

MEMORANDUM

DATE: March 20, 2019

TO: ****ORIGINAL****
CITY CLERK

FROM: Shelby Dolan
Procurement Management Department

SUBJECT: Record Retention

CONTRACT: #20170037 Amendment #6
CONTRACT TITLE: Mowing & Grounds Maintenance- Add new
locations

VENDOR NAME: Treasure Coast Lawns, Inc.
VENDOR ADDRESS: 2674 Conifer Drive
CITY & STATE: Ft. Pierce, FL 34951

APPROVED BY COUNCIL: January 14, 2019

CONTRACT TERM: 07/01/2017 through 06/30/2022, with the option to renew
for (1) additional 5-year term.

Please see the attached for (1) original contract for your records.

Thank you.

Contract Amendment #6

Contract #: 20170037

Date: 3/26/19

Contract Title: Mowing & Grounds Maintenance – Utilities Dept. – Ogden, Re-pump Stations, City Homes & Well Sites

Contractor's Name: Treasure Coast Lawns, Inc.

Current Expiration: 6/30/2022

Original Contract Amount: **\$77,412.96**

New Amendment #6: (\$7,420.00)

Revised Annual Cost: **\$69,992.96** (which includes CO#1- \$1,460.00; Amendment #1 - \$7,436.24; Amendment #2- \$3,600.00 & Amendment #3- Net deduct of \$2,991.00; Amendment #4 - \$2,800.00 & Amendment #5- \$20,720.00)

The following modifications to the Terms and Conditions contained in Contract # 20170037 between Treasure Coast Lawns, Inc. dated June 28, 2017 and the City of Port St. Lucie are hereby incorporated and made a part of that Contract effective April 01, 2019.

1. Remove services at the following locations:

Termination of Mowing Services - Location	Mowing Rate per Location	# of Terminated Annual Services	Total Terminated Amount per Year
1485 – 1497 SW Biltmore	\$90.00	28	\$2,520.00
Traffic Compound (fka Biltmore Extension)	\$175.00	28	\$4,900.00
Total Terminated Services			\$7,420.00

2. All other terms and conditions of the original contract and/or Addenda apply.

(balance of page left intentionally blank)

IN WITNESS WHEREOF, the parties have executed this contract the day and year first above written.

CITY OF PORT ST. LUCIE FLORIDA

TREASURE COAST LAWN, INC.

By: [Signature]
City Purchasing Agent

By: [Signature]
Authorized Representative

State of: FLORIDA

County of: ST LUCIE

Before me personally appeared: KATHERINE HAGGERS
(please print)

Please check one:

Personally known _____

Produced Identification/Type of Identification FL DRIVERS LICENSE

known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that SHE executed said instrument for the purposes therein expressed.
(he/she)

WITNESS my hand and official seal, this 20th day of March, 2019.

[Signature]
Notary Signature

Notary Public State of Florida at Large

My Commission Expires: 1/25/21

