

INVITATION TO BID



SOLICITATION NO: 40023-S26003

ISSUE DATE: 4/10/2025

VENDOR NAME AND ADDRESS:

BID CLOSING DATE AND TIME:

May 1, 2025 @ 11:00 AM

RETURN BID VIA POST OR EMAIL:

NORTHSHORE TECHNICAL
COMMUNITY COLLEGE
LACOMBE – STEM CAMPUS
65556 CENTERPOINT BLVD
TAMMANEND BUSINESS SUBDIVISION
LACOMBE, LA 70445

Purchasing Manager: RICHARD BUTLER
EMAIL: RichardButler@NorthshoreCollege.edu
PHONE: 985-545-1243
FAX: 985-545-1281
FISCAL YEAR: 26
State General Funds

*** FILL IN VENDOR NAME AND
ADDRESS ABOVE BEFORE SUBMITTING**

72102900 GROUNDS

MAINTENANCE SERVICES

INSTRUCTIONS TO BIDDERS

1. READ THE ENTIRE BID, INCLUDING ALL TERMS AND CONDITIONS AND SPECIFICATIONS.
2. FILL IN ALL BLANK SPACES
3. ALL BID PRICES MUST BE TYPED OR WRITTEN IN INK. ANY CORRECTION, ERASURES OR OTHER FORMS OF ALTERATION TO UNIT PRICES SHOULD BE INITIALIZED BY THE BIDDER.
4. BIDS CONTAINING "PAYMENT IN ADVANCE" C.O.D." REQUIREMENTS MAY BE REJECTED. PAYMENT IS TO BE MADE WITHIN 30 DAYS AFTER RECEIPT OF PROPERLY EXECUTED INVOICE OR DELIVERY, WHICHEVER IS LATER.
5. SPECIFY YOUR PAYMENT TERMS: _____, CASH DISCOUNTS FOR LESS THAN 30 DAYS OR LESS THAN 1% WILL BE ACCEPTED, BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS.

THE BIDDER CERTIFIES:

- COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS, AND SPECIFICATIONS.
- THIS BID IS MADE WITHOUT COLLUSION OR FRAUD.
- THAT IF MY BID IS ACCEPTED WITHIN _____ DAYS FROM BID CLOSING TIME, MY FIRM WILL FURNISH ANY OR ALL OF THE ITEMS (OR SECTIONS) AT THE PRICE OPPOSITE EACH ITEM (OR SECTION)
- DELIVERY WILL BE MADE WITHIN _____ DAYS AFTER RECEIPT OF ORDER.
- BIDS SUBMITTED ARE SUBJECT TO PROVISIONS OF THE LAWS OF THE STATE OF LOUISIANA INCLUDING BUT NOT LIMITED TO L.R.S. 39:1551-1736; PURCHASING RULES AND REGULATIONS; EXECUTIVE ORDERS; STANDARD TERMS AND CONDITIONS; SPECIAL CONDITIONS; AND SPECIFICATIONS LISTED IN THIS SOLICITATION.
- IMPORTANT: BY SIGNING THE BID, THE BIDDER CERTIFIES COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS AND SPECIFICATIONS, AND FURTHER CERTIFIES THAT THIS BID IS MADE WITHOUT COLLUSION OR FRAUD. THIS BID IS TO BE MANUALLY SIGNED IN INK BY A PERSON AUTHORIZED TO BIND THE VENDOR. ALL BID INFORMATION SHALL BE MADE WITH INK OR TYPEWRITTEN.

INVITATION TO BID

VENDOR TELEPHONE NUMBER: _____ TITLE: _____

DATE: _____ EMAIL: _____

FAX NUMBER: _____ SIGNATURE: _____

1 ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO THE BUYER AT THE PHONE AND ADDRESS SHOWN ABOVE.

2 BID FORMS: ALL WRITTEN BIDS, UNLESS OTHERWISE PROVIDED FOR, MUST BE SUBMITTED ON AND IN ACCORDANCE WITH, FORMS PROVIDED, PROPERLY SIGNED BIDS.

