



Beaufort County School District

Solicitation Number: 16-015
Date Printed: February 17, 2016
Date Issued: February 17, 2016
Procurement Officer: Sandi Amsler, CPPB
Phone: 843-322-2349
Email: Sandi.Amsler@beaufort.k12.sc.us

Request for Proposals

DESCRIPTION: **Grounds Maintenance (Non-Athletic) Services**
SUBMIT OFFER BY (Opening Date & Time): **March 3, 2016; 11:00 AM EDT**
QUESTIONS MUST BE RECEIVED BY: **February 25, 2016**
NUMBER OF COPIES TO BE SUBMITTED: **Six (6) Original Signed Copies and One (1) Redacted Version on CD**

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:

Beaufort County School District
Procurement Office
P.O. Drawer 309
Beaufort, SC 29901-0309

PHYSICAL ADDRESS:

Beaufort County School District
Procurement Office
2900 Mink Point Blvd
Beaufort, SC 29902

CONFERENCE TYPE: N/A
DATE & TIME:

LOCATION:

AWARDS & AMENDMENTS:

Award will be posted at the Physical Address stated above on or after March 10, 2016. The award, this solicitation, and any amendments will be posted at the following web address: www.beaufort.k12.sc.us

You must submit a signed copy of this form with Your Offer. By submitting a proposal or bid, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date.

NAME OF OFFEROR: (Full legal name of business submitting the offer)

ENTITY TYPE:

Royalty Landscaping, LLC

Sole Proprietorship

Melody Young

AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)

Melody Young

Owner

PRINTED NAME

TITLE

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror above. An offer may be submitted by only one legal entity. The entity named as the Offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

PAGE TWO

(Return Page Two with Your Offer)

| | |
|---|---|
| HOME OFFICE ADDRESS (Address for Offeror's home office/ Principal place of business): <div style="font-size: 1.2em; font-family: cursive;">35 Burlington Circle Beaufort, SC 29906</div> | NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent): <div style="font-size: 1.2em; font-family: cursive;">(Same)</div> |
| PHONE NUMBER: <div style="font-size: 1.2em; font-family: cursive;">843 812 7371</div> | |
| EMAIL ADDRESS: <div style="font-size: 1.2em; font-family: cursive;">royaltylandscapingllc@gmail.com</div> | |

| | |
|--|---|
| PAYMENT ADDRESS (Address to which payments will be sent): <div style="font-size: 0.8em;"> <input checked="" type="checkbox"/> Payment Address Same as Home Office Address <input type="checkbox"/> Payment Address Same as Home Notice Address (check one only) </div> | ORDER ADDRESS (Address to which all purchase orders will be sent): <div style="font-size: 0.8em;"> <input checked="" type="checkbox"/> Payment Address Same as Home Office Address <input type="checkbox"/> Payment Address Same as Notice Address (check one only) </div> |
|--|---|

| | | |
|---|-------------------------|-----------------------------|
| ACKNOWLEDGEMENT OF AMENDMENTS: | <u>Amendment Number</u> | <u>Amendment Issue Date</u> |
| <p>Offeror acknowledges receipt of amendments by indicating amendment number and its date of issue.</p> | | |

| |
|--|
| MINORITY PARTICIPATION- Are you a Minority Business Enterprise: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| If yes, please include a copy of your certification. |

ROYALTY LANDSCAPING LLC

**35 Burlington Circle
Beaufort, SC 29906**

**Melody Young
Owner of Royalty Landscaping LLC
royaltylandscapingllc@gmail.com
843-644-4466 (Business)
843-812-7371 (Cell)
Solicitation number: 16-015**

