

**REQUEST FOR QUOTES (RFQ)**

**Grounds Maintenance Services – 2026 Season**

**Newbury Township**

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**Submission Deadline**

**Friday, March 15, 2026 – 12:00 Noon**

Submit to:

Newbury Township Hall

14899 Auburn Road

Newbury, OH 44065

Email: admin@newburyohio.com

Newbury Township Trustees reserve the right to reject any and all quotes or any part thereof.

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**Contractor Information**

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Certificate of Insurance Provided:  Yes  No

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**PRICING SCHEDULE**

*(Provide pricing per location. Attach additional sheets if necessary.)*

**1. Seasonal Mowing & Routine Maintenance Pricing**

<b>Location</b>	<b>Address</b>	<b>Price Per Mowing</b>	<b>Estimated Seasonal Total</b>
South Newbury Cemetery	SR 44 south of Music St	\$_____	\$_____
Morton Cemetery	Bell Rd near 10608 Bell Rd	\$_____	\$_____
Munn Cemetery	10189 Music St	\$_____	\$_____
Center Cemetery & Town Hall	14899 Auburn Rd	\$_____	\$_____
Veteran's Memorial Park	14890 Auburn Rd	\$_____	\$_____
Newbury Fire Department	11111 Kinsman Rd	\$_____	\$_____

## 2. Mulching / Bed Maintenance (Per Application or Seasonal Total)

<b>Location</b>	<b>Price</b>
South Newbury Cemetery	\$_____
Morton Cemetery	\$_____
Munn Cemetery	\$_____
Center Cemetery & Town Hall	\$_____
Veteran's Memorial Park	\$_____
Newbury Fire Department	\$_____

## 3. Fall Clean-Up Pricing (Per Location)

<b>Location</b>	<b>Price</b>
South Newbury Cemetery	\$_____
Morton Cemetery	\$_____

<b>Location</b>	<b>Price</b>
Munn Cemetery	\$ _____
Center Cemetery & Town Hall	\$ _____
Veteran's Memorial Park	\$ _____
Newbury Fire Department	\$ _____

**TOTAL CONTRACT PRICING**

Total Seasonal Mowing: \$ \_\_\_\_\_

Total Mulching/Bed Maintenance: \$ \_\_\_\_\_

Total Fall Clean-Up: \$ \_\_\_\_\_

**Grand Total Bid Amount: \$ \_\_\_\_\_**

**ADDITIONAL INFORMATION**

Proposed Mowing Frequency: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

List of Equipment to Be Used:

Number of Crew Members Assigned: \_\_\_\_\_

**REFERENCES (Minimum of 2)**

1. Name/Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name/Organization: \_\_\_\_\_  
Phone: \_\_\_\_\_

**SIGNATURE**

I certify that the information provided is accurate and that I am authorized to submit this quote.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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