3 BIDS MUST BE RECEIVED AT THE ADDRESS SPECIFIED IN THE SOLICITATION PRIOR TO BID OPENING TIME IN ORDER TO BE CONSIDERED. BID OPENING: BIDDERS MAY ATTEND THE BID OPENING, BUT NO INFORMATION OR OPINIONS CONCERNING THE ULTIMATE CONTRACT AWARD WILL BE GIVEN AT THE BID OPENING OR DURING THE EVALUATION PROCESS. BIDS MAY BE EXAMINED WITHIN 72 HOURS AFTER BID OPENING.

4 AWARDS: NTCC RESERVES THE RIGHT TO AWARD ITEMS SEPARATELY, GROUPED OR ON AN ALL-OR-NONE BASIS AND TO REJECT ANY OR ALL BIDS AND WAIVE ANY INFORMALITIES. NTCC RESERVES THE RIGHT TO REMOVE LINE ITEMS FROM THE AWARD WITH 30 DAY NOTICE WHEN IT IS DEEMED TO BE TO THE BEST INTEREST OF THE STATE.

5 PRICES: UNLESS OTHERWISE SPECIFIED BY NTCC IN THE SOLICITATION, BID PRICES MUST BE COMPLETE, INCLUDING TRANSPORTATION PREPAID BY BIDDER TO DESTINATION AND FIRM FOR ACCEPTANCE FOR A MINIMUM OF 30 DAYS. PRICES SHOULD BE QUOTED IN THE UNIT (EACH, BOX, CASE, ETC) AS SPECIFIED IN THE BID.

6 DESCRIPTIVE INFORMATION: BIDDERS PROPOSING AN EQUIVALENT BRAND OR MODEL SHOULD SUBMIT WITH THE BID INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, AND TECHNICAL DATA) SUFFICIENT FOR NTCC TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS IN THE SOLICITATION. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED.

7 CONTRACT RENEWALS: UPON AGREEMENT OF NTCC AND THE CONTRACTOR, A TERM CONTRACT MAY BE EXTENDED FOR 2 ADDITIONAL 12-MONTH PERIODS AT THE SAME PRICE, TERMS AND CONDITIONS. THE TOTAL CONTRACT TERM CANNOT EXCEED 36 MONTHS.

8 NTCC RESERVES THE RIGHT TO CANCEL THIS CONTRACT WITH A THIRTY (30) DAY WRITTEN NOTICE.

Preferences: IN ACCORDANCE WITH LOUISIANA REVISED STATUTES 39:1595, A PREFERENCE MAY BE ALLOWED FOR PRODUCTS MANUFACTURED, PRODUCED, GROWN, OR ASSEMBLED IN LOUISIANA OF EQUAL QUALITY.

DO YOU CLAIM THIS PREFERENCE? YES _____ NO _____

SPECIFY THE LINE NUMBERS: _____

SPECIFY LOCATION WITHIN LOUISIANA WHERE THIS PRODUCT IS MANUFACTURED, PRODUCED, GROWN OR ASSEMBLED:

DO YOU HAVE A LOUISIANA BUSINESS WORKFORCE? YES: _____ NO: _____

IF SO, DO YOU CERTIFY THAT AT LEAST 50% OF YOUR LOUISIANA WORKFORCE IS

COMPRISED OF RESIDENTS OF LOUISIANA? YES: _____ NO: _____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES BIDDERS REPRESENTATION:

IN MAKING YOUR BID, EACH BIDDER REPRESENTS THAT: YOU HAVE READ AND UNDERSTOOD THE BID DOUCTIONS AND YOU BID HAS BEEN MADE IN ACCORDANCE HEREWITH: YOU HAVE VISITED THE SITE, IF REQUIRED, AND HAVE FAMILIARIZED YOURSELF WITH THE LOCAL CONDITIONS UNDER WHICH THE WORK IS TO BE PERFORMED.