TURF CARE

- All turf areas shall be inspected weekly for detection of diseases, pests, and other problems that may cause deficiencies. These deficiencies will be reported to BCSD after being properly identified and shall be treated accordingly.
- Contractor shall mow and edge all turf areas at a frequency of 1 cut every 7 days from April 1 - October 15, and 1 cut every 14 days from October 16 - March 31, weather permitting
- Grass clippings shall be cleared from walkways and roadway.
- Grass height shall never exceed the maximum height of 3-1/2 inches.
- The contractor and owner shall come to a mutual agreement on the optimal height for each variety of grass maintained by the contractor. The contractor shall work to maintain the optimal grass height at each location. The minimal grass height is ½" high.
- Prior to the commencement of each mowing operation the site will be inspected for debris and potential projectiles. These items will be removed and disposed of from the site. If debris is inadvertently cut, all the shredded debris will be removed.
- Clippings will be dispersed after mowing or removed. All clippings shall be kept out of ornamental beds and off of paved areas.
- All curbs and walks (hard edges) shall be edged as needed to ensure a reasonably acceptable appearance.
- All hard surfaces shall be immediately blown to maintain a clean, well-groomed appearance.
- Debris Removal - All areas littered in the landscape management process will be cleaned by means of mechanical or hand removal and disposed of or recycled by the contractor.
- Storm Debris – Grounds will be inspected after storm activity and debris will be removed per
- A Spring Clean Up of winter leaves and debris will take place prior to the edging and mulching/pine straw operation in late February/early March.

PINE STRAW

- Contractor shall maintain and replace existing pine straw as necessary to maintain a minimum 3" deep bed at all times that is clean and clear of debris. All areas to be strawed shall be raked, debris removed, edge reestablished, and any excessive straw buildup worked into existing soil or removed prior to new application. Existing hard wood mulched beds will be converted to pine straw.

LEAF REMOVAL

- The contractor shall remove leaves, as necessary, to maintain a neat and clean appearance. Throughout the year, the contractor shall remove minor accumulations due to isolated leaf drop and shall check all storm drain openings on the premises and remove any leaves or debris that have accumulated. Care shall be taken to remove leaves in existing mulch/pine straw areas to maintain a neat and clean appearance

FERTILIZATION

- All lawn, trees, and ground cover shall be fertilized consistent with common local landscaping practices. A fertilization plan shall be developed for each school. The plan shall obtain the following:
- Fertilizer used shall be of a balanced type that supplies all nutrients required for providing sustainable growth and development.
- The fertilizer application rate for the trees will be determined by tree type, girth, and height.
- The Owner reserves the right to request additional soil samples of any area with deficient growth. The additional soil samples and fertilization shall be supplied by the contractor to reestablish vigorous and health growth.

SOIL AND GROUND COVER

- Soil shall be aerated (frequency is dependent on the type of soil and grass but no less than one aeration-per year) by manual or mechanical methods of piercing the ground to provide an adequate air supply to the soil and promote sustained plant life.
- Soil shall be cultivated to ensure the topsoil is loose for the purposes of gas exchange, water penetration, and soil aeration.
- All areas shall be maintained to promote healthy and sustained growth. Ground cover must present a neat appearance.

WEEDS

- All areas (excluding unimproved grounds) are to be free of weeds and unwanted growth. A program for maintaining areas weed-free shall be maintained by the contractor. When unwanted weeds are observed, the Owner may request the contractor to apply the proper herbicide at the next available application date.

IRRIGATION

- Irrigation system operation, maintenance of irrigation heads and scheduling are the responsibility of the contractor for irrigation systems within the delineation of the area of responsibility. All other system maintenance will be handled by owner.
- The contractor shall immediately report to the CASO or designee any loss of power or water to the irrigation system. If power or water supply is unavailable for longer than 1 day, Contractor shall be responsible for updating the CASO or designee on the conditions of the system and the fields on a daily basis until the problem with the supply has been corrected.
- If the Contractor is deficient in updating water schedules during rain events, allowing off season watering or not addressing an irrigation system repair that is leaking water; the Owner reserves the right to invoice the Contractor for the calculated amount of water loss due to the contractor's negligence. Once this amount has been reviewed by the Contractor, the amount shall be deducted from the Contractor's next monthly invoice for services.

WATERING

- All watering cycles shall be conducted at times that minimize inconvenience to the building occupants and visitors, and maximize percolation. Entrances and exits shall not be wet during the arrival and departure of occupants and visitors. . During periods of water restrictions, watering guidelines by the appropriate agency shall apply.
- Manage irrigation to promote healthy plants, turf, and trees while conserving water and minimizing waste.
- Automatic irrigation systems are to gain maximum benefit of water applied.
- Sprinkler settings shall be set in such a position as to not throw water into doorways, windows, porches, parked cars, parking areas, or to impede vehicular or pedestrian traffic. Replaced sprinkler heads shall be of the same make, manufacturer, and model as existing heads.

