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# Harrietstown Housing Authority

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## Request for Proposals Lawn Care Services

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March 28, 2018

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Sarah A. Clarkin, PHM  
Executive Director  
Harrietstown Housing Authority

**Harrietstown Housing Authority  
14 Kiwassa Road, Suite 1  
Saranac Lake, NY 12983  
Telephone: 518-891-3050 / Fax: 518-891-3630**

**PUBLIC NOTICE**

The Harrietstown Housing Authority (HHA) requests proposals from contractors for LAWN CARE SERVICES at the Algonquin Apartment Complex, 240 George Lapan Memorial Hwy, Saranac Lake, NY.

Details of the project and insurance requirements may be obtained at the HHA's main office, 14 Kiwassa Rd., Saranac Lake, NY on or after March 28, 2018 during normal business hours. Information is also available at [www.harrietstownha.org](http://www.harrietstownha.org).

Proposals will be accepted up to and no later than 3pm, April 30, 2018, at the HHA's main office or via email as indicated in detailed project description. HHA is an Equal Opportunity Employer under the direction of the U.S. Dept of HUD and encourages Section 3 and Minority and Women's Business Enterprises to submit proposals.

Solicitation Number #180328-001

**LOCATION:** 240 George Lapan Memorial Hwy---- Algonquin Apartments

**SCOPE OF WORK:** Biweekly lawn maintenance (mowing, trimming) of entire property including up to 35 individual back yards (excluding those maintained by tenant), common lawn space, area along George Lapan Memorial Hwy, and around all bushes/trees. The project area is outlined in the attached photograph. All grass trimmings/debris will be removed from walkways, patios and parking lots. Contractor to provide all machinery, fuel and assume other costs directly related to normal lawn care services.

A regular work schedule will be maintained subject to weather conditions. Actual work dates will be indicated on all invoices submitted for payment. HHA management will verify job completion prior to payment being issued.

Work will begin in May and continue through October, 2018.

**INSURANCE REQUIREMENTS:** The CONTRACTOR must provide proof of General Liability insurance with limits of at least \$1,000,000 per occurrence naming the HHA as an additional insured in addition to Automobile and Workers Compensation coverage in accordance with the State of New York rules and regulations.

All policies must remain in force during the contract period.

**FORMAT OF PROPOSAL:** The Contractor shall propose a lump sum amount per completed mowing/trimming job.

**CONTACT INFO:**

David Siegrist, Facilities Manager  
Harrietstown Housing Authority  
14 Kiwassa Rd., Suite 1  
Saranac Lake, NY 12983  
518 891 3050 X103  
[dsiegrist@harrietstownha.org](mailto:dsiegrist@harrietstownha.org)



**Contractor Agreement**

THIS AGREEMENT is made the \_\_\_\_\_ day of \_\_ May, 2018 \_\_\_\_, by and between

\_\_\_\_\_, whose place of business is located

\_\_\_\_\_ and is herein after called the Contractor and

THE HARRIETSTOWN HOUSING AUTHORITY, 14 Kiwassa Rd., Suite 1, Saranac Lake, NY 12983, hereinafter called the Owner.

The Contractor and the Owner agree to the following considerations:

**Scope of Work**

The Contractor shall furnish materials and perform work on the property at 240 GEORGE LAPAN MEMORIAL HWY, ALGONQUIN APARTMENT COMPLEX in Saranac Lake, NY

**Work Performed**

Biweekly lawn maintenance (mowing, trimming) of entire property including up to 35 individual back yards (excluding those maintained by tenant), all common lawn space, area along George Lapan Memorial Hwy, and around all bushes/trees. All grass trimmings/debris will be removed from walkways, patios and parking lots. Contractor to provide all machinery, fuel and assume other costs directly related to normal lawn mowing service.

A regular work schedule will be maintained subject to weather conditions and dates work has been performed will be indicated on all invoices submitted for payment. HHA management will verify completed job prior to payment being issued.

**Contract Term**

Work will begin in May and continue through October 2018.

**Contract Price**

The Owner shall pay the contractor for labor to be performed the sum of \_\_\_\_\_ for each completed mowing job.

Owner:

Contractor:

\_\_\_\_\_  
Executive Director, Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date