

**AUBREY INDEPENDENT SCHOOL DISTRICT RFCSP RESPONSE FORM
LANDSCAPING SERVICES PROJECT**

Proposal Open Date & Time:
Proposal Open Location:

March 21, 2012, 1:00 P.M.
**Aubrey Independent School District
Administration Office
By Dr. James Monaco, Superintendent**

RESPOND TO:

Aubrey Independent School District
Attn: Landscaping Services Contract
415 Tisdell Lane
Aubrey, Texas 76227
Telephone: (940) 668-0060

** Price Per Attached Schedule*

Please Call with any Questions

Thanks,

Chad Dillard

cell 214-802-5084

office 972-896-2557

OAK GROVE LANDSCAPE & IRRIGATION

Maintenance Calender

Aubrey ISD All Campuses(High School, Middle School, Brockett Elem., Monaco Elem., Early Bird/ Admistration

Maintenance Duties	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Mowing	1	2	2	4	4	5	4	4	5	2	2	1	36
Edging/Trimming	1	2	2	4	4	5	4	4	5	2	2	1	36
Weed Beds	1	2	2	4	4	5	4	4	5	2	2	1	36
Litter/Clean Up	1	2	2	4	4	5	4	4	5	2	2	1	36
Tree Prune	1												1
Leaf Clean Up	1	1								1	1	1	5
Ground Cover Trimming			1	2	2	2	2	2	2	1			14
Scalp Asian Jasmine			1										1
Scalp Liriope			1										1
Cut Back Ornamental Grass	1												1
Landscape Inspection	1	1	1	1	1	1	1	1	1	1	1	1	12
													0
													0

Monthly Payment Schedule

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Monthly Contract Services	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$6,215.00	\$74,580.00
Monthly Irrigation Inspection	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$300.00	\$3,600.00
Irrigation Alternates													
Inspect (6 times a year)	\$1,800.00												
Inspect per hour	\$35.00 per man hr												

Hours Of Operation

Monday-Friday 7:00 A.M. to 5:00P.M.

Holidays:

July 4th, Thanksgiving, Christmas, New Years

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Be it known that

CHAD C DILLARD

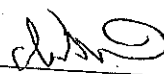
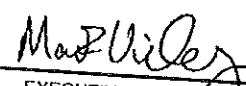
has fulfilled the requirements in accordance with the laws of the State of Texas for

LICENSED IRRIGATOR

License Number: LI0012721
Issue Date: 10/13/2011
Expiration Date: 09/30/2014



Executive Director
Texas Commission on Environmental Quality

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
CHAD C DILLARD
Is hereby licensed as a
BACKFLOW PREVENTION ASSEMBLY TESTER
License Number: BP0005366 Expires: 08/21/2014
 SIGNATURE
 EXECUTIVE DIRECTOR

* Also Have Texas Department of Agriculture Application License for chemical Application.

State of Texas

Historically Underutilized Business Certification and Compliance Program



The Texas Comptroller of Public Accounts (CPA),
hereby certifies that

OAK GROVE LANDSCAPE & IRRIGATION LLC

has successfully met the established requirements of the
State of Texas Historically Underutilized Business (HUB) Program
to be recognized as a HUB.

This certificate, printed 27-MAR-2010, supersedes any registration and certificate previously issued by the HUB Program. If there are any changes regarding the information (i.e., business structure, ownership, day-to-day management, operational control, addresses, phone and fax numbers or authorized signatures) provided in the submission of the business' application for registration/certification as a HUB, you must immediately (within 30 days of such changes) notify the HUB Program in writing. The CPA reserves the right to conduct a compliance review at any time to confirm HUB eligibility. HUB certification may be suspended or revoked upon findings of ineligibility.

A handwritten signature in cursive script that reads "Paul A. Gibson".

Certificate/VID Number: 1262248541000
File/Vendor Number: 66965
Approval Date: 23-MAR-2010
Expiration Date: 23-MAR-2014

Paul A. Gibson
Statewide HUB Program Manager
Texas Comptroller of Public Accounts
Texas Procurement and Support Services Division

Note: In order for State agencies and institutions of higher education (universities) to be credited for utilizing this business as a HUB, they must award payment under the Certificate/VID Number identified above. Agencies and universities are encouraged to validate HUB certification prior to issuing a notice of award by accessing the Internet (<http://www.window.state.tx.us/procurement//cmb1/hubonly.html>) or by contacting the HUB Program at (888) 863-5881 or (512) 463-5872.