PEST MANAGEMENT

- The contractor shall develop an Integrated Pest Management (IPM) Plan. IPM in the landscape is a holistic program of plant health care that shifts the focus from pesticide use to developing a healthy, vigorous and beautiful landscape.
- The contractor shall use Integrated Pest Management (IPM) practices for controlling pests and disease to ensure that landscape, trees, and shrubs are free of disease and infestation.
- Recommendations of the Clemson University Agricultural Extension Agency and the United States Environmental Protection Agency. I will attend this program for my certification in treatment of plants, shrubs, and trees if the bid is awarded to me.
- Use spot treatment of pesticides in place of broad application.
- Where application of pesticides requires the location students to be kept out of the area, the contractor is responsible for notification, signage, and barricades to keep students out of the area.
- All applicators shall have proper licensing and training.
- All materials shall be properly stored according to the manufacturer's recommendations with any required signage clearly visible.
- Grass areas shall be free from any pests that include mole crickets and fire ants and fungus that destroy or otherwise harm turf. The contractor will repair any damage or loss of turf due to insects or disease.
- The contractor shall be responsible to pay for all licenses, permits and associated fees required for the performance of these specifications.

DAMAGE TO PROPERTY

- Immediately report damage. Repair and pay for damages caused by contractor's personnel and equipment.

- Scalping of turf, mechanical damage to trees and shrubs including tearing of bark, improper pruning of plants, and damages resulting from improper use of pesticides and fertilizers will be considered damage.
- Complete repairs and replacements within agreed upon date approved by BCSD and within acceptable horticultural and agronomic standards.

SAFETY

- All work performed to adhere to all SC/OSHA safety guidelines. This includes all equipment. A safety program will be implemented upon bid award.
- All Pesticide applications will be administered with strict adherence to EPA, State, County and local laws / regulations.
- A safety plan / training program inclusive of grounds management operations will be put in place.

DRAINAGE SYSTEMS

- Contractor shall be responsible for mowing adjacent to storm water drainage systems. The Contractor shall not use a mowing device on any areas where the incline of the bank exceeds the mowing devices recommended maximum incline for mowing. Any areas that cannot be mowed shall be maintained with a weed trimming device. Any vegetation that cannot be removed by a weed trimming device shall be cut as necessary for removal.. BCSD maintains a storm water quality program to protect nearby streams, rivers, marshes, and coastal areas that may receive storm water from a BCSD system. Contractor shall work with the BCSD to keep contaminants out of nearby storm water collection devices.
- Drainage systems shall remain clean and clear of leaves, lawn debris, branches and pine straw. BCSD does not allow disposal of lawn debris into the storm water devices. Any and all leaves, lawn debris, branches, pine straw, etc. that is found in or around a storm water drainage system shall be removed immediately. This material shall be taken to an approved disposal area.

4.0.1.4 Provide documentation of your safety and training programs.

- What is the name of the training program(s) your company uses to train all employees?

We currently do not have a training program but if we win the award, I will contact OSHA for training.

- If the training program(s) is/are an "in house" training program(s), a copy of the program(s) must be attached to this RFP.

4.0.1.5 GROUNDS MAINTENANCE QUALITY CONTROL:

- What system does your company use to measure the quality of your grounds maintenance? Please describe here or attach a copy of your company's documents describing your system.

See attachment

Note: Attach additional pages, if needed.

4.0.1.6 Criminal Background Checks:

The authorized signature on the RFP certification page is certification that all supervisory and resource management employees named have had and successfully passed, at a minimum, a South Carolina and nationwide criminal background check and that all meet federal and state requirements for employment in K-12 facilities. The signature also certifies that any new supervisor or grounds maintenance hire will have had and successfully passed a criminal background check and will meet the same federal and state requirements at the time of being hired

4.0.1.7 Provide records of government or client litigations. Include debarments related to your company or its affiliates.

