

Member of The University of Texas System

**Procurement and Business Services** Nacogdoches, Texas 75962-3030 Phone (936) 468-2206 \* Fax (936) 468-4282

Supplier:

Suregreen Inc. DBA: Evergreen Lawn Care

4601 NW Stallings Dr Nacogdoches TX 75964-1439

PO Number: **B2500190** 

Page 1

PO Date: 08/31/24

**Delivery Date:** 

CONFIRM RECEIPT OF PURCHASE ORDER AND ACCEPTANCE OF DELIVERY DATE BY EMAILING PURCHASE@SFASU.EDU.

ivancickn@sfasu.edu

Send Billing Invoice to:

Stephen F. Austin State University

P.O. Box 6085

Nacogdoches, TX 75962-6085

ATTN: Accounts Payable

Ship to: Procurement and Business Srvs

Austin Bldg 131 2102 Alumni Dr SFA Box 13030

Nacogdoches TX 75962

PURCHASE ORDER NO. MUST APPEAR ON ALL Terms: Net 30 SHIPPING DOCUMENTS AND INVOICES FOB: Not Applicable

Description	Quantity	Unit Cost	Total Cost
Provide field and lawn care for the SFASU campus including, but not limited to, all Athletic fields, campus grounds and outlying campus areas in accordance with Invitation to Bid #FIELDMAINT-FY25 opened on 08/23/2024.  Quantity and units shown are estimates for internal purposes only. Payment shall be made only for actual goods or services received.  Prices are per application and on an as needed basis to be determined by the SFA PPD Grounds Representative and/or the Athletic Fields Maintenance Representative.			

Purchaser: Nicole Ivancic (936) 4684472 **ADDITIONAL CHARGE:** DISCOUNT/TRADE-IN: Vendor ID: 20003821 Collegiate Licensed:

Req No: TOTAL: CONTINUED Employee/Employee Relationship: Blanket Order: B2500190

**HUB Status:** Purchase Class: Competitive Solicitation



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Item	Description	Quantity	Unit Cost	Total Cost
1	Chemical/Fertilizer ratio mix shall be approved by the SFA PPD Grounds Representative and/or the Athletic Fields Maintenance Representative.  Unless otherwise indicated each application is per 1000 square feet RE: B2500190  000P98872B M & R, GROUNDS/LAND NOT OTHERWISE CLASSIF CAMPUS GROUNDS: -Field maintenance of both Physical Plant Campus Grounds and Intramural Fields; work includes all items/services listed in ITB# FIELDMAINT-FY25	IED 190,000.00 SRV	1.0000	190,000.00
D	chaser: Nicela Ivancia (000) 4604475	ADDIT	IONAL CHAPGE:	

Purchaser:Nicole Ivancic(936) 4684472ADDITIONAL CHARGE:Vendor ID:20003821Collegiate Licensed:DISCOUNT/TRADE-IN:

Req No:
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Terms: Net 30

FOB: Not Applicable

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Item	Description	Quantity	Unit Cost	Total Cost
	(iContracts #231848) Escalation rate not to exceed 20% This PO is for the period: 09/01/2024 - 08/31/2025 All work is to be performed in a neat and workmanlike manner, site kept clean at all times, protection provided to avoid damage to landscaping and all adjoining property, including improvements, performed as quickly as possible consistent with best industry construction practices, and guaranteed for one (1) full year from date of completion against all defects.  Contractor shall comply with all local, state	Quantity	OHIT GOST	Total Cost
Durc	chaser: Nicola Ivancia (026) 46944	ZO ADDIT	IONAL CHARGE:	

Purchaser: Nicole Ivancic **ADDITIONAL CHARGE:** (936) 4684472 DISCOUNT/TRADE-IN: Vendor ID: 20003821 Collegiate Licensed:

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Item	Descripti	on	Quantity	Unit Cost	Total Cost
	and federal orders, ordinances, regulations of duly constituted at jurisdiction over this work.  All work is to be completed as magreed by and between the Univ Contractor. Failure to complete clean-up) by the mutually agreed deemed as a breach of contract damages in the amount of \$500 will be assessed, not as a penalt liquidated damages for such bre Safe working conditions must be and around work site at all times other protective devices are to be necessary to prevent injury to perform the same and around work in the same are to be necessary to prevent injury to perform the same are to be	laws, rules, and uthorities having lutually ersity and the work (including date shall be Liquidated 00 per calendar day by, but as ach of contract. Emaintained on a Barricades and e used as			
Purc	chaser: Nicole Ivancic	(936) 4684472	ADDI	TIONAL CHARGE:	1

