

**CITY OF OWOSSO BID TABULATION SHEET**

DATE **4/11/2023**

DEPT. **Code Enforcement**

**SUBJECT: 2023 GRASS MOWING PROGRAM**

T's Lawn Care & Snow Removal  
P.O. Box 74  
Swartz Creek, MI 48473

Carson Services LLC  
4515 Shepper Road  
Stockbridge, MI 49285

Millennium Lawn & Snow Svcs  
1940 W King Street  
Owosso, MI 48867

| ITEM #   | DESCRIPTION             | EST. QTY | UNIT | T's Lawn Care & Snow Removal |             | Carson Services LLC |             | Millennium Lawn & Snow Svcs |             |
|--|-------------------------|----------|------|------------------------------|-------------|---------------------|-------------|-----------------------------|-------------|
|  |                         |          |      | UNIT PRICE                   | TOTAL       | UNIT PRICE          | TOTAL       | UNIT PRICE                  | TOTAL       |
| 1  | MOW & TRIM SINGLE LOT   | 50       | EA   | \$ 23.50                     | \$ 1,175.00 | 40.00               | \$ 2,000.00 | \$ 45.00                    | \$ 2,250.00 |
| 2  | MOW & TRIM DOUBLE LOT   | 15       | EA   | \$ 33.50                     | \$ 502.50   | 45.00               | \$ 675.00   | \$ 65.00                    | \$ 975.00   |
| 3  | MOW & TRIM > DOUBLE LOT | 10       | EA   | \$ 45.00                     | \$ 450.00   | 50.00               | \$ 500.00   | \$ 105.00                   | \$ 1,050.00 |
| <b>TOTAL BID</b>   |                         |          |      |                              | \$ 2,127.50 |                     | \$ 3,175.00 |                             | \$ 4,275.00 |
| <b>TOTAL BID PRICING ADJUSTED FOR LOCAL PURCHASING PREFERENCE:</b> |                         |          |      |                              | \$ 2,191.33 |                     | \$ 3,270.25 |                             | \$ 4,275.00 |

|               |                                |                   |
|---------------|--------------------------------|-------------------|
| DEPT. HEAD:   | GENERAL LIABILITY INSURANCE    | AWARDED:          |
|               | EXPIRATION DATE:               |                   |
| PURCH. AGENT: | WORKERS COMPENSATION INSURANCE | COUNCIL APPROVED: |
|               | EXPIRATION DATE:               |                   |
| STAFF REC.:   | SOLE PROPRIETORSHIP            | PO NUMBER:        |
|               | EXPIRATION DATE:               |                   |