



THE CITY OF  
**TALLMADGE**  
HISTORY MOVING FORWARD

## SPECIFICATIONS & PROPOSAL:

### **Fertilization & Weed Control**

**Proposals due by: *January 13, 2022 @ 4 p.m.***

**Submitted By:**

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**Company Name**

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**Street Address**

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**City**

**State**

**Zip**

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**Contact Person**

**Phone No.**

**Email Address**

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**David G. Kline, Mayor**  
**Michael Rorar, Director of Public Service**

46 North Avenue, Tallmadge, Ohio 44278

Phone 330-633-0854 ▪ Fax 330-633-1359

**City of Tallmadge Department of Public Service  
Request for Proposal**

Proposals will be accepted in the Public Service Department, City of Tallmadge, 46 North Avenue, Tallmadge, Ohio, 44278 until 4:00 PM local time on Thursday, January 13, 2022.for:

**Fertilization and Weed Control**

It is the intent of the City of Tallmadge (the City) to establish a contract to provide fertilization and weed control as outlined in the proposal document. The term of the contract will be for one (1) year with (2) one-year renewals, beginning February 2022.

Detailed information, proposal forms and complete specifications may be obtained from the City of Tallmadge website at <https://www.tallmadge-ohio.org/bids>

Contractors must use the forms available on the website as no other will be accepted. Proposals must include a price for each item in the Proposal Form. Incomplete proposals will be considered informal and will not be considered. Each proposal must contain the full name of every person or company participating in the contract.

The City of Tallmadge reserves the right to reject any or all proposals and to accept the proposal deemed most beneficial to the City of Tallmadge.

The award of this contract shall be to the lowest and best proposal. The City of Tallmadge reserves the right to reject any or all proposals and to accept the proposal(s) deemed most beneficial to the City of Tallmadge.

The Contractor is responsible for monitoring the above-named website for any official addenda.

Please contact Tina Fiocca in the Public Service Department at [tfiocca@tallmadge-ohio.org](mailto:tfiocca@tallmadge-ohio.org) if you have any questions regarding this Request for Proposal.

Michael Rorar  
Director of Public Service

# Table of Contents and Proposal Checklist

A complete proposal packet will consist of the items listed below.

Complete this checklist to confirm the items required in your proposal. Place a checkmark or "X" next to each item that you are submitting to the City of Tallmadge. Failure to submit the listed documents may be cause for rejection of your proposal. This checklist should be returned with your proposal.

- Cover sheet (Page 1)
- Request for Proposal (Page 2)
- Table of Contents and Proposal Checklist (Page 3)
- Section I: Instructions for Proposal (Pages 4 - 5)
- Section II: Contract Forms (Pages 6 - 17)
  - Contract Form List
  - Contract Form 1: Non-Collusion Affidavit
  - Contract Form 2: Statement of Non-Liability for Delinquent Personal Property Taxes
  - Contract Form 3: Statement of Liability for Delinquent Personal Property Taxes
  - Contract Form 4: Certification of Drug Free Workplace
  - Contract Form 5: Affidavit in Compliance with Section 3517.13
  - Contract Form 6: Independent Contractor Anti-Bias Disclosure
  - Contract Form 7: Certification of No Personal Interest
  - Contract Form 8: PERS Independent Worker/Contractor Form
  - Contract Form 9: OPERS Form
- Section III: Specifications & Proposal (Pages 18 - 21)

## **SECTION I: INSTRUCTIONS for PROPOSALS**

All pages of the Proposal and specifications must be intact and included in the submitted proposal. Proposals must be on the forms provided on the City of Tallmadge website as none other will be accepted.

Submit all proposals to the City of Tallmadge Public Service Department, 46 North Avenue, Public Service Department, Tallmadge, Ohio 44278 according to the instructions in the Request for Proposals posted on the City of Tallmadge's website at [https:// https://www.tallmadge-ohio.org/bids](https://www.tallmadge-ohio.org/bids)

Proposals should be marked with project title and the name and address of Contractor and reach the Public Service Department, no later than 4:00 PM on Thursday, January 13, 2022. The Public Service Department copy machine time stamp is the official time used for the deadline of the submission of proposals. The City will disqualify any proposal not received on or before 4:00 PM local time on Thursday, January 13, 2022.

