

RESOLUTION 2015- 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 Township Administrator is hereby authorized and directed to execute the contract on behalf of the Board.

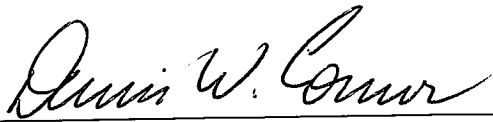
SECTION 2. The Trustees of Sycamore Township upon at least a majority vote do hereby dispense with any requirement that this resolution be read on two separate days, and hereby authorize the adoption of this resolution upon its first reading.

SECTION 3. This resolution shall take effect on the earliest date allowed by law.

VOTE RECORD:

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

PASSED at the meeting of the Board of Trustees this 17th day of February, 2015.



Dennis W. Connor, President

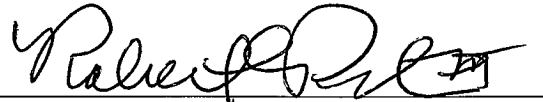


Cliff W. Bishop, Vice President

Thomas J. Weidman, Trustee


AUTHENTICATION

This is to certify that this Resolution was duly passed and filed with the Sycamore Township Fiscal Officer, this 17th day of February, 2015.



Robert C. Porter, III
Sycamore Township Fiscal Officer

APPROVED AS TO FORM:


R. Douglas Miller, Law Director

CONTRACT APPROVAL FORM

INDEX NUMBER:STN701

SECTION A - GENERAL CONTRACT INFORMATION

CONTRACT TYPE: NEW CONTRACT RENEWAL

PROCUREMENT TYPE: PRODUCT SERVICE

TYPE OF PRODUCT OR SERVICE: LAWN CARE SERVICE

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 MULTI YEAR/ MULTI SITE FORM, AND INDICATE IN THE UOM COST AS "VARIES".

CONTRACT PERIOD: START DATE: 4/ 1/15 END DATE: 10/31/15

CONTRACT TOTAL: \$21,620.08

UNIT OF MEASURE (UOM)COST: \$

UOM & NUMBER OF INCREMENTS HOURS WEEKS OCCURRENCES DAYS MONTHS OTHER:0

SECTION B - CONTRACTOR INFORMATION

CONTRACTOR OF RECORD: GREATER CINCINNATI BEHAVIORAL 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.

CONTRACT APPROVAL FORM

SECTION C - GOVERNMENT ORDERING OFFICE INFORMATION

- AGENCY, BOARD OR COMMISSION OHIO DEPARTMENT OF TRANSPORTATION (ODOT)
- POLITICAL SUBDIVISION: SYCAMORE TOWNSHIP UNIVERSITY:
- BOARD OF EDUCATION: OTHER:

ORDERING OFFICE: SYCAMORE TOWNSHIP

ORDERING OFFICE CONTACT: TRACY KELLUMS

ORDERING OFFICE ADDRESS: 8450 KENWOOD ROAD CINCINNATI OHIO 45236

ORDERING OFFICE EMAIL: TKELLUMS@SYCAMORETOWNSHIP.ORG

ORDERING OFFICE PHONE: (513)791-8447 FAX: (513)792-8564

SECTION D - ACKNOWLEDGMENT

SIGNATURE INDICATES ACCEPTANCE OF OFFICE OF PROCUREMENT FROM COMMUNITY REHABILITATION PROGRAMS TERMS AND CONDITIONS (INCLUDING SPECIAL TERMS AND CONDITIONS WHERE APPLICABLE), THE PRICING, THE DURATION AND THE SPECIFICATIONS (OR SCOPE OF WORK), BUT DOES NOT COMMIT A GOVERNMENT ORDERING OFFICE TO ANY SPECIFIC PURCHASE. PLEASE REFER TO THE WEBSITE BELOW FOR THE TERMS AND CONDITIONS.

<http://das.ohio.gov/crp>

PLEASE SIGN IN BLUE INK AND ATTACH THE SCOPE OF WORK OR SPECIFICATIONS OF THE CONTRACT

Alicia Fine, CRC 2/3/15
(SIGNATURE - QNA/CRP) DATE

Alicia Fine, CRC
(PRINTED NAME)

VICE PRESIDENT OF EMPLOYMENT +
(TITLE) RECOVERY SERVICE

(SIGNATURE - ORDERING OFFICE) DATE

(PRINTED NAME)

(TITLE)

MULTI-YEAR AND/OR MULTI-SITE SUPPLEMENTAL CONTRACT APPROVAL FORM

INDEX NUMBER:STN701

CONTRACTOR OF RECORD: GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES
ORDERING OFFICE: SYCAMORE TOWNSHIP

SITE/PRODUCT INFORMATION

PROCUREMENT TYPE: PRODUCT SERVICE

SERVICE SITE/PRODUCT NAME: I-71 RAMP AREAS / LAWN CARE SERVICES

SITE ADDRESS (IF APPLICABLE):

