

**Proposal Submission Deadline:** Tuesday, February 10, 2026, at 6:15 p.m., with a bid opening scheduled for 6:30 p.m. at Ladd Village Hall, 121 N Main Avenue, Ladd, IL 61329.

## **Overview**

The Village of Ladd, Illinois, invites qualified contractors to submit proposals for lawn and landscape maintenance services as outlined in the attached Scope of Work. Eligible contractors must have a minimum of five (5) consecutive years of experience in providing similar services and must comply with all applicable federal, state, and local laws, ordinances, and regulations.

Prospective bidders should carefully review the procurement requirements specified in this RFP. The selected contractor will be responsible for:

- Executing a contractual agreement with the Village of Ladd;
- Completing necessary forms and certifications;
- Maintaining comprehensive insurance coverage, including:
  - General Liability Insurance: minimum \$1,000,000;
  - Worker's Compensation Insurance: minimum \$500,000;
  - Business Automobile Liability Insurance: minimum \$1,000,000;
- Providing proof of insurance coverage.

The Village of Ladd is committed to equal employment opportunity and prohibits discrimination based on race, color, sex, gender, sexual orientation, religion, age, marital status, national origin, veteran status, disability, or any other protected class. Contractors receiving Village funds or performing work under this agreement must adhere to these policies. Minority and female-led businesses within Ladd or Bureau County are encouraged to submit proposals.

## **Proposal Submission Process**

Proposals must be submitted using the Proposal Submission Form (page 5). All costs should be final and clearly indicated. Submissions must be signed and dated; unsigned or undated proposals will be rejected. Each proposal must include at least three (3) professional references with current contact details, including name, address, phone number, and email (please attach a separate page).

Proposals should cover three (3) mowing seasons—2026, 2027, and 2028. A separate Proposal Submission Form must be completed for each year unless the bids are identical. All proposals must be received by Tuesday, February 10, 2026, at 6:15 p.m. and delivered to Ladd Village Hall, 121 N. Main Street, Ladd, IL 61329. Clearly mark the envelope with "Lawn Mowing and Landscaping Services Bid." Late submissions will be rejected at the Village's discretion. Bid opening will take place at the regular Village Board Meeting at 6:30 p.m. that night.

## **Contractor Selection**

The Village will review all proposals and select a contractor based on the best interests of the Village. The Village reserves the right to accept or reject any or all proposals and to determine the final scope and project components based on available funding. The selected contractor must provide a certificate of insurance naming the Village of Ladd as an additional insured, subject to review by the Village Clerk.

Following selection, a contract will be negotiated, and the contractor will be required to complete all necessary forms and certifications mandated by the Village, State, and Federal authorities.

## **Examination of Work and Scope of Services**

Contractors are expected to thoroughly review the RFP and visit the work sites to familiarize themselves with the conditions and specific requirements. Submission of a proposal indicates that the contractor has conducted a proper investigation and accepts the terms outlined in this RFP.

The scope of work involves maintaining grass and landscaped areas at various Village locations. Contractors must complete a weekly checklist documenting performed tasks. The contractor is responsible for coordinating, planning, managing, and executing all activities to ensure the areas meet the Village's standards for appearance and maintenance.

The contractor shall supply all labor and materials necessary for weed abatement, mowing, and landscaping tasks, verifying the areas, sizes, and quantities involved. Failure to verify these details does not exempt the contractor from fulfilling all contractual obligations at the proposed prices.

In addition to the above, the Contractor will treat dandelions to reduce the number present in War Memorial Park and Kennedy Park. Contractor will also perform weed control and fertilizer treatments as outlined on page 4. The wastewater treatment plant located at 705 N. Main Ave. also has weed control done in the spring and fall, as outlined on page 4.

## **Work Hours and Scheduling**

Work shall be performed Monday through Saturday, from 7:00 a.m. to 6:00 p.m., with Saturday hours from 8:00 a.m. to 5:00 p.m. No work is permitted on Sundays unless prior approval is obtained from the Contract Manager or Village President.

At least five (5) business days before the contract begins, the contractor must submit the name of the designated on-site supervisor to the Contract Manager.

Additionally, a pre-contract meeting will be held to review scope, workload, and scheduling details.

### **Specifications and Standards**

The contractor must maintain all designated areas according to the standards specified, with performance monitored by the Contract Manager. Failure to meet these standards may result in deductions from the contractor's monthly invoice.