The City reserves the right to waive any informality in any proposal, and to reject any or all proposals. The City also reserves the right not to enter into any contract as a result of this Request for Proposal.

All addendums will be posted on the City website through Vendor Registry. It is the responsibility of those submitting a proposal to check this site on a regular basis. The City will not be responsible for any information not viewed by vendors. All Contractors should register with [www.vendorregistry.com](http://www.vendorregistry.com) so that the City has all the necessary vendor information.

A contract will be awarded to the lowest and best proposal. The City will be the judge of the factors and will make the award accordingly. Should the successful Contractor not be able to provide the required services, the City reserves the right to request service from other sources.

After award of the contract, by the City of Tallmadge, the successful Contractor will receive an official award notification from the City. The signed contract will represent agreement between the City and the Contractor for fertilization and weed control services (all terms of the proposal specifications and any applicable addenda will apply).

The Contractor shall be required to furnish to the City of Tallmadge, evidence showing insurance coverage to be in force throughout the term of the contract. The Contractor shall carry Comprehensive General Liability insurance to cover damages for which the contractor may be legally responsible due to bodily injury or property damage. The Contractor shall provide to the City of Tallmadge a certificate of insurance showing \$1,000,000.00 Combined Single Limit and \$2,000,000.00 Aggregate Coverage and Workers Compensation Insurance. The City of Tallmadge must be included as an additional insured.

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

All employees of Contractor shall submit to criminal background check reflecting there are no crimes of moral turpitude or crimes of violence and successful passage of a substance abuse screening. The results of the background checks shall be provided to the City of Tallmadge. Please submit a copy of the background checks annually (if new hires) by March 1<sup>st</sup> of each year.

No employees of the City shall be employed by Contractor.

Contractor shall forward invoice(s) for services rendered directly to: The City of Tallmadge Public Service Department, 46 North Ave., Tallmadge, Ohio 44278. This is not a prevailing wage contract.

For all fields, please watch for any or all insect infestation including grubs, army worms and report any concerns and or recommendations ASAP.

A licensed State of Ohio contractor shall do application of lawn treatment. No sub-contracting for this work will be permitted. Please submit a copy of the applicators license annually by March 1<sup>st</sup> of each year.

A copy of the Material Safety Data Sheet for each product used shall be included annually by March 1<sup>st</sup> of each year.

## SECTION II: CONTRACT FORMS

- \_\_\_\_\_ Contract Form 1: Non-Collusion Affidavit
- \_\_\_\_\_ Contract Form 2: Statement of Non – Liability for Delinquent Personal Property Taxes
- \_\_\_\_\_ Contract Form 3: Statement of Liability for Delinquent Personal Property Taxes
- \_\_\_\_\_ Contract Form 4: Certification of Drug Free Workplace
- \_\_\_\_\_ Contract Form 5: Affidavit in Compliance with Section 3517.13
- \_\_\_\_\_ Contract Form 6: Independent Contractor Anti-Bias Disclosure
- \_\_\_\_\_ Contract Form 7: Certification of No Personal Interest
- \_\_\_\_\_ Contract Form 8: OPERS Independent Worker/ Contractor Acknowledgment Form
- \_\_\_\_\_ Contract Form 9: OPERS Form

NON-COLLUSION AFFIDAVIT

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

Being duly sworn, do depose and say:

that \_\_\_\_\_  
(Insert names of all persons, firms or corporations interested in the proposal.)

its agent, officers or employees have not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this proposal; and also that no member of the Council, head of any Department or bureau, or employee therein, or any officer of the City of Tallmadge is directly or indirectly interested therein.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the

COUNTY OF \_\_\_\_\_, STATE OF \_\_\_\_\_

My commission expires \_\_\_\_\_, 20 \_\_\_\_\_

THIS AFFIDAVIT MUST BE EXECUTED FOR THE APPLICATION TO BE CONSIDERED.

