**QUOTATION 13/24**

***MOWING AND GARDENING AND MINOR HOME MAINTENANCE***

**CLOSING TIME – 11AM, THURSDAY, 13 JUNE 2024**

I/we the undersigned, submit the following quotation:

**PART A**

|  |  |
| --- | --- |
| **Orana Living Facility** | **Cost per Mow/Service**  (GST exclusive) |
| 232 Warren Road | $ |
| 21 Hall Street | $ |
| 3 Wamboin Street | $ |
| 10 Waugan Street | $ |
| 59 Waugan Street | $ |
| 63 Waugan Street | $ |
| Cnr Byrne Avenue & Eiraben Street (Life Skills Centre) | $ |
| Eura Street (Orana Living Main Office) – within McGrane Oval | $ |

**PART B**

|  |  |
| --- | --- |
| **(Applicants may choose to submit a price for all or only some of the four items listed below)** | **Hourly Rate**  (excluding GST) |
| 1. General mowing and whipper snippering | $ |
| 2. General gardening (trimming hedges, pruning trees/shrubs, weeding, spraying clover, removing rubbish, etc) | $ |
| 3. Home maintenance tasks (cleaning gutters, modifying taps, installing handrails, etc) | $ |
| 4. Travel for work outside of town limits but within Gilgandra Shire (payable one way only) | $  per km |

|  |  |
| --- | --- |
| **Name of Contractor: (please print)** |  |

**REFEREES:** I/we provide details of three referees as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Client | Contact Number | Details of Work |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Please tick:**

|  |  |  |
| --- | --- | --- |
|  |  | I/we understand that by submitting a quotation and upon acceptance in writing by Gilgandra Shire Council, both parties acknowledge that an agreement has been entered into bound by the terms set out in this Quotation Documentation. |
|  |  |  |
|  |  | I/we confirm that I/we have read and are aware of Gilgandra Shire Council’s Statement of Business Ethics contained in this Quotation Documentation and confirm that I/we have not colluded with other persons submitting quotations in preparing this proposal |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Contractor: (please print)** |  | | |
| **Trading as:** |  | | |
| **Address:** |  | | |
| **ABN/ACN:** |  | | |
| **Email:** |  | | |
| **Phone:** |  | **Date:** |  |
| **Signed:** |  | | |

Please submit this form prior to the closing date and time via email to [council@gilgandra.nsw.gov.au](mailto:council@gilgandra.nsw.gov.au) or deliver in a sealed envelope, clearly marked Quotation 13/24 to Gilgandra Shire Council’s Administration Office at 15 Warren Road, Gilgandra.