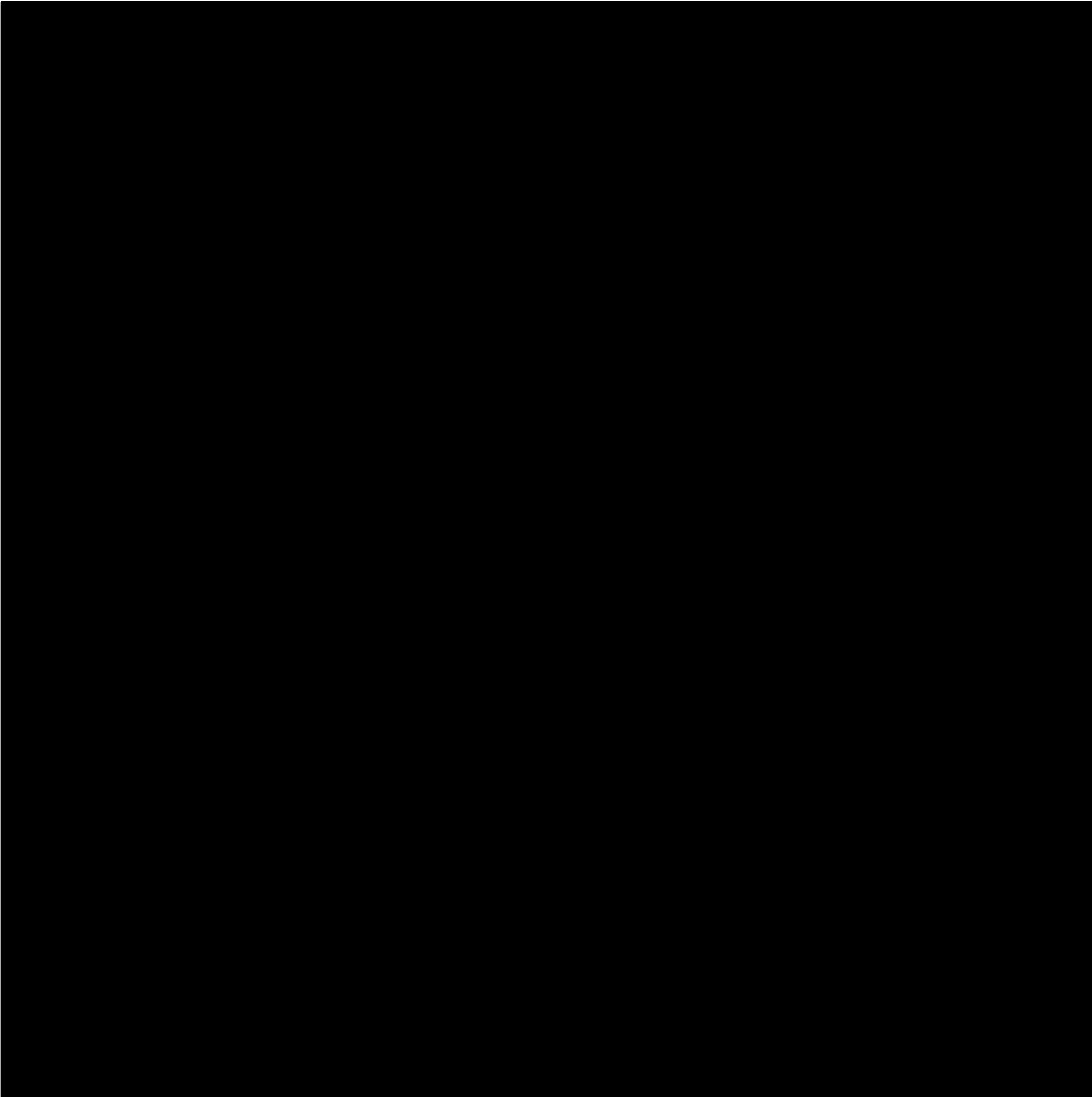
4.0.1.8 Demonstrate your process for utilizing M/WBE (Section 9).

4.0.1.9 All objections, exceptions and observations regarding the specified Services and requirements collated in a separate document with regards to specific Section to which the offeror objects, takes exception(s), or provide(s) observation.

COST PROPOSAL

4.0.1.10 Section 8.0 Bidding Schedule/Price Proposal

No cost information shall be contained in the Management Proposal.





