

RESOLUTION 2014- 16

**A RESOLUTION APPROVING A PROPOSAL FOR GRASS CUTTING SERVICES
FOR TOWNSHIP PARKS, GROUNDS, AND RIGHTS OF WAY AND DISPENSING
WITH THE SECOND READING**

WHEREAS, the Board of Township Trustees desires to contract with Greater Cincinnati Behavioral Health Services for grass cutting on certain rights of way and Township grounds, parks, and properties in Sycamore Township;

NOW THEREFORE, BE IT RESOLVED by the Board of Township Trustees of Sycamore Township, State of Ohio:

SECTION 1. The attached Contract Approval Form with Greater Cincinnati Behavioral Health Services for grass cutting on certain rights of way and Township grounds, parks and properties is hereby approved and the Acting Township Administrator is hereby authorized and directed to execute the contract on behalf of the Board.

SECTION 2. The Trustees of Sycamore Township upon at least a majority vote do hereby dispense with the requirement that this resolution be read on two separate days, and hereby authorize the adoption of this resolution upon its first reading.

SECTION 3. This resolution shall take effect immediately.

VOTE RECORD:

Mr. Bishop Aye Mr. Connor Aye Mr. Weidman Aye

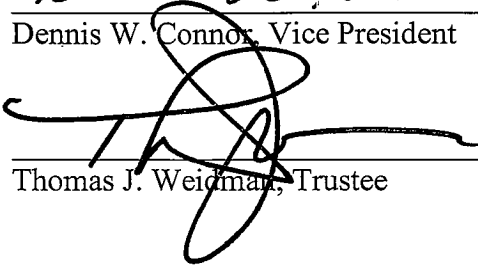
PASSED at the meeting of the Board of Trustees this 6th day of February, 2014.



Cliff W. Bishop, President



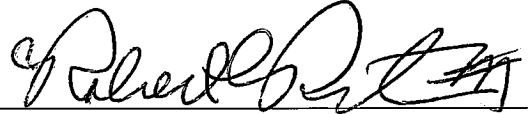
Dennis W. Connor, Vice President



Thomas J. Weidman, Trustee

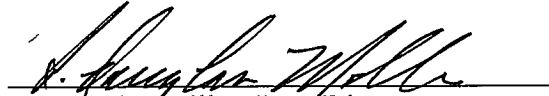
AUTHENTICATION

This is to certify that this Resolution was duly passed and filed with the Sycamore Township Fiscal Officer, this 6th day of February, 2014.



Robert C. Porter, III
Sycamore Township Fiscal Officer

APPROVED AS TO FORM:


R. Douglas Miller, Law Director

CONTRACT APPROVAL FORM

INDEX NUMBER: STN701
CONTRACT NUMBER:

SECTION A: CONTRACT INFORMATION

CONTRACT TYPE: NEW CONTRACT* RENEWAL* AMENDMENT (INSERT NUMBER ABOVE)

PROCUREMENT TYPE: PRODUCT SERVICE

TYPE OF PRODUCT OR SERVICE: LAWN CARE SERVICES

SERVICE SITE (IF APPLICABLE): MULTIPLE (SEE ATTACHED)

SITE STREET ADDRESS: MULTIPLE

CITY: CINCINNATI STATE: OHIO ZIP CODE: 45236

CHECK (✓) IF CONTRACT COVERS MULTIPLE YEARS OR CONTAINS MULTIPLE ITEMS, ATTACH CONTRACT SUPPLEMENTAL FORM, AND INDICATE IN THE INCREMENTAL COST AS "VARIES".

CONTRACT PERIOD: START DATE: 4/ 1/14 END DATE: 10/ 31/14

CONTRACT TOTAL: \$21,620.08

INCREMENTAL COST: \$

INCREMENT TYPE*: HOUR DAY WEEK MONTH OCCURRENCE OTHER:

NOTE: THIS WILL BE YOUR UNIT OF MEASURE FOR BILLING PURPOSES.

NUMBER OF INCREMENTS:	HOURS	DAYS	WEEKS	MONTHS	OCCURRENCES	OTHER: VARIES (SEE ATTACHED)
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SECTION B: CONTRACTOR INFORMATION

CONTRACTOR OF RECORD: GREATER CINCINNATI BEHAVIORIAL HEALTH SERVICES

CONTRACTOR CONTACT: DAVID MEEK

CONTRACTOR ADDRESS: 1501 MADISON; CINCINNATI, OHIO 45206

CONTRACTOR PHONE: (513)354-7095 CONTRACTOR FAX: (513)354-7116

CONTRACTOR EMAIL: DMEEK@GCBHS.COM VENDOR NUMBER: 43095

* ALL NEW AND RENEWAL CONTRACTS ARE REQUIRED TO PROVIDE A CERTIFICATE OF LIABILITY INSURANCE AND DESIGNATING THE STATE OF OHIO AS AN ADDITIONAL INSURED AS REFERENCED IN THE *TERMS AND CONDITIONS SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS S-13*.