REQUEST FOR QUOTES (RFQ)

Grounds Maintenance Services – 2026 Season

Newbury Township

Submission Deadline

Monday March 16, 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.

Contractor Information

Company Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Years in Business: _____

Certificate of Insurance Provided: ☐ Yes ☐ No

PRICING SCHEDULE

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

1. Seasonal Mowing & Routine Maintenance Pricing

Location	Address	Price Per Mowing	Estimated Seasonal Total
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	$_____	$_____

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

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

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3. Fall Clean-Up Pricing (Per Location)

Location	Price
South Newbury Cemetery	$_____
Morton Cemetery	$_____

Location	Price
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:

Do you charge a fuel surcharge Y/N: _____

If yes, how is that calculated:

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: _____