### **Key responsibilities include:**

- Replacing damaged turf, plants, or other property at no additional cost, within two weeks of damage identification;
- Bid prevailing wages for all labor;
- Providing a contact list of key personnel to the Contract Manager;
- Establishing and submitting a maintenance schedule for approval;
- Performing professional-quality mowing, debris removal, and trimming;
- Ensuring clippings are swept or blown away from flower beds, sidewalks, and streets;
- Liability for damages caused by employees;
- Adhering to the mowing season from April to November, approximately 23 times per year;
- Adjusting mowing frequency as needed due to weather or events.

### **Grass Cutting Locations include:**

- Western Avenue – **Contract Manager will show the location**
- Community Building – 303 S. Central Ave.
- War Memorial Park – 301 S. Main Ave.
- Water Treatment Plant – 427 E. Cleveland St.
- Kennedy Park – 900 E. Locust St.
- Cleveland St. – **Contract Manager will show the location**
- Waste Water Treatment Plant – 705 N. Main Ave.
- Both Sides of Phone Building (Frontier) – 120 S. Main Ave.
- Water Tower – North of RR Tracks on LaSalle Ave.
- Water Tower – Next to Residence at 209 N. LaSalle Ave.

### **Weed Abatement Instructions & Locations include:**

- War Memorial Park – 301 S. Main Ave. Weed control application to be performed two times each season
- War Memorial Park – 301 S. Main Ave. Fertilizer application in May

- Kennedy Park – 900 E. Locust St. Weed control application to be performed two times each season
- Kennedy Park Ball Diamonds – 900 E. Locust St. Spring vegetation control for 2 ball diamond warning tracks 1 time per season (to include fence line)
- Waste Water Treatment Plant – 705 N. Main Ave. Weed control in spring & fall

### **Payment Terms**

Invoices are to be submitted monthly via mail or email to the Village Clerk at [info@villageofladd.com](mailto:info@villageofladd.com). The Contract Manager will review and process payments, making adjustments for any deficiencies or non-compliance issues.

### **Performance and Penalties**

Reductions in payment may be applied for substandard work, such as improper debris removal or failure to perform scheduled tasks. After two documented notices, the Village may assign Village workers to complete incomplete tasks, with costs deducted from the contractor's invoice based on labor rates and hours required.

### **Contract Modifications and Termination**

The Village reserves the right to modify the scope of work through written amendments. The contract may be terminated with thirty (30) days' written notice or immediately for breach of contract if issues are not remedied within seven (7) days of notice.

### **Contact Information**

Contract Manager: Doug Englehaupt, Superintendent

Phone: 815-894-2806 | Cell: 815-878-5506 | Email: [publicworks@villageofladd.com](mailto:publicworks@villageofladd.com)

Village Clerk: Rhonda Bezely

Phone: 815-894-2440 | Email: [info@villageofladd.com](mailto:info@villageofladd.com)

**PROPOSAL SUBMISSION FORM - INCLUDE A COMPLETED W-9 FORM WITH YOUR BID**

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

Mailing Address (Home Office): \_\_\_\_\_

Telephone Numbers: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

*Submit Certificate of Insurance with Proposal (see attached requirements)*

Pricing should be all-inclusive for each location, covering management, supervision, labor, and materials, for 23 mowings across three seasons (2026, 2027, 2028).

**Grass Cutting Cost per location:**

1. Western Avenue \_\_\_\_\_
2. Community Building \_\_\_\_\_
3. War Memorial Park \_\_\_\_\_
4. Water Treatment Plant \_\_\_\_\_
5. Kennedy Park \_\_\_\_\_
6. Cleveland Street \_\_\_\_\_
7. Waste Water Treatment Plant \_\_\_\_\_
8. Phone Building \_\_\_\_\_
9. Water Tower N of RR Tracks \_\_\_\_\_
10. Water Tower S of RR Tracks \_\_\_\_\_

Total cost for locations 1-10 (for 23 mowings): \$ \_\_\_\_\_

**COMPLETE BELOW IF YOU ARE LICENSED TO DO WEED ABATEMENT WITH IL DEPT OF AG**

**Weed Abatement per location: INCLUDE A COPY OF THE CURRENT IL PESTICIDE ID CARD**

1. War Memorial Park \_\_\_\_\_
2. Kennedy Park \_\_\_\_\_
3. Waste Water Treatment Plant \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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**

BIN Insurance Holdings, LLC  
1301 Central Expy. South, Suite 115  
Allen, TX 75013

**CONTACT**

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A :

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

**INSURED****COVERAGES****CERTIFICATE NUMBER:****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
	<b>GENERAL LIABILITY</b>						
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> N / <input type="checkbox"/> A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						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****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

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.