

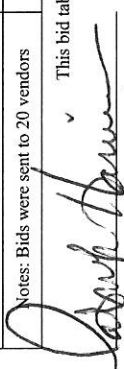
RFP 17.173
 Police Ground Maintenance
 Bid Date 05/31/2017

Item	Source One	American Services	Landmark	Greenleaf Lawn	Landcare
Specification: Grounds Maint.					
Public Safety Complex	\$159.00	\$220.00	\$370.00	\$300.00	\$385.00
Broken Arrow Training Center	\$285.00	\$345.00	\$330.00	\$420.00	\$375.00
Animal Shelter	\$92.00	\$88.00	\$98.00	\$156.00	\$215.00
Total per cycle	\$536.00	\$653.00	\$798.00	\$876.00	\$975.00
Option:					
Weed/Fertilizer (Public Safety Complex)	\$1,086.75	\$1,032.39	\$760.00	\$1,425.00	\$1,508.00
Total per year	1,086.75	1,032.39	760.00	1,425.00	1,508.00

Notes: Bids were sent to 20 vendors

This bid tabulation is true and accurate to the best of my knowledge

Wednesday, May 31, 2017



Patrick Harrison

Purchasing Manager

Lawns and Grounds Service Agreement

This agreement is made and entered into effective as of _____, 2017 by and between **SourceOne Management Services, Inc. (dba "SourceOne")** and **The City of Broken Arrow**.

Term. The term of this agreement shall be from the start date of _____ 2017 to _____, 2018, with 4 additional 1 year renewal options available.

Invoices/Payments. SourceOne will invoice the City of Broken Arrow at the end of each month and invoice to be due upon receipt.

Services to be performed at the following locations:

1. Public Safety Complex 1101 N 6th St.
2. Broken Arrow Training Center 4205 E. Omaha
3. Animal Shelter 4121 E. Omaha

Pricing Schedule:

- | | | |
|---------|------------------------------|----------|
| 1. 1 ea | Public Safety Complex | \$159.00 |
| 2. 1 ea | Broken Arrow Training Center | \$285.00 |
| 3. 1 ea | Animal Shelter | \$ 92.00 |

Total bid amount (per mow): \$536.00

Option:

Weed/Fertilizer for Public Safety Complex \$362.25

Date: _____

Client

Vendor

City of Broken Arrow
(Company Name)

SOURCEONE Management Services
(Company Name)

1700 W. Detroit
(Company Address)

10400 E. 21st St.
(Company Address)

Broken Arrow, OK 74013
(City, State, Zip)

Tulsa, OK 74129
(City, State, Zip)

Approved by: _____

Approved by: _____

Title: _____

Title: Account Executive

Approved by: _____

Approved by: Berny Cel

Title: _____

Title: President

APPROVED AS TO FORM:

[Signature]

ASSISTANT CITY ATTORNEY

Billing Address If Different From Above:

City of Broken Arrow
Attn: Nancy Rill
PO Box 610
Broken Arrow, OK 74013