**STATEMENT OF NON-LIABILITY  
FOR DELINQUENT PERSONAL PROPERTY TAXES\***

STATE OF OHIO )  
 )SS:  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn, says that  
(See Note Below)

at the time of the submission of said proposal said affiant was not charged with delinquent personal property taxes on the general tax list of personal property of

\_\_\_\_\_ and \_\_\_\_\_  
(County) (State)

(See note below)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public in and for the

COUNTY OF \_\_\_\_\_ STATE \_\_\_\_\_

My Commission expires: \_\_\_\_\_

**Note:**

Where an individual has submitted a proposal, the name of the individual should appear here. Where an individual signs for a partnership, the name of the partner signing for the partnership should appear together with the name of the partnership. Where a corporation has submitted a proposal, the name of the officer, his position, and the name of the corporation should appear.

\*Complete either Statement of Non-Liability or Statement of Liability, but not both.





CERTIFICATION OF  
DRUG FREE WORKPLACE

BIDDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_

Project: \_\_\_\_\_

CERTIFICATION

The undersigned, being a duly authorized agent of the Bidder does certify that the following facts are true:

1. Bidder has published and provided to employees notice that the manufacture, use, possession, or distribution of drugs in the work place is prohibited, as well as a specification of the disciplinary action that may be taken against employees who violate that prohibition.
2. It is the policy of the Bidder that any employee convicted of violating a criminal drug statute occurring in the work place is required to notify the employer of said conviction within five (5) days after such conviction.
3. Bidder has published notice specifying the sanctions for or requiring satisfactory participation in a drug abuse assistance or rehabilitation program by an employee convicted of violating a criminal drug statute occurring in the workplace.
4. Bidder has implemented a program for the distribution of information on drug abuse awareness and the availability of counseling and referral services.

I further certify and understand that the City of Tallmadge, pursuant to Ordinance 142- 1994, can enter into a contract resulting from the competitive bidding process only with those Bidders who provide a drug free workplace by meeting the above requirements.

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

# AFFIDAVIT IN COMPLIANCE WITH SECTION 3517.13

STATE OF OHIO  
COUNTY OF \_\_\_\_\_ ss:

Personally, appeared before me the undersigned, a bidder, a representative of a bidder, a contractor or vendor on behalf of

\_\_\_\_\_ for a contract for \_\_\_\_\_  
(Name of Business) (Type of Product or Service)

to be let by the City of Tallmadge, who, being duly cautioned and sworn, makes the following statement with respect to prohibited activities constituting a conflict of interest or other violations under R.C. Section 3517.13, and further states that the undersigned has the authority to make the following representation on behalf of the entity if the undersigned as an individual is not the bidder himself or herself:

1. On behalf of the corporation, business trust, estate, individual business owner, partner or owner of partnership or other unincorporated business, shareholder of an association, that all of the following persons, where applicable, are in compliance with R.C. 3517.13.
  - a. each owner of more than twenty percent of a corporation;
  - b. each individual, partnership or other unincorporated business, association, including without limitation, professional associations;
  - c. each shareholder of an association, administrator or executor of any estate and trustee of any trust, or political action committee associated with any of the foregoing;
  - d. each spouse of the above;
  - e. each child seven years of age to seventeen years of age of any of the above;
  - f. any combination of the above.
2. The undersigned further certifies that if awarded a contract as a result of competitive bidding, or request for proposals, he, she or it shall not once the contract is awarded and extending until one year following the conclusion of the contract, make as an individual, one or more campaign contributions totaling in excess of \$1,000 or collectively, contributions totaling in excess of \$2,000 (over a two year period), to the holder of the public office having ultimate responsibility for the award of the contract or to the public officer's campaign committee, including individuals or groups of individuals specified in paragraph 1, above.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Sworn to before me, a notary public, and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

CITY OF TALLMADGE  
INDEPENDENT CONTRACTOR ANTI-BIAS DISCLOSURE

1. To the best of your knowledge, do you have any prior relationship(s) with any employee, elected official, or non-elected official of the City of Tallmadge?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. If you answered yes to question number 1, Please check the appropriate box(es) that describe that relationship(s)