BY SIGNING AND SUBMITTING ANY BID FOR \$25,000 OR MORE, THE BIDDER CERTIFIES THAT THEIR COMPANY, ANY SUBCONTRACTORS, OR PRINCIPALS ARE NOT SUSPENDED OR DEBARRED BY THE GENERAL SERVICES ADMINISTRATION (GSA) IN ACCORDANCE WITH THE REQUIREMENTS IN "AUDIT REQUIREMENTS IN SUBPART F OF THE OFFICE OF MANAGEMENT AND BUDGET'S UNIFORM ADMIINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS" (FORMERLY OMB CIRCULAR A-133). A LIST OF PARTIES WHO HAVE BEEN SUSPENDED OR DEBARRED CAN BE VIEWED AT WWW.SAM.GOV .

ANY ORDERS RESULTING FROM THIS SOLICITATION WILL BE PAID WITH FY 26 FUNDS, IF APPROPRIATED BY THE LEGISLATURE. DELIVERY CANNOT BE MADE PRIOR TO JULY 1, 2025 AND YOUR BID PRICES MUST BE FIRM FOR ACCEPTANCE AT DELIVERY ACCORDINGLY.

THE QUANTITIES ARE ESTIMATED TO BE THE AMOUNT NEEDED. IN THE EVENT A GREATER OF LESSER QUANTITY IS NEEDED, THE RIGHT IS RESERVED BY THE STATE OF LOUISIANA TO INCREASE OR DECREASE THE AMOUNT, AT THE UNIT PRICE STATED IN THE BID.

IN AN EFFORT TO INCREASE EFFICIENCIES AND EFFECTIVENESS, AS WELL AS BE STRATEGIC IN UTILIZING TECHNOLOGY AND RESOURCES FOR THE STATE AND VENDORS, THE STATE INTENDS TO MAKE ALL PAYMENTS TO VENDORS ELECTRONICALLY. VENDORS WILL HAVE A CHOICE OF RECEIVING ELECTRONIC PAYMENT FOR ALL OTHER PAYMENTS BY SELECTING ELECTRONIC FUNDS TRANSFER (EFT), LaCARTE Card or CHECK. IF YOU RECEIVE AN AWARD AND DO NOT CURRENTLY ACCEPT THE LaCARTE CARD OR HAVE NOT ALREADY ENROLLED IN EFT, YOU WILL BE ASKED TO COMPLY WITH THIS REQUEST BY CHOOSING ONE OF THE FOLLOWING THREE OPTIONS. YOU MAY INDICATE YOUR ACCEPTANCE BELOW.

THE LaCARTE PROCUREMENT CARD USES A VISA CARD PLATFORM. VENDORS RECEIVE PAYMENT FROM STATE AGENCIES USING THE CARD IN THE SAME MANNER AS OTHER VISA CARD PURCHASES. VENDORS CANNOT PROCESS PAYMENT TRANSACTIONS THROUGH THE CREDIT CARD CLEARINGHOUSE UNTIL THE PURCHASED PRODUCTS HAVE BEEN SHIPPED AND RECEIVED, OR THE SERVICES PERFORMED.

EFT PAYMENTS ARE SENT FROM THE STATE'S BANK DIRECTLY TO THE PAYEE'S BANK EACH WEEKDAY. THE ONLY REQUIREMENT IS THAT YOU HAVE AN ACTIVE CHECKING OR SAVINGS ACCOUNT AT A FINANCIAL INSTITUTION THAT CAN ACCEPT AUTOMATED CLEARING HOUSE (ACH) CREDIT FILES AND REMITTANCE INFORMATION ELECTRONICALLY. ADDITIONAL INFORMATION IS AVAILABLE AT:

IF AN AWARD IS MADE TO YOUR COMPANY, PLEASE CHECK WHICH OPTION YOU WILL ACCEPT OR INDICATE IF YOU ARE ALREADY ENROLLED

| <u>Payment Type</u> | <u>Will Accept</u> | <u>Already Enrolled</u> |
|---------------------|--------------------|-------------------------|
| LaCarte | _____ | _____ |
| EFT/ACH | _____ | _____ |
| ACH | _____ | _____ |
| CHECK | _____ | _____ |