Company Information:

Oak Grove Landscape & Irrigation LLC
Company Name

PO Box 3
Address

Texas Farmersville 75442
State/City/Zip

972 896 2557
Area Code & Telephone Number


972 782 6225
Area Code & Fax Number

Chad Dillard
Authorized Representative

VP
Authorized Representative Title

chad@oakgrovelandscape.com
Email Address

I, the undersigned, as the owner or legally authorized representative of the above named company, by signing the following statement, agree that I have read and understand all of the Instructions and Specifications contained herein, and that if accepted by the Aubrey Independent School District, all of the provisions will be incorporated as part of a binding contract between Aubrey Independent School District and our company. I also certify that this bid is made without previous understanding, agreement, or connection with any person, firm, or corporation making a proposal for the same contract, and is in all ways fair and without collusion or fraud.


Authorized Signature

3-20-12
Signature Date

REFERENCES
AUBREY INDEPENDENT SCHOOL DISTRICT
LANDSCAPING SERVICES CONTRACT

List below three (3) references for which you have completed projects for in the past 12 months, including any school districts that you have completed projects for.

1. City of Farmersville
Institution Name
205 S main
Street Address
Farmersville Tx 75442
City/State/Zip
Ben White
Contact
972-782-6151
Telephone Number
b.white@ci.farmersville.tx.us
Email Address

2. City of McKinney
Institution Name
1550 S College
Street Address
McKinney Tx 75069
City/State/Zip
Josh Jackson
Contact
972-658-0285
Telephone Number
jjackson@~~ci~~ mckinneytexas.org
Email Address

3. Texas A&M Commerce
Institution Name
2600 Neal
Street Address
Commerce Tx 75429
City/State/Zip
Mark Glossi
Contact
903-366-3611
Telephone Number
Mark_glossi@TAMU-Commerce.edu
Email Address

EXHIBIT F

- ④ Beacon Hill Senior Community
Jeremy Antich 903-486-1349
- ⑤ Orchard Park of McKinney
Randy Glenn 940-231-9181

**AUBREY INDEPENDENT SCHOOL DISTRICT
NCHRI CERTIFICATION
FELONY CONVICTION DISCLOSURE STATEMENT**

NCHRI Certification

Pursuant to Texas Education Code §22.0834(d), the undersigned Contractor certifies that the Contractor has obtained all National Criminal History Record Information ("NCHRI") for the Contractor and its agents, servants, and employees.

The Contractor further certifies that the Contractor has provided the NCHRI for the Contractor and its agents, servants, and employees to the District.

Felony Conviction Disclosure Statement

Section 44.034, Texas Education Code, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator has been convicted of a felony. A notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

This notice is not required of a publicly-held corporation.

I, the undersigned agent for the firm named below, certify that: (i) I have obtained the NCHRI for the Contractor, its agents, servants, and employees; (ii) I have provided the NCHRI for the Contractor, its agents, servants, and employees to the District; and, (iii) the information concerning notification of felony conviction for the Contractor, its agents, servants, or employees has been reviewed by me and the following information furnished is true to the best of my knowledge.

Oak Grove Landscaping & Irrigation
Company Name


Signature of Authorized Company Official

Chad D. Ward
Authorized Company Official's Name (Please print)

EXHIBIT C

- My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.
- My firm is not owned or operated by anyone who has been convicted of a felony.
- My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of Conviction(s): _____

Signature of Company Official: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/19/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Higginbotham & Associates Inc. P. O. Box 3087 McKinney TX 75070	CONTACT NAME: Melinda Hix PHONE (A/C, No, Ext): 972-542-4100 E-MAIL ADDRESS: mhix@higginbotham.net	FAX (A/C, No): 972-542-9494
	INSURER(S) AFFORDING COVERAGE	
INSURED OAKGR2 Oakgrove Landscape & Irrigation LLC P. O. Box 3 Farmersville TX 75442	INSURER A: Peerless Insurance Company NAIC # 24198	
	INSURER B: America First Insurance Co. 12696	
	INSURER C: Texas Mutual Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 1788492671 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> contractual liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			4006345274	4/14/2011	4/14/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			4006345275	4/14/2011	4/14/2012	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			4006345276	4/14/2011	4/14/2012	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A			TSF0001190890	5/3/2011	5/3/2012	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The general liability and automobile policies include additional insured endorsement. The general liability, automobile and workers compensation policies include a waiver of subrogation endorsement in favor of the certificate holder. Primary and non-contributory wording included as per written contract.