<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Child whether dependent or independent
<input type="checkbox"/>	Parent
<input type="checkbox"/>	Grandparent
<input type="checkbox"/>	Sibling
<input type="checkbox"/>	Aunt/Uncle
<input type="checkbox"/>	In-law
<input type="checkbox"/>	Step-child
<input type="checkbox"/>	Step-parent
<input type="checkbox"/>	Step-grandparent
<input type="checkbox"/>	Step-sibling
<input type="checkbox"/>	Step-aunt/Step-Uncle
<input type="checkbox"/>	Any other person related by blood or marriage and residing in the same household
<input type="checkbox"/>	Prior business relationship or business associate
<input type="checkbox"/>	Friend
<input type="checkbox"/>	Other significant relationship

1. If you answered Other significant relationship in question number 2, please explain below:

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2. Please provide below the name(s) of any and all employees of the City of Tallmadge with whom you have any of the above relationships:

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I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CITY OF TALLMADGE**  
**CERTIFICATION OF NO PERSONAL INTEREST**

Under penalty of perjury, I hereby certify that:

1. I am not a family member of any public official or public servant of the City of Tallmadge, unless otherwise disclosed in writing to all officers and elected officials of the city.
2. I am not a business associate of any public official or public servant of the City of Tallmadge unless otherwise disclosed in writing to all officers and elected officials of the city.
3. No officer, employee or assignee of the undersigned contractor is a family member or a business associate of the City of Tallmadge and has an ownership interest greater than 5% in the contractor's organization.
4. No owner, officer, employee, or agent of contractor's organization gave, offered or promised anything of value, including future benefits, to a public servant or public official of the City of Tallmadge, other than the consideration expressly provided for in the contract.

DATE: \_\_\_\_\_

CONTRACTOR:

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Signature Title

# OPERS Independent Worker/Contractor Acknowledgment Form Questionnaire

Please answer the questions below to determine if you will be required to complete the attached OPERS Independent Worker/Contractor Acknowledgment Form.

## Question 1:

Are you a sole proprietor/independent contractor?

Yes. You are required to complete the attached OPERS Independent Worker/Contractor Acknowledgment Form. If you have less than 5 employees, each employee is also required to complete the form.

No. Please go to Question 2.

## Question 2:

Are you a business entity with less than 5 employees?

Yes. You and each of your employees are required to complete the attached OPERS Independent Worker/Contractor Acknowledgment Form.

No. Please sign the statement below.

I have answered the above questions accurately and truthfully. Based on those answers, I will not be completing the OPERS Independent Worker/Contractor Acknowledgment Form .

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

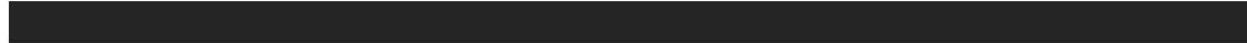
\_\_\_\_\_  
Printed Name



# INDEPENDENT CONTRACTOR/WORKER ACKNOWLEDGMENT

Ohio Public Employees Retirement System  
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0965  
www.opers.org



This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

## STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

## STEP 2: Public Employment Information

Name of Public Employer

Employer Contact

First Name

MI

Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service

Month Day Year

End Date of Service

Month Day Year



### STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

**This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.**

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Do not print or type name

# COMMERCIAL LAWN CARE SERVICE PROPOSAL

## NORTH AVENUE SOCCER COMPLEX LAWN CARE

- **Six (6)** Soccer/ Football Fields (1=85'x320', 2 = 160'x 260', 3 = 240'x 380'). Lawn Care at the North Avenue Soccer Complex located at 730 North Ave. Tallmadge, Ohio 44278

<b>Time:</b>	<b>Description:</b>	<b>Cost:</b>
<b>Early Spring Treatment:</b>	Fertilization, Pre-emergent	
<b>Late Spring Treatment:</b>	Slow-release fertilization weed control - insect control (as needed).	
<b>Early Summer Treatment:</b>	Slow-release fertilization, weed control - insect control (as needed).	
<b>Summer Treatment:</b>	Slow-release fertilization, weed control - insect control (as needed).	
<b>Early Fall Treatment:</b>	Fertilization and weed control	
<b>Late Fall Treatment:</b>	Fertilization	
	<b>Sub Total Cost</b>	

**HISTORIC TALLMADGE CIRCLE LAWN CARE**

- Open Turf Areas (160,240 sq. ft). Lawn Care at the Tallmadge Circle Park located at 10 Tallmadge Circle, Tallmadge, Ohio 44278.