Printed Name of Individual Authorized

Authorized Signature for payment type chosen

Date

Email address and phone number of authorized individual

PRICE SHEET:**INVITATION TO BID # 40023-S26003**

| COMMODITY DESCRIPTION | QUANTITY | UNIT | UNIT PRICE | EXTENDED PRICE |
|--|-----------------|-------------|-------------------|-----------------------|
| 1. Lawn Maintenance Services. | PER | EA | _____ | _____ |
| <ul style="list-style-type: none"> • Mowing of all areas as per diagram attached. • Edging at all walks and drives. • Weed eating as necessary around all buildings, tree wells, signs etc. • Pickup and disposal of limbs, trash, etc. • Removal of all debris resulting from lawn services, clippings from sidewalks, etc. | | | | |
| 2. Landscaping & Maintenance | PER | EA | _____ | _____ |
| <ul style="list-style-type: none"> • Above Lawn Services • Hand weeding of all garden beds as needed per site visit • Herbicide treatment to kill and prevent weeds in all garden beds, parking lots, courtyard, and equipment areas etc. • Shrub Fungicides, insecticides, and fertilizers included. • Change out annual flowers 2 times per year • Complete pruning and trimming of all plant stock 2 times per year, mulch added as needed to be included in cost per service • Removal of all debris from landscaping services. | | | | |
| TOTAL | | | | _____ |

NOTES:

** This bid may be awarded separately if it is in the best interest of the State.

**All supplies must be included in your pricing.

**All fees and surcharges must be listed out and priced.

**Additional work performed caused by damages due to Acts of God or Nature will be negotiated and considered as an extra charge. This type of work will be proposed at time of services needed.

SITE VISITATION IS REQUIRED FOR ACCURATE PRICING. **MANDATORY SITE VISIT BY APPOINTMENT ONLY. SITE VISIT FORM MUST BE COMPLETED AND SIGNED BY NTCC DESIGNATED PERSONNEL AND VENDOR REPRESENTATIVE AND RETURNED WITH YOUR BID RESPONSE TO BE CONSIDERED FOR AWARD. PLEASE SCHEDULE SITE VISIT WITH:

