

**County of Chenango Industrial Development Agency
Property Maintenance Bid Application**

Business Name: _____ Tax ID #: _____

Address: _____

Primary Contact: _____ Phone #: _____

Emergency contact #: _____

Bidders may choose to bid on all scopes of work (Grounds Maint. and Snow Removal) or just one. A bid on Snow Removal must include an estimated cost for salt application.

Grounds Maintenance Scope of Work

Lt. Warren Eaton Airport

- Mow and trim lawns at and around the building site, mow around the Industrial Park Sign and area along the tree line.
- Prune all trees and shrubs as needed, mulch and fertilize once per year. Remove dead or compromised trees/shrubs from the site.
- Provide weed control in the bedded areas.

Earl B Clark Business Park Aqueduct

- Mow and trim area around Aqueduct

Annual Bid \$ _____

Snow Removal Scope of Work

Entrance Ways: Clear all sidewalks, steps, and ramps in a workman like manner before the hour of 6am when a 2" or more of snowfall has occurred, additionally when snowfall, drifting and/or slush/ice have occurred within 1 hour in the preceding 12 hours.

Parking areas & Drive Lanes:

Plow snow from all parking and drive lanes in a workman like manner before the hour of 6am when 2" or more snowfall has occurred. Snow shall be placed in areas designated by the tenant's staff at the airport. The contractor shall be liable and responsible for all damages caused by performance and/or negligence.

Annual Bid \$ _____

Salt Application as needed:

When snow and ice are capable of creating hazardous conditions for employees or visitors on site, salt application shall be required by CCIDA or their tenant on a per-occurrence basis. Please enter your bid for each occurrence of salt application:

Bid \$ _____

Annual Bid for all Scopes of Work:

Bid for all items as indicated above, to be paid as an annual contract:

Annual Bid \$ _____

References

Name: _____

Address: _____

Phone: _____

Scope of Work:

Name: _____

Address: _____

Phone: _____

Scope of Work:

Name: _____

Address: _____

Phone: _____

Scope of Work:

List of Subcontractors

Name: _____

Address: _____

Phone: _____

Scope of Work:

Name: _____

Address: _____

Phone: _____

Scope of Work:

**An invoice to the CCIDA stating date of occurrence and scope of work completed will be required for each payment, and shall be submitted no later than the second Tuesday of each month.*

***All contractors and subcontractors shall be required to provide proof of insurance coverage as well as additional insured certificates to CCIDA. All contractors will sign a Hold Harmless agreement with CCIDA.*