Purchaser: Nicole Ivancic (936) 4684472 ADDITIONAL CHARGE: **DISCOUNT/TRADE-IN:** Vendor ID: 20003821 Collegiate Licensed:

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m Description	Quantity	Unit Cost	Total Cost
property. All reasonable precautions are to be taken.  Payment will be made lump-sum upon completion or as otherwise mutually agreed between Contractor and the University.  The Contractor shall not commence work under this Contract until Contractor has obtained all the insurance required hereunder and certificates of such insurance have been filed with and reviewed by SFASU. Acceptance of the insurance certificates by SFASU shall not relieve or decrease the liability of the Contractor. If policies are not written for the amounts specified below (except Workers' Compensation and			

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Item **Description** Quantity **Unit Cost Total Cost** Employer's Liability), Contractor shall carry Excess Liability insurance for any difference in amounts specified. If Excess Liability insurance is provided, it shall follow the form of the primary policy. This insurance shall not be canceled, limited in scope of coverage, or non-renewed until after thirty (30) days prior written notice, or ten (10) days for non-payment of premium, has been given to the University. Contractor's insurance shall be deemed primary with respect to any insurance carried by Stephen F. Austin State University for liability arising out of operations under this Contract. The Board of Regents of The University of Texas

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em Descripti	on	Quantity	Unit Cost	Total Cost
System, Stephen F. Austin State shall be named as additional insulapplicable to the Workers' Component The Workers' Component Component Insulability policy will provide a waive subrogation in favor of the Unive The Workers' Compensation insulated the responsibility of to provide coverage for every wouthe Contractor's policy or under the provided by a subcontractor. The policy shall provide that, in the explosion subcontractor's policy fails to procompensation coverage of a working insurance coverage is provided by	University Campus ured. This is not eensation policy. d Employer's er of rsity. urance coverage the Contractor rker either under he policy e Contractor's vent that a vide workers' ker, that such			
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Item	Description	Quantity	Unit Cost	Total Cost
	policy. Unless otherwise provided for herein, the Contractor shall provide and maintain, until the Work covered in this Contract is completed and accepted by SFASU, the minimum insurance coverage as follows:  TYPE OF COVERAGE / LIMITS OF LIABILITY Workers' Compensation Coverage OR Employer's Liability - \$1,000,000 occur/aggregate Comprehensive General Liability -\$1,000,000 each occurrence -\$2,000,000 general aggregate -\$2,000,000 products/completed operations aggr Comprehensive Automobile Liability			
Pur	chaser: Nicole Ivancic (036) 4684	172 A	DDITIONAL CHARGE:	

Purchaser: Nicole Ivancic ADDITIONAL CHARGE: (936) 4684472 DISCOUNT/TRADE-IN: Vendor ID: 20003821 Collegiate Licensed:

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-\$1,000,000 ea accident- Combined Single Limit 2 000P98872B	Item	Description	Quantity	Unit Cost	Total Cost
2 000P98872B	ItCIII	Description	Quantity	Unit Cost	Total Cost
		-\$1,000,000 ea accident- Combined Single Limit			
ATHLETICS/SPORTS FIELDS: -Field maintenance of all Athletic fields around campus, excluding Intramural fields; work includes all items/services listed in ITB# FIELDMAINT-FY25, (iContracts #231848) Escalation rate not to exceed 20% This PO is for the period: 09/01/2024 - 08/31/2025	2	M & R, GROUNDS/LAND NOT OTHERWISE CLASSIFIED ATHLETICS/SPORTS FIELDS: -Field maintenance of all Athletic fields around campus, excluding Intramural fields; work includes all items/services listed in ITB# FIELDMAINT-FY25, (iContracts #231848) Escalation rate not to exceed 20%	0 100,750.00 SRV	1.0000	100,750.00

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Suregreen Inc. DBA: Evergreen Lawn Care 4601 NW Stallings Dr Nacogdoches TX 75964-1439 . . DOE00400