The Travelers Indemnity Company and Its Affiliates*

**For the State of California the Travelers Company is Travelers Property Casualty Company of America*

Workers Compensation Insurance Proposal for:

ROYALTY LANDSCAPING LLC
FEIN 270679438
95 BURLINGTON CIRCLE
BEAUFORT, SC, 29906

For Policy Effective:

03/02/2016

thru 03/02/2017

Proposal Number:

UB – 008G98460A

Proposal Presented By:

STATEWIDE INSURANCE GRP
134 Ladys Island Dr Ste B
Beaufort, SC, 29907
843 5244900

Workers Compensation Insurance Proposal for: ROYALTY LANDSCAPING LLC

On behalf of **STATEWIDE INSURANCE GRP and The Travelers Indemnity Company and Its Affiliates*** **For the State of California the Travelers Company is Travelers Property Casualty Company of America*, we appreciate the opportunity to provide **ROYALTY LANDSCAPING LLC** with the following policy proposal.

This proposal will expire **thirty (30) days** from the date of creation identified below or the proposed effective date, whichever is earlier, and is not a binding contract of insurance. If you have any questions regarding this proposal, please contact your Travelers Representative.

THE FOLLOWING OUTLINES THE COVERAGE FORMS, LIMITS OF INSURANCE, POLICY ENDORSEMENTS AND OTHER TERMS AND CONDITIONS PROVIDED IN THIS PROPOSAL. ANY POLICY COVERAGES, LIMITS OF INSURANCE, POLICY ENDORSEMENTS, COVERAGE SPECIFICATIONS, OR OTHER TERMS AND CONDITIONS THAT YOU HAVE REQUESTED THAT ARE NOT INCLUDED IN THIS PROPOSAL HAVE NOT BEEN AGREED TO BY TRAVELERS. PLEASE REVIEW THIS PROPOSAL CAREFULLY AND IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR TRAVELERS REPRESENTATIVE.

Coverage Information:

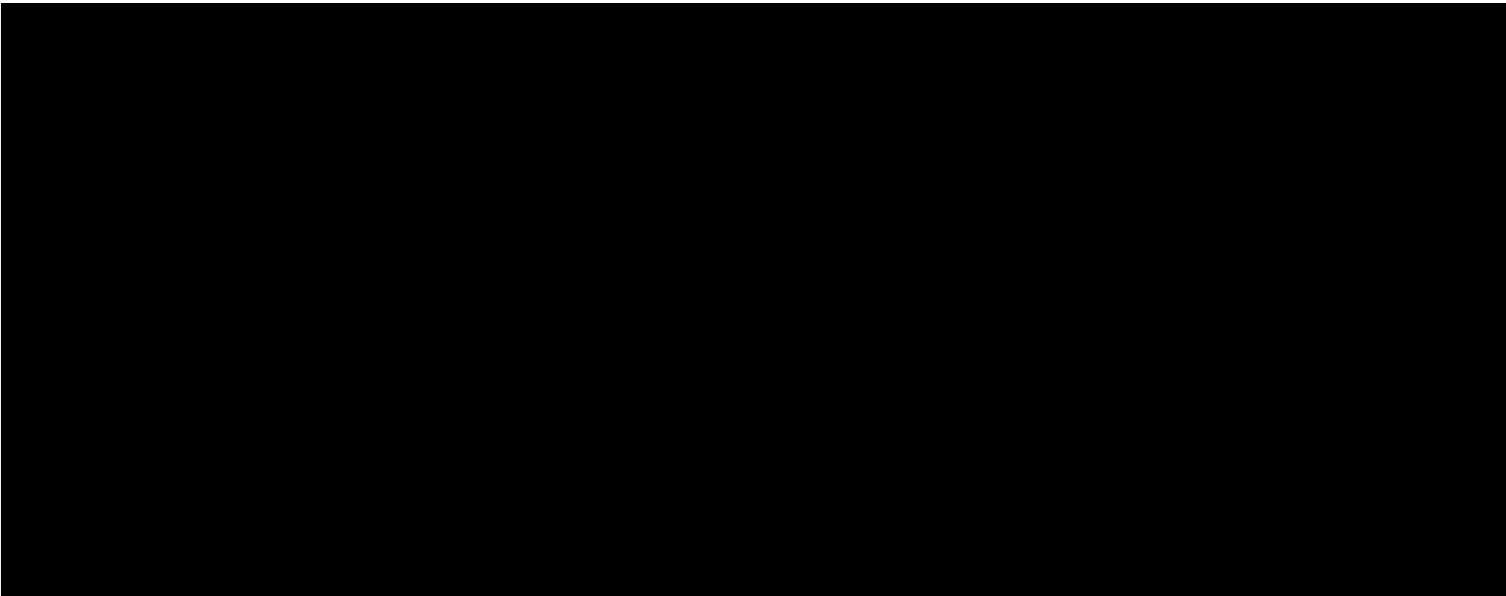
- **Part One**
 - Workers Compensation Insurance: Statutory Requirements
 - Part One of the policy applies to the Workers Compensation Law of the states listed here:
SC
- **Part Two**
 - Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Part One.
The limits of our liability under Part Two are:
Bodily Injury by Accident \$2,000,000 each accident
Bodily Injury by Disease \$2,000,000 policy limit
Bodily Injury by Disease \$2,000,000 each employee
- **Part Three**
 - Other States Insurance: Part Three of the policy applies to the states, if any, listed here:
Coverage Excluded