<b>Time:</b>	<b>Description:</b>	<b>Cost:</b>
<b>Early Spring Treatment:</b>	Fertilization, Pre-emergent	
<b>Late Spring Treatment:</b>	Slow-release fertilization weed control - insect control (as needed).	
<b>Early Summer Treatment:</b>	Slow-release fertilization, weed control - insect control (as needed).	
<b>Summer Treatment:</b>	Slow-release fertilization, weed control - insect control (as needed).	
<b>Early Fall Treatment:</b>	Fertilization and weed control	
<b>Late Fall Treatment:</b>	Fertilization	
	<b>Sub Total Cost</b>	

**MACA AQUATIC CENTER LAWN CARE**

- Open Turf Areas (35,640 sq. ft.). Lawn Care at the Maca Aquatic Center located at 183 Maca Dr., Tallmadge, Ohio 44278

<b>Time:</b>	<b>Description:</b>	<b>Cost:</b>
<b>Late Spring Treatment: (May- before pool opens)</b>	Fertilization, Pre-emergent, Broadleaf weed control	
<b>Early Fall Treatment: (September-after pool closes)</b>	Fertilization and weed control	
<b>Late Fall Treatment:</b>	Fertilization	
	<b>Sub Total Cost</b>	

## TALLMADGE MUNICIPAL CEMETERY LAWN CARE

- Open Turf Areas (10 Acres). Lawn Care at the Tallmadge Municipal Cemetery located at 112 South Avenue, Tallmadge, Ohio 44278.

<b>Time:</b>	<b>Description:</b>	<b>Cost:</b>
<b>Spring Treatment: (Last Week of April)</b>	Broadleaf Weed Control Treatment	
<b>Summer Treatment:</b>	Broadleaf Weed Control Treatment	
<b>Early Fall Treatment: (September)</b>	Broadleaf Weed Control Treatment	
	<b>Sub Total Cost</b>	

## TALLMADGE CITY HALL LAWN CARE

- Open Turf Area (12,750 sq. ft.). Lawn Care at the Tallmadge City Hall located at 46 North Ave., Tallmadge, Ohio 44278.

<b>Time:</b>	<b>Description:</b>	<b>Cost:</b>
<b>Early Spring Treatment:</b>	Fertilization, Pre-emergent	
<b>Late Spring Treatment:</b>	Slow-release fertilization weed control - insect control (as needed).	
<b>Early Summer Treatment:</b>	Slow-release fertilization, weed control - insect control (as needed).	
<b>Summer Treatment:</b>	Slow-release fertilization, weed control - insect control (as needed).	
<b>Early Fall Treatment:</b>	Fertilization and weed control	
<b>Late Fall Treatment:</b>	Fertilization	
	<b>Sub Total Cost</b>	

**NORTHEAST AVENUE ROUNDABOUT LAWN CARE**

- Open Turf Area (12,272 sq. ft.). Lawn Care at the Northeast Ave Roundabout located at the intersection of Northeast Ave., Howe Rd, and N. Munroe Rd, Tallmadge, Ohio 44278.

<b>Time:</b>	<b>Description:</b>	<b>Cost:</b>
<b>Early Spring Treatment:</b>	Fertilization, Pre-emergent	
<b>Late Spring Treatment:</b>	Slow-release fertilization weed control - insect control (as needed).	
<b>Early Summer Treatment:</b>	Slow-release fertilization, weed control - insect control (as needed).	
<b>Summer Treatment:</b>	Slow-release fertilization, weed control - insect control (as needed).	
<b>Early Fall Treatment:</b>	Fertilization and weed control	
<b>Late Fall Treatment:</b>	Fertilization	
	<b>Sub Total Cost</b>	

<b>Total Cost</b> <i>Add Subtotals Together</i>	
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Contractor \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature Title Date