RE: Job name/Description

CERTIFICATE HOLDER Aubrey Independent School District 415 Tisdell Lane Aubrey TX 76227	CANCELLATION 30 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

Chad Wilford

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

H2 Beckett / James Monaco

Name of Officer

This section (Item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

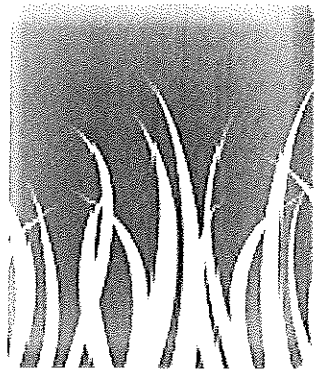
Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

[Signature]
Signature of person doing business with the governmental entity

3-20-12
Date



Stinchcomb

Lawn & Tree Services

Lawn care • Landscape • Complete tree services

Bid proposal for Aubrey ISD complete grounds service

Attn. Superintendent Dr. James Monaco & Aubrey ISD School Board

Proposed amount:

\$64,375 yearly per the terms and conditions outlined by the district. Also includes removal of dead trees around high school within concreted areas.

Please contact Brandon Stinchcomb at 940-465-4828 with any questions on this bid proposal.

Sincerely,

Brandon Stinchcomb

**AUBREY INDEPENDENT SCHOOL DISTRICT
NCHRI CERTIFICATION
FELONY CONVICTION DISCLOSURE STATEMENT**

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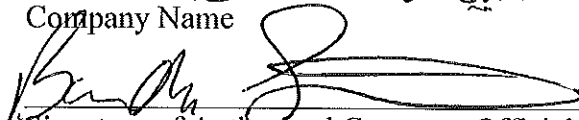
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This notice is not required of a publicly-held corporation.

I, the undersigned agent for the firm named below, certify that: (i) I have obtained the NCHRI for the Contractor, its agents, servants, and employees; (ii) I have provided the NCHRI for the Contractor, its agents, servants, and employees to the District; and, (iii) the information concerning notification of felony conviction for the Contractor, its agents, servants, or employees has been reviewed by me and the following information furnished is true to the best of my knowledge.

Stinchcomb Lawn & Tree

Company Name



Signature of Authorized Company Official

Brandon Stinchcomb

Authorized Company Official's Name (Please print)

EXHIBIT C

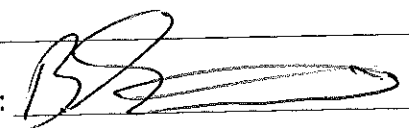
My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

My firm is not owned or operated by anyone who has been convicted of a felony.

My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): Anthony Rodriguez

Details of Conviction(s): please see below

Signature of Company Official: 

Details of Conviction:

As a minor saw friends break into Concession trailer. Since he did not turn them in he was charged with the same offense. All charges will be expuged from his record once he turns 18.

Company Information:

Stinchcomb Lawn & Tree
Company Name

105 Spring
Address

Aubrey, TX 76227
State/City/Zip

940-465-4828
Area Code & Telephone Number


Area Code & Fax Number

Brandon Stinchcomb
Authorized Representative

Owner
Authorized Representative Title

Slawnandtree@gmail.com
Email Address

I, the undersigned, as the owner or legally authorized representative of the above named company, by signing the following statement, agree that I have read and understand all of the Instructions and Specifications contained herein, and that if accepted by the Aubrey Independent School District, all of the provisions will be incorporated as part of a binding contract between Aubrey Independent School District and our company. I also certify that this bid is made without previous understanding, agreement, or connection with any person, firm, or corporation making a proposal for the same contract, and is in all ways fair and without collusion or fraud.


Authorized Signature

3-20-2012
Signature Date

REFERENCES
AUBREY INDEPENDENT SCHOOL DISTRICT
LANDSCAPING SERVICES CONTRACT

List below three (3) references for which you have completed projects for in the past 12 months, including any school districts that you have completed projects for.