Additional Coverage Information:

Coverage Premium

Created on by STATEWIDE INSURANCE GRP

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance. Refer to your policy for actual terms and conditions.



Created on by STATEWIDE INSURANCE GRP

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance. Refer to your policy for actual terms and conditions.

Created on by STATEWIDE INSURANCE GRP

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance. Refer to your policy for actual terms and conditions.

Terrorism Risk Insurance Act Disclosure

The federal Terrorism Risk Insurance Act of 2002 as amended ("TRIA") establishes a program under which the Federal Government may partially reimburse "Insured Losses" (as defined in TRIA) caused by "Acts Of Terrorism" (as defined in TRIA). "Act Of Terrorism" is defined in Section 102(1) of TRIA to mean any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States Mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

The Federal Government's share of compensation for such Insured Losses is established by TRIA and is a percentage of the amount of such Insured Losses in excess of each Insurer's "Insurer Deductible" (as defined in TRIA), subject to the "Program Trigger" (as defined in TRIA). Through 2020, that percentage is established by TRIA as follows:

85% with respect to such Insured Losses occurring in calendar year 2015.
84% with respect to such Insured Losses occurring in calendar year 2016.
83% with respect to such Insured Losses occurring in calendar year 2017.
82% with respect to such Insured Losses occurring in calendar year 2018.
81% with respect to such Insured Losses occurring in calendar year 2019.
80% with respect to such Insured Losses occurring in calendar year 2020.

In no event, however, will the Federal Government be required to pay any portion of the amount of such Insured Losses occurring in a calendar year that in the aggregate exceeds \$100 billion, nor will any Insurer be required to pay any portion of such amount provided that such Insurer has met its Insurer Deductible. Therefore, if such Insured Losses occurring in a calendar year exceed \$100 billion in the aggregate, the amount of any payments by the Federal Government and any coverage provided by any policy for losses caused by Acts Of Terrorism may be reduced.

For Workers Compensation and Employers Liability coverage, the charge for such Insured Losses is an additional premium, which is reflected in the enclosed Workers Compensation and Employers Liability premium schedule. Note: terrorism premium charges listed in that schedule are subject to change at any time based on state regulatory action.

Created on by STATEWIDE INSURANCE GRP

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance. Refer to your policy for actual terms and conditions.

IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE

For information about how Travelers compensates independent agents, brokers, or other insurance producers, please visit this website:

http://www.travelers.com/w3c/legal/Producer_Compensation_Disclosure.html

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Travelers, Enterprise Development, One Tower Square, Hartford, CT 06183.