DARRELL JONES – (985)-545-1714

DarrellJones@NORTHSHORECOLLEGE.EDU

ROBIN SHARKEY - (985)-545-1707

RobinSharkey@NORTHSHORECOLLEGE.EDU

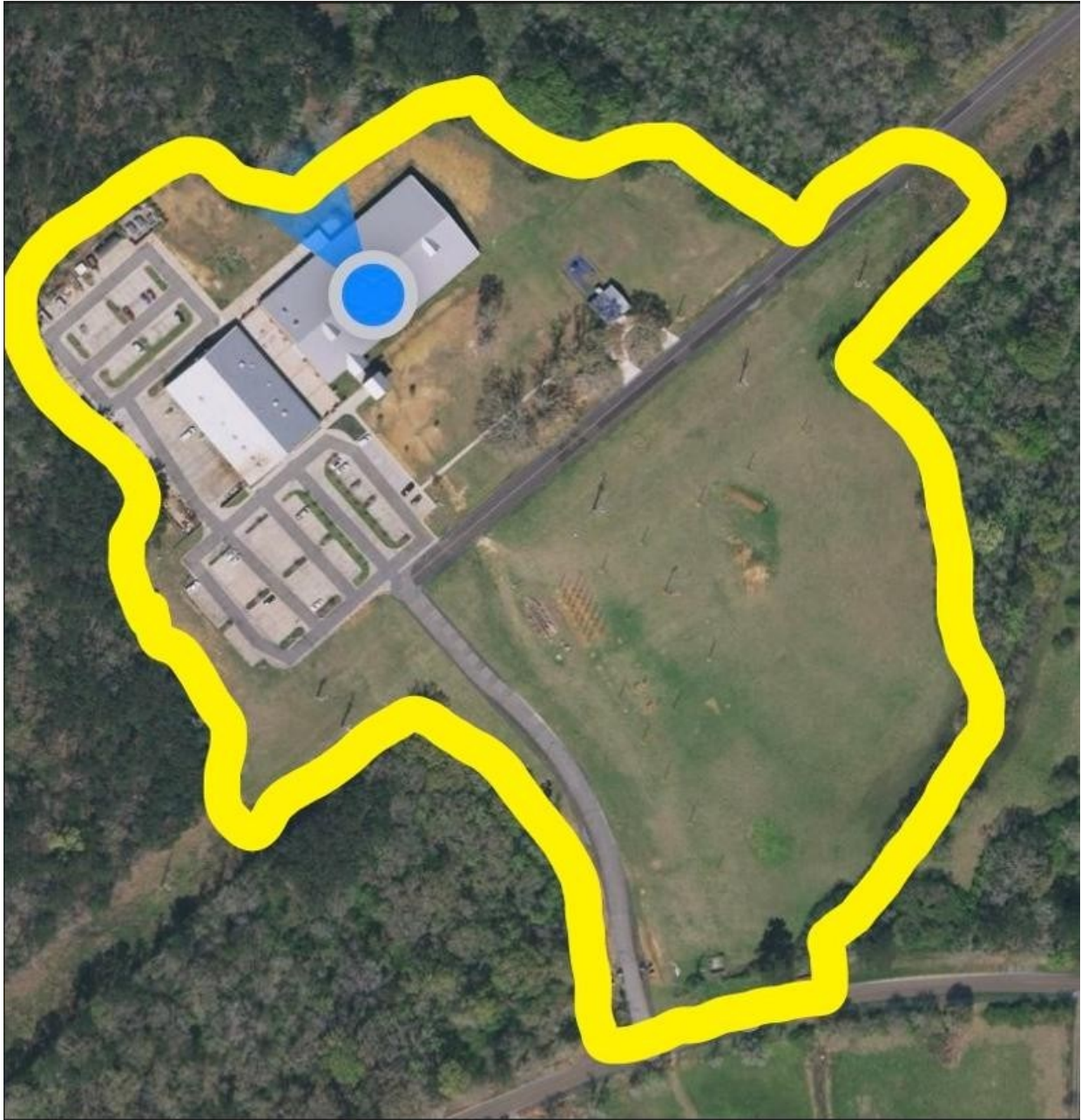
LORI JONES – (985)- 545-1708

LoriJones@NORTHSHORECOLLEGE.EDU

****LOCATION OF SITE VISIT**: NORTHSHORE TECHNICAL COMMUNITY COLLEGE – 7067 Hwy 10
Greensburg, LA. 70441

****LIABILITY INSURANCE CERTIFICATE IS REQUIRED TO BE AWARDED. AWARD WILL NOT BE MADE WITHOUT CURRENT INSURANCE CERTIFICATE. INSURANCE REQUIREMENTS ARE DETAILED ON PAGES 8-9.**

****THE FIRST TERM OF CONTRACT WILL BE FROM JULY 1, 2025 – JUNE 30, 2026. 2 RENEWALS ARE POSSIBLE FOR AN ANNUAL TERM OF JULY 1, - JUNE 30 OF THE FOLLOWING YEAR IF SERVICES ARE SATISFACTORY.**



INSURANCE REQUIREMENTS FOR CONTRACTORS

The Contractor shall purchase and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, employees or subcontractors.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE

1. Workers Compensation

Workers Compensation insurance shall be in compliance with the Workers Compensation law of the State of Louisiana. Employers Liability is included with a minimum limit of \$500,000 per accident/per disease/per employee. If work is to be performed over water and involves maritime exposure, applicable LHWCA, Jones Act, or other maritime law coverage shall be included and the Employers Liability limit increased to a minimum of \$1,000,000. A.M. Best's insurance company rating requirement may be waived for workers compensation coverage only.

2. Commercial General Liability

Commercial General Liability insurance, including Personal and Advertising Injury Liability, shall have a minimum limit per occurrence of \$1,000,000 and a minimum general aggregate of \$2,000,000. The Insurance Services Office (ISO) Commercial General Liability occurrence coverage form CG 00 01 (current form approved for use in Louisiana), or equivalent, is to be used in the policy. Claims-made form is unacceptable.