PERIOD / YEAR 1

EFFECTIVE DATES: START DATE: 04/ 01/15 END DATE: 10/ 31/15 INCREMENTAL COST: \$478.53

UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE 15
 DAY MONTH OTHER:

PERIOD / YEAR 2

EFFECTIVE DATES: START DATE: / / END DATE: / / INCREMENTAL COST: \$

UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE
 DAY MONTH OTHER:

SITE/ITEM TOTAL: \$7177.97

SITE/PRODUCT INFORMATION

PROCUREMENT TYPE: PRODUCT SERVICE

SERVICE SITE/PRODUCT NAME: SYCAMORE TOWNSHIP RIGHT OF WAYS / LAWN CARE SERVICE

SITE ADDRESS (IF APPLICABLE):

PERIOD / YEAR 1

EFFECTIVE DATES: START DATE: 04/ 01/15 END DATE: 10/ 31/15 INCREMENTAL COST: \$190.24

UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE 25
 DAY MONTH OTHER:

PERIOD / YEAR 2

EFFECTIVE DATES: START DATE: / / END DATE: / / INCREMENTAL COST: \$

UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE
 DAY MONTH OTHER:

SITE/ITEM TOTAL: \$4756.00

MULTI-YEAR AND/OR MULTI-SITE SUPPLEMENTAL CONTRACT APPROVAL FORM

INDEX NUMBER:STN701

CONTRACTOR OF RECORD: GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES
ORDERING OFFICE: SYCAMORE TOWNSHIP

SITE/PRODUCT INFORMATION

PROCUREMENT TYPE: PRODUCT SERVICE
SERVICE SITE/PRODUCT NAME: HIGH POINT PARK / LAWN CARE SERVICES
SITE ADDRESS (IF APPLICABLE):

PERIOD / YEAR 1

EFFECTIVE DATES: START DATE: 04/ 01/15 END DATE: 10/ 31/15 INCREMENTAL COST: \$98.04
UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE 28
 DAY MONTH OTHER:

PERIOD / YEAR 2

EFFECTIVE DATES: START DATE: / / END DATE: / / INCREMENTAL COST: \$
UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE
 DAY MONTH OTHER:
SITE/ITEM TOTAL: \$2745.16

SITE/PRODUCT INFORMATION

PROCUREMENT TYPE: PRODUCT SERVICE
SERVICE SITE/PRODUCT NAME: BLUE ASH RIGHT OF WAY / LAWN CARE SERVICES
SITE ADDRESS (IF APPLICABLE):

PERIOD / YEAR 1

EFFECTIVE DATES: START DATE: 04/ 01/15 END DATE: 10/ 31/15 INCREMENTAL COST: \$159.12
UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE 25
 DAY MONTH OTHER:

PERIOD / YEAR 2

EFFECTIVE DATES: START DATE: / / END DATE: / / INCREMENTAL COST: \$
UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE
 DAY MONTH OTHER:
SITE/ITEM TOTAL: \$3978.00

MULTI-YEAR AND/OR MULTI-SITE SUPPLEMENTAL CONTRACT APPROVAL FORM

INDEX NUMBER:STN701

CONTRACTOR OF RECORD: GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES

ORDERING OFFICE: SYCAMORE TOWNSHIP

SITE/PRODUCT INFORMATION

PROCUREMENT TYPE: PRODUCT SERVICE

SERVICE SITE/PRODUCT NAME: GLENELLYN DRIVE / LAWN CARE SERVICE

SITE ADDRESS (IF APPLICABLE):

PERIOD / YEAR 1

EFFECTIVE DATES: START DATE: 04/ 01/15 END DATE: 10/ 31/15 INCREMENTAL COST: \$119.69

UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE 15
 DAY MONTH OTHER:

PERIOD / YEAR 2

EFFECTIVE DATES: START DATE: / / END DATE: / / INCREMENTAL COST: \$

UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE
 DAY MONTH OTHER:

SITE/ITEM TOTAL: \$1795.35

SITE/PRODUCT INFORMATION

PROCUREMENT TYPE: PRODUCT SERVICE

SERVICE SITE/PRODUCT NAME: KEMPER & DEERFIELD ROADS / LAWN CARE SERVICE

SITE ADDRESS (IF APPLICABLE):

PERIOD / YEAR 1

EFFECTIVE DATES: START DATE: 04/ 01/15 END DATE: 10/ 31/15 INCREMENTAL COST: \$77.84

UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE 15
 DAY MONTH OTHER:

PERIOD / YEAR 2

EFFECTIVE DATES: START DATE: / / END DATE: / / INCREMENTAL COST: \$

UOM & NUMBER OF INCREMENTS: HOUR WEEK OCCURRENCE
 DAY MONTH OTHER:

SITE/ITEM TOTAL: \$1167.60