

# <u>SITE STEWARDSHIP MANAGEMENT</u>

For: Village of Orland Park

Project: 2014 Orland Park Pond Management: Aquatic Stewardship Services

Friday, May 09, 2014

<u>Project Description:</u> Pizzo & Associates, Ltd. proposes to provide all the Algaecide Application, Aquatic Herbicide Application, and Invasive Plant Cutting/Removal Services that apply to any ponds, basins, or detention areas as requested by the Village of Orland Park. Pizzo agrees to perform all services using properly trained, licensed and supervised personnel.

## I. 2014 AQUATIC STEWARDSHIP SERVICES

At the request and direction of the Village of Orland Park:

Pizzo & Associates, Ltd. will provide the following services, including all materials, equipment and labor:

- Algaecide application to all ponds with considerable algae population.
- Herbicide application to all invasive or undesirable species of plants (Cattails, Phragmites, Reed Canary Grass, etc.) within the aquatic boundaries of each body of water.
- Cutting/Trimming/Removal of undesirable plant material within the aquatic boundaries of each body of water.

### II. COMPENSATION

The Owner/Agent will pay Pizzo for the aforementioned services, billed at the following rates:

Labor - Billed \$50.00 per man hour including travel time.

**2014 Aquatic Stewardship Services** - See chart below\*\*

\*\*Herbicide will be billed per gallon applied at market prices. Per gallon herbicide pricing can be supplied upon request.

## AQUATIC STEWARDSHIP SERVICES COMPENSATION SUMMARY:

TASK		TASK SUBTOTAL	
2014 Aquatic Stewardship Services		10,000.00	
Total	\$	10,000.00	

NOTE: All stewardship activities are to be billed as Time & Materials; Not to Exceed

#### III. ACCEPTANCE

The term of this contract shall be 5/12/2014 through 12/31/2014.

I/We represent and warrant that I/we have authority to enter into this Contract. We accept the aforementioned and further accept the PIZZO & ASSOCIATES, LTD. STANDARD TERMS AND CONDITIONS, attached and hereby made part of this contract. We do hereby authorize Pizzo & Associates, Ltd. to perform the work as stated.

Authorized Representative / Date
Village of Orland Park

Mason Shank
Pizzo & Associates, Ltd.

Date

If acting on behalf of the Owner	:
Printed Name:	
Title:	
Billing Information:	
Name:	
Company Name:	
Street Address 1:	
Street Address 2:	
City, State, & Zip Code:	
Main Phone:	
Mobile Phone:	
Fax:	
e-mail:	
Billing Notes:	
The to	erms of this proposal are valid for thirty (30) days from the date of this proposal.

Please sign and return one copy of the proposal with your deposit to our office. Fax signatures shall be deemed binding; this agreement may

be signed in counterparts so long as all parties to the agreement have signed a copy of the agreement.