1. Mustang SUD
Institution Name
7985 FM 2931
Street Address
Aubrey, TX 76227
City/State/Zip
Aldo Zamora
Contact
940-440-9561 ext. 109
Telephone Number
Aldo@mustangwater.com
Email Address

2. Corner Real Estate Services, Inc.
Institution Name
4300 N. Central Expressway
Street Address
Dallas, TX 75206
City/State/Zip
Judy Davis
Contact
214-219-5620
Telephone Number
Cornerdavis@aol.com
Email Address

3. C Bar B Ranch
Institution Name
11787 Merrill
Street Address
Pilot Point, TX 76258
City/State/Zip
Jill Barnett
Contact
214-668-0956
Telephone Number
Barnettsmac@mac.com
Email Address

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

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A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

Brandon Stinchcomb

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

None

Name of Officer

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A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

N/A

4


Signature of person doing business with the governmental entity

3-20-2012
Date

**AUBREY INDEPENDENT SCHOOL DISTRICT
NCHRI CERTIFICATION
FELONY CONVICTION DISCLOSURE STATEMENT**

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I, the undersigned agent for the firm named below, certify that: (i) I have obtained the NCHRI for the Contractor, its agents, servants, and employees; (ii) I have provided the NCHRI for the Contractor, its agents, servants, and employees to the District; and, (iii) the information concerning notification of felony conviction for the Contractor, its agents, servants, or employees has been reviewed by me and the following information furnished is true to the best of my knowledge.

Classic Landscapes & Maintenance Inc.
Company Name

Kevin Underwood
Signature of Authorized Company Official

Kevin Underwood
Authorized Company Official's Name (Please print)

EXHIBIT C

My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

My firm is not owned or operated by anyone who has been convicted of a felony.

My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of Conviction(s): _____

Signature of Company Official: _____

EXHIBIT C

Company Information:

Classic Landscapes & Maintenance Inc.
Company Name

PO Box 1247
Address

TX, Denton, 76202
State/City/Zip

(940) 387-6023
Area Code & Telephone Number

(940) 458-4480
Area Code & Fax Number

Kevin Underwood
Authorized Representative

President
Authorized Representative Title

KUnderwood049@aol.com
Email Address

I, the undersigned, as the owner or legally authorized representative of the above named company, by signing the following statement, agree that I have read and understand all of the Instructions and Specifications contained herein, and that if accepted by the Aubrey Independent School District, all of the provisions will be incorporated as part of a binding contract between Aubrey Independent School District and our company. I also certify that this bid is made without previous understanding, agreement, or connection with any person, firm, or corporation making a proposal for the same contract, and is in all ways fair and without collusion or fraud.

Kevin Underwood
Authorized Signature

5/10/12
Signature Date

**AUBREY INDEPENDENT SCHOOL DISTRICT RFCSP RESPONSE FORM
LANDSCAPING SERVICES PROJECT**

Proposal Open Date & Time:

March 21, 2012, 1:00 P.M.

Proposal Open Location:

**Aubrey Independent School District
Administration Office**

By Dr. James Monaco, Superintendent

RESPOND TO:

Aubrey Independent School District
Attn: Landscaping Services Contract
415 Tisdell Lane
Aubrey, Texas 76227
Telephone: (940) 668-0060

EXHIBIT E

REFERENCES
AUBREY INDEPENDENT SCHOOL DISTRICT
LANDSCAPING SERVICES CONTRACT

List below three (3) references for which you have completed projects for in the past 12 months, including any school districts that you have completed projects for.

1. DATCO
Institution Name
904 Mulberry
Street Address
Denton, TX
City/State/Zip
Darick Condiodo
Contact
(940) 387-8585
Telephone Number

Email Address

2. City Denton - Electric Dept.
Institution Name

Street Address
Denton, TX
City/State/Zip
Misty Lamb Willis
Contact
(940) 349-7003
Telephone Number

Email Address

3. Cracker Barrel Restaurant
Institution Name
(District Manager)
Street Address

City/State/Zip
Anch Cleppa
Contact
(313) 820-4955
Telephone Number

Email Address

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE
06/02/2011

PRODUCER
Lonzo Roberts Ins. Serv., Inc.
4308 Wiley Post Rd.
Addison TX 75001

INSURED
Classic Landscapes & Maintenance, Inc.
P O Box 1247
Denton TX 76202

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A State Auto Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E Southern Vanguard Insurance Company

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
<input type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENT. AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	GLP 2117897 02	04/13/2011	04/13/2012	EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1000000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMP/OP AGG \$ 1000000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	TSV 0002165-04	03/28/2011	03/28/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 100000
OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Waiver of Subrogation is provided in favor of the City of Denton, its officials, agents, employees and volunteers for any work performed for the City of Denton

CERTIFICATE HOLDER

ADDITIONAL INSURED, INSURER LETTER:

City of Denton
its Officials, Agents, Employees & Volunteers
215 E. McKinney St.
Denton TX 76201

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *Michael Roberts*
Michael Roberts




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/06/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

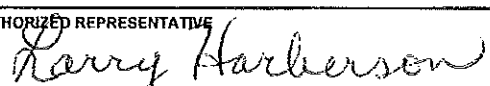
PRODUCER STATE FARM INSURANCE LARRY L HARBERSON, AGENT  P O BOX 2510 DENTON TX 76202	CONTACT NAME: PHONE (A/C, No, Ext): 9403874512 E-MAIL ADDRESS: FAX (A/C, No):													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : State Farm Mutual Automobile Insurance Company</td> <td>25178</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Mutual Automobile Insurance Company	25178	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
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INSURER D :														
INSURER E :														
INSURER F :														
INSURED MICHAEL KEVIN UNDERWOOD DBA CLASSIC LANDSCAPE & MAINTENANCE, INC P OB XO 1247 DENTON TX 76202														

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			D04 3792 A30 43H	01/30/2012	01/30/2013	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER CITY OF DENTON ITS OFFICIALS, AGENT, EMPLOYEES, & VOLUNTEERS 215 E MCKINNEY ST DENTON TX 76201	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**Classic Landscapes
P.O. Box 1247
Denton, Texas 76202
(940)387-6023**

Personnel List/Equipment List

1. Classic Landscapes will employ 8 to 10 workers dependent upon the season.

Vehicles

1. 2010 Ford F-250
2. 2006 Ford F-250
3. 2001 Ford F-250
4. 2001 Ford F-150

Equipment

1. 61" SCAG Tiger Turf—27 hp
2. 60" JOHN DEERE 920A—25 hp
3. 60" JOHN DEERE 757---25 hp
4. 60" JOHN DEERE 737---23 hp
5. Two 36" JOHN DEERE GS15—15 hp
6. LESCO 15hp
7. Four 21" HONDA HRC 216A

**Classic Landscapes also utilizes hand held equipment in lawn maintenance, and a List is available upon request.

Classic Landscapes
P.O. Box 1247
Denton, Texas 76202
(940)387-6023

EXTERIOR LANDSCAPING SERVICES PROPOSAL

Classic Landscapes will provide the lawn maintenance for the Aubrey Independent School District according to the Landscape Maintenance Program Schedule provided in the bid packet.

The following schools in this district will be mowed according to the Schedule per visit:

HIGH SCHOOL/ATHLETIC COMPLEX	600.00
INTERMEDIATE SCHOOL	300.00
BROCKETT ELEMENTARY	311.11
OLD MIDDLE SCHOOL	400.00

The above listed schools and complex will be mowed per visit for the following price: **\$1,611.11**

The following price per visit, **$\$1,611.11 \times 36 \text{ visits per year} = \$57,999.96$**

In addition to the lawn maintenance of the schools, the following fields will be included:

HIGH SCHOOL FIELD	500.00
INTERMEDIATE SCHOOL FIELD	500.00

These fields will be mowed on an as needed basis.

If there are any questions regarding this lawn maintenance bid, please contact Kevin Underwood, at your earliest convenience.

Thanks for this opportunity,

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.
This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

1 Name of Local Government Officer

2 Office Held

3 Name of person described by Sections 176.002(a) and 176.003(a), Local Government Code

4 Description of the nature and extent of employment or other business relationship with person named in Item 3

5 List gifts accepted by the local government officer and any family member, excluding gifts described by Section 176.003(a-1), if aggregate value of the gifts accepted from person named in Item 3 exceed \$250 during the 12-month period described by Section 176.003(a)(2)(B)

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

Date Gift Accepted _____ Description of Gift _____

(attach additional forms as necessary)

6 AFFIDAVIT

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.

Signature of Local Government Officer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day
of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.
This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date