3. Automobile Liability

Automobile Liability Insurance shall have a minimum combined single limit per occurrence of \$1,000,000. ISO form number CA 00 01 (current form approved for use in Louisiana), or equivalent, is to be used in the policy. This insurance shall include third-party bodily injury and property damage liability for owned, hired and non-owned automobiles.

B. DEDUCTIBLES AND SELF-INSURED RETENTIONS

Any deductibles or self-insured retentions must be declared to and accepted by the Agency. The Contractor shall be responsible for all deductibles and self-insured retentions.

C. OTHER INSURANCE PROVISIONS

The policies are to contain, or be endorsed to contain, the following provisions:

1. General Liability and Automobile Liability Coverages

a. The Agency, its officers, agents, employees and volunteers shall be named as an additional insured as regards negligence by the contractor. ISO Form CG 20 10 (current form approved

for use in Louisiana), or equivalent, is to be used when applicable. The coverage shall contain no special limitations on the scope of protection afforded to the Agency.

b. The Contractor's insurance shall be primary as respects the Agency, its officers, agents, employees and volunteers. Any insurance or self-insurance maintained by the Agency shall

be excess and non-contributory of the Contractor's insurance.

c. The Contractor's insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the policy limits.

2. Workers Compensation and Employers Liability Coverage

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The insurer shall agree to waive all rights of subrogation against the Agency, its officers, agents, employees and volunteers for losses arising from work performed by the Contractor for the Agency.

3. All Coverages

- a. Coverage shall not be canceled, suspended, or voided by either party (the Contractor or the insurer) or reduced in coverage or in limits except after 30 days written notice has been given to the Agency. Ten-day written notice of cancellation is acceptable for non-payment of premium. Notifications shall comply with the standard cancellation provisions in the Contractor's policy.
- b. Neither the acceptance of the completed work nor the payment thereof shall release the Contractor from the obligations of the insurance requirements or indemnification agreement.
- c. The insurance companies issuing the policies shall have no recourse against the Agency for payment of premiums or for assessments under any form of the policies.
- d. Any failure of the Contractor to comply with reporting provisions of the policy shall not affect coverage provided to the Agency, its officers, agents, employees and volunteers.



SITE VISIT FORM

This certifies that _____
(PRINT NAME)

Of _____ did visit
(PRINT COMPANY NAME)

The Northshore Technical Community College Lacombe Campus

And viewed the site described in the bid specifications on

_____.
(DATE)

(SIGNATURE OF AGENCY REPRESENTATIVE FOR)

NTCC - FLORIDA PARISHES CAMPUS

NTCC - HAMMOND AREA CAMPUS

NTCC - LACOMBE CAMPUS

NTCC - LIVINGSTON CAMPUS

NTCC - SULLIVAN CAMPUS

Vendor Representative



INDEMNIFICATION AGREEMENT

The Contractor/Vendor hereinafter referred to as PROVIDER shall execute the below Indemnification Agreement prior to rendering services.

PROVIDER agrees to protect, defend, indemnify, save and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, its officers, agents, servants and employees, including volunteers, from and against any and all claims, demands, expenses and liability arising out of injury or death to any person or the damage, loss or destruction of any property which may occur or in any way grow out of any act or omission of PROVIDER, its agents, servants, and employees, or any and all costs, expense and/or attorney fees incurred by PROVIDER as a result of any claim, demands, and/or causes of action except of those claims, demands, and/or causes of action arising out of the negligence of the State of Louisiana, all State Departments, Agencies, Boards, Commissions, its agents, representatives, and/or employees. PROVIDER agrees to investigate, handle, respond to, provide defense for and defend any such claims, demand, or suit at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

Accepted by:

Provider (Name of Business)

Signature (Authorized Officer)

Title

Date Accepted

CONTRACT FOR: Northshore Technical Community College

CONTRACT NO.: _____

PURPOSE OF CONTRACT:

