

REQUEST FOR BIDS  
For  
CHEROKEE PLACE APARTMENTS LAWN MAINTENANCE

Franklin Housing Authority is currently seeking quotes for Lawn Maintenance Services for Cherokee Place Apartments, located in Franklin, TN.

Bids will be received by the Franklin Housing Authority, 200 Spring Street, Franklin, TN 37064 until September 1, 2025 at 2:00p.m.

Interested parties may obtain a copy of the bid package by visiting the Franklin Housing Authority website, [www.franklinhousingauthority.com](http://www.franklinhousingauthority.com).

All Bidders must comply with the President's Executive Order Nos. 11246 and 11375, which prohibits discrimination in employment regarding race, creed, color, sex or national origin. Bidders must comply with Title VI of the Civil Rights Act of 1964, the Anti-Kickback Act and the Contract Work Hour Standard Act. Bidders must certify that they do not, and will not, maintain or provide for their employees any facilities that are segregated on a basis of age, race, sex, color, creed, religion or national origin.

## MEMORANDUM

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Date: August 12, 2025  
TO: Interested Parties  
FROM: Cindy Walton, Administrative Assistant  
RE: Quotes for Cherokee Place Apartments Lawn Maintenance Services

Franklin Housing Authority is currently seeking quotes for Lawn Maintenance Services for Cherokee Place Apartments, located in Franklin, TN. Please review the attached bid package for details on scope of services and bid instructions. Property tours will be available to interested parties by appointment.

Please contact Martece Crawford at 615-794-1247 ext. 215 or by email at [mcrawford@franklinhousingauthority.com](mailto:mcrawford@franklinhousingauthority.com) if you have any questions.

Thank you,

Cindy Walton

## **Q2025-03 – Franklin Housing Authority – Cherokee Apartments, Lawn Maintenance Services**

**Published Date: August 12, 2025**

### **I. OBJECTIVE:**

To provide lawn maintenance services for Cherokee Place Apartments in Franklin, TN as indicated below.

### **II. SCOPE OF SERVICES:**

Lawn Maintenance Services for Cherokee Place Apartments, Franklin, TN shall consist of the initial clean-up, general lawn maintenance and fall cleanup as indicated below.

#### **A. Initial Clean-up:**

1. Re-Mulch all trees and the back perimeter of the Property.
2. Trim shrubs as needed
3. Prune all trees and bushes along the back perimeter
4. Spray and weed all stone beds and mulch beds
5. Prune all Crepe Myrtles
6. Identify and speak to owner about tree removal and shrub replacements

#### **B. General Lawn Maintenance:**

1. Bi-weekly trimmings
  - a) Mow and trim (weed-eat) all grassy areas within the property lines to a height of 2-1/2" on a 10-day schedule, beginning as the Contract and Notice to Proceed indicates. All Authority lawn areas shall be mowed & trimmed. Cut and trim all embankments. Embankments that are too steep to cut with mowers shall be cut with trimmers to a height of 4"-6". Trim (weed-eat) around all objects on lawn, trees, shrubs, mulch & stone beds, buildings, sidewalks, curbs and parking areas (round-up is not an approved method); blow all clippings away from buildings; clean up all grass clippings on streets, sidewalks and parking areas. At the completion of mowing, no trash or debris from mowing shall remain on the grounds.
  - b) Edge around all curbs, walks, parking areas, etc. (minimum of twice per year). Edging must be performed with an actual "edger" unless the contractor can demonstrate to the Owner his ability to properly edge with a weed eater.
  - c) The Authority and Contractor shall establish a fixed schedule for cutting. Any deviation to such must be approved in advance by the contract monitor. In case of inclement weather, the contractor shall contact the contract monitor and agree on alternate dates of performance.
  - d) Playground mulched surfaces shall be trimmed as needed and clippings raked/blown from surface.
  - e) Spray cracks in concrete/asphalt surfaces with Roundup or equivalent to control vegetation. Proof of licensure will be required.