THIS PROPOSAL DOES NOT AMEND, OR OTHERWISE AFFECT, THE PROVISIONS OF COVERAGE OF ANY RESULTING INSURANCE POLICY ISSUED BY TRAVELERS. IT IS NOT A REPRESENTATION THAT COVERAGE DOES OR DOES NOT EXIST FOR ANY PARTICULAR CLAIM OR LOSS UNDER ANY SUCH POLICY. COVERAGE DEPENDS ON THE APPLICABLE PROVISIONS OF THE ACTUAL POLICY ISSUED, THE FACTS AND CIRCUMSTANCES INVOLVED IN THE CLAIM OR LOSS AND ANY APPLICABLE LAW.

Underwritten By:
The Travelers Indemnity Company and its Affiliates*

**For the State of California the Travelers Company is Travelers Property Casualty Company of America*

Acknowledged and Accepted By:

_____ On _____
(Signature of the Insured) (Date)

Travelers has been in the business for over 140 years and has established itself in the marketplace as a financially stable company that you can rely on. You can feel confident knowing that your business will be protected in the event of a covered loss.

Our highly qualified team of professionals, including our sales force, underwriters, risk control consultants and claim professionals, know their business well and will provide you with the no-hassle service you expect from your insurance carrier.

Our dedicated, knowledgeable claim professionals are committed to providing you with exceptional claim service 24 hours a day, 365 days a year. Simply call us directly using our toll-free claim reporting number, 800.238.6225, and your loss will be handled in a fast and efficient manner so you can get back to running your business.

Created on by STATEWIDE INSURANCE GRP

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance. Refer to your policy for actual terms and conditions.

Town of Port Royal, South Carolina

ORIGINAL
NOT TRANSFERABLE



This License may be
revoked at any time
by the Town Council.

003683
ROYALTY LANDSCAPING
35 BURLINGTON CIRCLE
BEAUFORT SC 29906

ISSUED TO: ROYALTY LANDSCAPING

LOCATION: 35 BURLINGTON CIRCLE

TYPE OF BUSINESS: LANDSCAPING

DATE ISSUED: 03/12/2015

LICENSE FEE: 82.00

PENALTY: .00

TOTAL PAID: 82.00

0003 CLASS 3 82.00

Town of Port Royal
700 PARIS AVE
PORT ROYAL, SC 29935-0009

BUSINESS LICENSE
2015

RESIDENT BUSINESS MUST POST THIS SIDE ONLY IN A CONSPICUOUS PLACE
NON-RESIDENT BUSINESS MUST KEEP IN POSSESSION

THIS LICENSE EXPIRES:

12/31/2015


LICENSE NUMBER

6658

DATE ISSUED

03/12/2015

003683
ROYALTY LANDSCAPING
35 BURLINGTON CIRCLE
BEAUFORT SC 29906


AUTHORIZED SIGNATURE

POST IN A
CONSPICUOUS
PLACE

City of Beaufort Business License



License Number

19708
2015

ROYALTY LANDSCAPING LLC
MELODY YOUNG OR PAUL YOUNG
35 BURLINGTON CIR
BEAUFORT, SC 29906

This License Expires:
12/31/2015

Account Number: 842

Business Name: ROYALTY LANDSCAPING LLC

This License May be Revoked at
Any time by the City Council

Business Location: 35 BURLINGTON CIR
BEAUFORT, SC 29906

Date Issued: 04/02/2015

Classification: ADMIN RATE CLASS 3

A handwritten signature in cursive script, likely belonging to the authorizing official.

Authorizing Official

This License is NOT Transferable

POST IN A
CONSPICUOUS
PLACE

COUNTY COUNCIL OF BEAUFORT BUSINESS AND PROFESSIONAL LICENSE

License Number

11914

THIS LICENSE EXPIRES 12/31/2015

Business Name: ROYALTY LANDSCAPING LLC
Address: MELODY OR PAUL YOUNG
35 BURLINGTON CIRCLE
BEAUFORT, SC 29906

Phone Number: 843-644-4466

****Notice****

This license becomes null & void if ownership, business name, or address is changed.
Licensee must apply within 10 days of such change for transfer. Fees will apply. All
applicable building & zoning regulations pertaining to business location must be followed.

Classification: AGRICULTURAL SERVICES

Date Issued: 04/02/2015

3y A handwritten signature in cursive script, likely belonging to Edra D. Stephens.

EDRA D. STEPHENS, DIRECTOR

This License is NOT Transferable

PAID

