

**2025 – 2026 Municipal Grounds Mowing Maintenance  
Town of St. Albans**

**7 Water Street, St. Albans, ME 04971**

**Phone:(207) 938-4568**

The winning bidder contracted for **Municipal Grounds Maintenance/Mowing** will begin April 21<sup>st</sup> and end on October 27<sup>th</sup> (28 weeks) for each year—little league fields will need to be mowed more frequently to be aligned with games and practices. Please enter separate amounts for each location per year with a grand total for the bid proposal. Bids will be chosen based on the **total bid** amounts and not for the separate locations:

<b>2025</b>	<b>2026</b>	<b><u>Municipal Sites:</u></b>
\$ _____	\$ _____	1. Town Hall and Highway Garage
\$ _____	\$ _____	2. Fire Hall
\$ _____	\$ _____	3. Town Landing
\$ _____	\$ _____	4. Park by the Dam
\$ _____	\$ _____	5. Fire Training Facility
\$ _____	\$ _____	6. Monument
\$ _____	\$ _____	7. Batchelder Field Playground
\$ _____	\$ _____	8. Little League Field
\$ _____	\$ _____	9. Softball Field
Totals	\$ _____	

The chosen contractor will need to provide proof of insurance, completed W9, and sign a contract reflecting the proposed amounts. The Board of Selectmen reserves the right to reject any and all bids for the best interest for the town. Bids must be submitted to the Town Office by November 8, 2024 at 3 pm in a sealed envelope labeled “Municipal Grounds Maintenance/Mowing” and will be presented to the Board at their regular scheduled meeting on November 12, 2024 at 6 pm.

I, the undersigned, certify I am a duly authorized representative for the Contractor named and I have read and fully understand the foregoing proposed agreement. I further certify the information contained herein is true and accurate and that I am fully capable of complying with this agreement. If awarded with a contract, I agree to furnish the services as specified in the Memorandum/Agreement at the total lump sum priced indicated above.

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contract Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature and Title: \_\_\_\_\_

**-OVER-**

Please provide three professional references:

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Company	Point of Contact	Phone Number
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