PO Box 310
Wildwood, MO 63040
metrowest-fire.org
636-458-2100

**Request for Proposal – Lawn Care, Lawn Fertilization, and Lawn Irrigation for the following location**:
Station 1 – 14835 Manchester Rd Ballwin, MO 63011
Station 2 – 1000 New Ballwin Rd Ballwin, MO 63021
Station 3 – 17065 Manchester Rd Wildwood, MO 63040
Station 4 – 16060 Clayton Rd Ellisville, MO 63011
Station 5 – 18061 Starck Ln Wildwood, MO 63069

**Notice of Bid –** Bids will be received by the Board of Directors if the Metro West Fire Protection District. Include enclosed in a sealed bid the attached scope of work and any alternates that may be listed.
Copies of specifications may be picked up at the Administration office of the Metro West Fire Protection District, 17065 Manchester Rd, Wildwood, MO 63040 or by visiting www.metrowest-fire.org
Bids shall be delivered to or mailed to Metro West Fire Protection District with the RFP listed to 17065 Manchester Rd, Wildwood, MO 63040 (hand delivery) or P.O. Box 310, Wildwood, Missouri 63040 (mail), **No later than 4 P.M. on Tuesday, December 8th, 2026.**

Bids will be opened at the next regularly scheduled meeting of the Board of Directors, Metro West Fire Protection District, Administration Building, 17065 Manchester Rd, Wildwood, MO 63040. A decision on the bid will be no later than **December 30th, 2026**.

The Fire District reserves the right to reject any and all bids, to waive variations or informalities, and to negotiate changes or additions. The Fire District also reserves the right to extend the time to submit bids, and to extend the time to open bids.

By Order of the Board of Directors:

Tim Flora

Mark Macinski

Michael Thompson

Brad Shelton
Chief of Fire & EMS

Tim Flora
Director

Mike Thompson
Director

Mark Macinski
Director

**Scope of Work**

- A company that can provide ALL 3 services (Lawn Care, Fertilization, and Lawn Irrigation)
- Approximately 30 cuts annually per station
- Lawn fertilization 4x/year per station (Early Spring, Late Spring, Early Summer, Early Fall)
- Spring and Fall clean up (leaves, trim shrubs, etc.)
- Lawn Irrigation – Spring start-up and Fall shut down along with maintenance throughout the season
    - Station 1 – 7 zones
    - Station 2 – 16 zones
    - Station 3 – 30 Zones
    - Station 4 – 11 zones
    - Station 5 – 15 zones
- Invoices should be itemized per location
- Please include your Certificate of Liability
- This term of the contract with the selected vendor is expected to be 3 years beginning January 1, 2027, and expiring December 31, 2029.

- **A mandatory contractor meeting for this project will be on:**
    - Date – Wednesday November 17, 2026
    - Time – 1 pm
    - Location – Metro West Fire Protection District – Administration, 17065 Manchester Rd, Wildwood, MO 63040

Contact for this project will be – Travis Bauer, Deputy Chief, travisba@metrowest-fire.org

**AFFIDAVIT OF WORK AUTHORIZATION**

The bidder/contractor who meets the section 285.525 RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now _____ (Name of Business Entity Authorized Representative) as _____(Position/Title) first being duly sworn, on my oath affirm: _____(Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program in respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the Metro West Fire Protection District for the duration of the contract(s), if awarded in accordance with the subsection 2 section 285.530, RSMo.

I also affirm that _____ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided to the contract(s) for the duration of the contract(s), if awarded.

*In affirmation thereof, the facts stated above are true and correct (The undersigned understands that false statements made in this filing are subject to penalties provided under Section 575.040 RSMo.*

Authorized Representative Signature Printed Name

_____

Title Date

_____

E-mail address

Subscribed and sworn to before me this _____, I am
(Day) (Month/Year)

Commissioned as a notary public within the County of _____State
(Name of County)

Of _____ and my commission expires on _____.
(Name of State) (Date)

_____ _____

(Signature of Notary) (Date)