- f) Police grounds and remove all debris (i.e. tree branches, paper, cans bottles, rocks, etc.) prior to mowing/trimming.
  - g) Fall cleanup shall consist of mowing/mulching fall leaves. This work item will be priced separately and will be performed at least once at the end of the cutting season. Additional fall cleanup services will be required as deemed necessary by Owner and will be paid at the unit price identified on the Cost Proposal Form.
  - h) Prices are to be submitted on a “per cut basis”. All payments will be made on a per-cut basis. Contractor will be paid only for cuts made that are in compliance with this Scope of Work. Cuts not made due to inclement weather, equipment breakage, etc. will not be paid.
  - i) Performance of the contract can only be done during weekdays (Monday – Friday, 8:00am – 5:00pm). The Authority reserves the right to suspend cutting when conditions warrant (during periods of drought, etc.). The mowing season may be shortened or extended at the discretion of the Authority due to weather or other factors.
  - j) All work associated with an individual cutting must be performed within a 2-day cycle.
  - k) Work will be inspected by Authority Staff after completion. FHA will only pay for cuts rendered upon acceptance of work. Contractor must report any damage to buildings, windows, gutters, downspouts, splay-blocks, sewer caps, vehicles, etc. caused by contract activities. Contractor will be charged for cost of repairs caused by contractor’s staff.
  - l) If job conditions (i.e. extreme heat or wet weather) prohibit the contractor from performing the duties under the contract and meeting the scheduled cutting cycle, notification must be given to the Authority’s Contract Monitor.
- 2. Trim and prune trees and shrubs (Quarterly)
  - 3. Weed beds & fertilization (Monthly)

### III. **TASK REQUIREMENTS (DELIVERABLES):**

**Initial Clean-Up** performed as a 1-time service and **General Lawn Maintenance** completed as indicated in the above **Scope of Services**.

### IV. **CONTRACT PERIOD:**

One (1) year with an option to renew at FHA’s discretion not to exceed five (5) years

**Modification of Agreement.** Such agreement may be modified only by written amendment executed by all parties.

**V. PRE-BID MEETING**

**A Pre-Bid Meeting will be held at Cherokee Place Apartments (626 Cherokee Place, Franklin, TN) on August 26, 2025 at 10:00am.**

Interested parties are strongly advised to attend. This is an opportunity to visit the property and obtain answers to questions regarding expectations and the bid.

**VI. LICENSING AND BUSINESS REQUIREMENTS**

The Offeror is responsible to comply with all licensing requirements and associated business regulations whether Local, State or Federal. It is the responsibility of the potential Contractor to determine the applicability of any rule, regulation or other requirement

**VII. INSURANCE REQUIREMENTS**

Contractor will be required to furnish, at the time of contract signing, proof of professional liability insurance minimum coverage of \$1,000,000 per occurrence; auto insurance minimum coverage of \$1,000,000 per occurrence; and workers' compensation coverage in accordance with state law requirements. Coverage must be kept current and the Housing Authority is to be named as additional insured.

**VIII. INSTRUCTIONS TO OFFERORS**

Offerors should complete the attached "*Cost Proposal Form*" and "*Statement of Qualifications*" and return by mail or email to the address below. Offerors may also choose to hand deliver their quote to the receptionist at Franklin Housing Authority's office. Franklin Housing Authority is not responsible for quotes not received due to mail or electronic delivery issues.

Franklin Housing Authority  
Attn: Martece Crawford  
200 Spring Street  
Franklin, TN 37064  
[mcrawford@franklinhousingauthority.com](mailto:mcrawford@franklinhousingauthority.com)

**It is the intention of Franklin Housing Authority to make Q2025-03 and the Offeror's Response part of the contract.**

**“ATTACHMENT A”  
Cost Proposal Form**

Proposal of \_\_\_\_\_ (hereinafter called PROPOSER),  
a \_\_\_\_\_ (Corporation/Partnership/Individual).

TO: Franklin Housing Authority (hereinafter called the OWNER).