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	All work is to be performed in a neworkmanlike manner, site kept cleprotection provided to avoid dama and all adjoining property, includir improvements, performed as quic consistent with best industry conspractices, and guaranteed for one from date of completion against a Contractor shall comply with a and federal orders, ordinances, laregulations of duly constituted autipurisdiction over this work.  All work is to be completed as muagreed by and between the Universe Contractor. Failure to complete we	ean at all times, age to landscaping kly as possible truction (1) full year Il defects. I local, state ws, rules, and horities having tually rsity and the			
Purc	chaser: Nicole Ivancic	(936) 4684472	ADDIT	TIONAL CHARGE:	·

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tem	Description	Quantity	Unit Cost	Total Cost
de da wi lico Sa ar ot ne pr ta	ean-up) by the mutually agreed date shall be eemed as a breach of contract. Liquidated amages in the amount of \$500.00 per calendar day ill be assessed, not as a penalty, but as quidated damages for such breach of contract. afe working conditions must be maintained on a daround work site at all times. Barricades and ther protective devices are to be used as ecessary to prevent injury to persons or roperty. All reasonable precautions are to be liken. asyment will be made lump-sum upon completion as otherwise mutually agreed between Contractor and the University.			
	NI		DITIONAL CHARGE.	

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Item **Description** Quantity **Unit Cost Total Cost** The Contractor shall not commence work under this Contract until Contractor has obtained all the insurance required hereunder and certificates of such insurance have been filed with and reviewed by SFASU. Acceptance of the insurance certificates by SFASU shall not relieve or decrease the liability of the Contractor. If policies are not written for the amounts specified below (except Workers' Compensation and Employer's Liability), Contractor shall carry Excess Liability insurance for any difference in amounts specified. If Excess Liability insurance is provided, it shall follow the form of the primary policy. This insurance shall not be canceled, limited

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Vendor Warrant Hold process runs nightly and terminates any vendors on hold. Vendor EPLS status verified by Purchaser.

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	in scope of coverage, or non-renthirty (30) days prior written notice days for non-payment of premium the University.  Contractor's insurance shall be or primary with respect to any insurstephen F. Austin State Universarising out of operations under the The Board of Regents of The Usystem, Stephen F. Austin State shall be named as additional insupplicable to the Workers' Company The Workers' Company Company Company Company to the University of the University	ewed until after e, or ten (10) m, has been given to  deemed ance carried by ty for liability his Contract. Jniversity of Texas University Campus ured. This is not bensation policy. d Employer's er of			
Purc	haser: Nicole Ivancic	(936) 4684472	ADDI:	TIONAL CHARGE:	

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The Workers' Compensation insurance coverage must include the responsibility of the Contractor to provide coverage for every worker either under the Contractor's policy or under the policy provided by a subcontractor. The Contractor's policy shall provide that, in the event that a subcontractor's policy fails to provide workers' compensation coverage of a worker, that such insurance coverage is provided by the Contractor's policy.  Unless otherwise provided for herein, the Contractor shall provide and maintain, until the Work covered in this Contract is completed and accepted by SFASU, the minimum insurance coverage as follows:	tem	Description	Quantity	Unit Cost	Total Cost
		must include the responsibility of the Contractor to provide coverage for every worker either under the Contractor's policy or under the policy provided by a subcontractor. The Contractor's policy shall provide that, in the event that a subcontractor's policy fails to provide workers' compensation coverage of a worker, that such insurance coverage is provided by the Contractor's policy.  Unless otherwise provided for herein, the Contractor shall provide and maintain, until the Work covered in this Contract is completed and accepted by SFASU, the minimum insurance			

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Nacogdoches TX 75962

Terms: Net 30 PURCHASE ORDER NO. MUST APPEAR ON ALL SHIPPING DOCUMENTS AND INVOICES

Item	Description	Quantity	Unit Cost	Total Cost
	TYPE OF COVERAGE / LIMITS OF LIABILITY Workers' Compensation Coverage OR Employer's Liability - \$1,000,000 occur/aggregate Comprehensive General Liability -\$1,000,000 each occurrence -\$2,000,000 general aggregate -\$2,000,000 products/completed operations aggr Comprehensive Automobile Liability -\$1,000,000 ea accident- Combined Single Limit			

Purchaser:Nicole Ivancic(936) 4684472ADDITIONAL CHARGE:.00Vendor ID:20003821Collegiate Licensed:DISCOUNT/TRADE-IN:.00Req No:<br/>Blanket Order:Employee/Employee Relationship:TOTAL:290,750.00

HUB Status: Purchase Class: Competitive Solicitation