrub Pruning	4	-0-	-0-
4	Flower Bed Maintenance	18	-0-	-0-
5	Tree Maintenance	1	-0-	-0-
6	Weekly Emptying of Trash Receptacles	52	-0-	-0-
7	Emptying of Trash Receptacles Prior to Designated Holiday	4	-0-	-0-
8	Litter Control Non-Mowing Season (November 2 nd – March 14 th)	16	-0-	-0-
9	Leaf Removal Non-Mowing Season (November 2 nd – March 14 th)	16	-0-	-0-
10	Planting 100 Geraniums	1	-0-	-0-
11	Planting 100 Pansies	1	-0-	-0-
12	Herbiciding Roadways	2	-0-	-0-
13	Flower Bed Maintenance	18	-0-	-0-
14	Tree Maintenance	4	-0-	-0-
15	Weekly Emptying of Trash Receptacles	18	-0-	-0-
16	Emptying of Trash Receptacles Prior to Designated Holiday	1	-0-	-0-
Total Annual Cost				1,079.64



CITY OF SUFFOLK

FINANCE DEPARTMENT/PURCHASING DIVISION

P.O. BOX 1858, SUFFOLK, VA, 23439-1858, PHONE (757)514-7520 FAX (757) 514-7524

MEMORANDUM

DISTRIBUTION

Initials

Date

Charles Meek, Interim Director of Budget & Strategic Planning (Not Required)
Approved As to Certification of Funds by Task Order

Michael Coburn, Purchasing Agent
Approved As to Procurement Regulations

me 5/1/13

Brian Parker, Risk Manager
Approved As To Insurance Requirement

BCP 5/5/13

Eric Nielsen, Director of Public Works
Approved As To Content

EN 5/7/13

Solomon Ashby, Asst. City Attorney
Approved As To Form

SAA 5/10/13

Selena Cuffee-Glenn, City Manager

PGR 5-13-13
SCG

5/15/13

Erika Dawley, City Clerk

ED 5/15/13

FROM: Ivy Crawford, Buyer I

DATE: April 30, 2013

RE: Cemetery Maintenance – Cedar Hill and Holly Lawn

Enclosed for your approval and execution are contract documents regarding the Cemetery Maintenance, Cedar Hill and Holly Lawn – Annual Services Contract with LW's Lawn Service.

After review and approval, please forward to the next person on the distribution list and return to my attention.