The PROPOSER will furnish all necessary supervision, labor, chemicals, machinery, equipment and other supplies in strict accordance with federal, state and local government regulations for lawn maintenance:

**Initial Clean-up**

1. Initial Clean-up at \$ \_\_\_\_\_ annually.  
\*Excludes tree and shrub removal and/or replacements. These will be discussed with the owner on an as-needed basis.

**General Lawn Maintenance**

1. Cut and trim all grassy areas of Cherokee Place Apartments at \$ \_\_\_\_\_ per cut.
2. Prune and trim all trees and shrubs at \$ \_\_\_\_\_ quarterly.
3. Weed beds and fertilization at \$ \_\_\_\_\_ monthly.

**Fall Clean-up**

1. Fall Clean-up of at \$ \_\_\_\_\_ annually.

PROPOSER hereby agrees to commence work under this Contract on or before a date to be specified in a written “Notice to Proceed” to the OWNER.

PROPOSER understands that the OWNER reserves the right to reject any or all proposals and to waive any formalities in the PROPOSER submittals.

The PROPOSER agrees that this proposal shall be good and may not be withdrawn for a period of sixty (60) calendar days after the scheduled closing time for receipt of such. Upon receipt of written notice of acceptance of quotation, PROPOSER will execute a formal contract within 10 days of receipt.

By signing this proposal, the PROPOSER certifies that he does not maintain or provide for his employees any segregated facilities at any of his/her establishments and that he/she does not permit his/her employees to perform their services at any location under this control where segregated facilities are maintained. The PROPOSER agrees that a breach of this certification is a violation of the Equal Opportunity Clause in this Contract. As used in this certification, “segregated facilities” shall mean any waiting rooms, work areas, restrooms, washrooms, restaurants and other eating areas, time clocks, locker rooms, storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation and housing facilities provided for employees which are segregated by explicit directive or are in fact, segregated on the basis of race, color, religion, or national origin because of habit, local custom, or otherwise. He/she further agrees that (except where he has obtained identical certifications from proposed subcontractors prior to the award of the subcontract exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity Clause) that he will retain such certificates in files, and that he/she will forward a notice to proposed subcontractors.

Proposers must comply with the *President’s Executive Order Nos. 11246 and 11375*, which prohibit discrimination in employment regarding race, creed, color, sex or national origin; *Title VI of the Civil Rights Act of 1964*; the *Anti-Kickback Act*, and the *Contract Work Hour Standard Act*. Bidders must certify that they do not, and will not, maintain or provide for their employees any facilities that are segregated on the basis of race, color, creed, sex or national origin.

**“ATTACHMENT B”  
Statement of Qualifications**

Each contractor submitting a quote must answer the following questions and return this form with the Cost Proposal Form. Failure to complete and return this form may be regarded as justification for rejecting the contractor’s quote. Attach additional sheets if necessary.

1. Name of Person Completing Form: \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Federal Identification and/or Social Security No.: \_\_\_\_\_
5. Names/Titles of Firm’s Principals: \_\_\_\_\_
6. When Organized: \_\_\_\_\_
7. Incorporated? \_\_\_\_\_ If yes, What State & When? \_\_\_\_\_
8. How many years have you been engaged in providing these types of services under the present firm name? \_\_\_\_\_
9. Have you done this type of service under any other name? \_\_\_\_\_ If yes, provide name \_\_\_\_\_
10. Describe current contracts, listing type of work performed and dates of contract:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Number of Staff? \_\_\_\_\_ Positions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Explain your interest in this contract and what knowledge, skills, abilities and experiences qualify you for this contract: \_\_\_\_\_



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Are there any attachments to this document?   (   ) No                      (   ) Yes ; \_\_\_\_ Pages

TO THE BEST OF MY KNOWLEDGE, I CERTIFY THAT THE INFORMATION SUBMITTED ON  
THIS FORM AND ANY ATTACHMENT THERETO IS TRUE AND CORRECT.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
COMPLETED BY

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
FAX NUMBER

\_\_\_\_\_  
EMAIL