

Field Works of New Hampshire PO Box 392 Bradford, NH 03221 (603) 345 2224

Roadside Mowing Bid Prepared for the Town of Henniker, NH 2024



(603) 345-2224

Field Works of New Hampshire is a specialty rough-cut mowing company. We are family owned and operated with the ability and experience to handle your project, whether it is municipal, commercial, or residential. Together we can develop a maintenance program that is tailored to fit your project's needs. From one time annual mowing to properties and projects that require several mowings a year to maintain a desired look. Field Works of New Hampshire has the capability of taking on projects from small parcels to large acreage. We pride ourselves on our attention to details to help ensure we meet the goals of the project.

Field Works of New Hampshire is operating modern equipment, equipped with a variety of mowers, to help ensure dependability and that your project will be completed in a timely manner. We have equipment ranging from 100+ h.p. boom mowers, all the way down to equipment that is hand held. This help to make sure we bring the right equipment the first time.

Here are some projects that we have been involved with in the past:

- Roadside Mowing
- Landfills
- Wildlife Areas
- Recreational Trails
- Pastures/Fields
- Orchards
- Berry Patches
- Drainage Areas/ Ditch Lines
- Conservation Property

Field Works of New Hampshire like to thank you for your consideration on your next project.



Bid Information

This proposal has been prepared for the Town of Henniker, NH for roadside mowing. The scope of work is as outlined by the Town of Henniker's request for proposal for right of way mowing along the class V Town roads. Mowing to include a minimum mow width of 8-10 feet of horizontal mowing from the road edges. Additional mowing maybe required in intersections and corners to obtain and maintain line of sight requirements. Field Works of New Hampshire will assist in the removal of debris deemed hazardous from the travels lanes of the roadway as a result of mowing operations. Pricing provided is for the 2024 season and is valid for one mowing.

Given the current fluctuations that surrounding the global markets today, Field Works of New Hampshire is submitting a **Not To Exceed Price of \$27524.00**. If there is ample reduction in inflation at time of service, Field Works of New Hampshire is willing to work with the Town to reduce the price of services.

The price provided is an all-inclusive price, including but not limited to, machines with operators and any consumable items including fuel, blades and mobilization.

Any additional work outside the scope, or changes, to the scope of work outlined by the Town of Henniker, as described in this bid, will be discussed with the Town of Henniker Road Agent. At which time an agreed upon price will be established prior to work being started.

Field Works of New Hampshire is to provide "Mowing Ahead", or similar signage for this project, and maintain signage throughout the length of the project.

Field Works of New Hampshire will work in conjunction with the Town of Henniker's Road Agent to schedule the scope of work in in a timely manner that meets the scheduling needs of the Town and that of Field Works of New Hampshire with completion by September 28, 2024.

Town of Henniker is responsible for maintaining a smooth road surfaces during mowing operations, where possible. Dirt roads need to be free of potholes and excessive wash boarding. The purpose of this is to provide a higher quality job, in conjunction with, reducing excessive wear and damage to mowing equipment.

Acceptance of this bid becomes a contract between Field Works of New Hampshire and that of the Town of Henniker. Payment requirements are within 30 days from the date of invoice.

Thank vou for vour consideration.

Chris Aiken --owner \
Field Works of New Hampshire (603) 345 2224

Form (Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return)									
Print or type Specific Instructions on page 2.	Christopher M. Aiken									
	Business name/disregarded entity name, if different from above									
	Field Works of New Hampshire									
	Check appropriate box for federal tax classification:	Exemptions (see instructions):								
	✓ Individual/sole proprietor □ C Corporation □ S Corporation □ Partnership									
		Exempt payee code (if any)								
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partne	Exemption from FATCA reporting								
		code (if any)								
	☐ Other (see instructions) ►									
_ iii	Address (number, street, and apt, or suite no.)	Requester's name and address (optional)								
See Spec										
	City, state, and ZIP code									
	List account number(s) here (optional)									
Pai	Taxpayer Identification Number (TIN)									
Enter	your TIN in the appropriate box. The TIN provided must match the name given on the "Name	" line Social sec	curity number							
	oid backup withholding. For individuals, this is your social security number (SSN). However, for									
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN), If you do not have a number, see <i>How to ge</i>		- -							
	n page 3.									
Note.	. If the account is in more than one name, see the chart on page 4 for guidelines on whose	Employer identification number								
	per to enter.									
Par	t II Certification	-								
Unde	r penalties of perjury, I certify that:									
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be iss	sued to me), and							
2. la	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been n	otified by the Internal Revenue							
Se	ervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest									
no	longer subject to backup withholding, and									
3. la	m a U.S. citizen or other U.S. person (defined below), and									
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	g is correct.								
Certif	fication instructions. You must cross out item 2 above if you have been notified by the IRS the	- nat you are currentl	y subject to backup withholding							
	use you have failed to report all interest and dividends on your tax return. For real estate trans									
	st paid, acquisition or abandonment of secured property, cancellation of debt, contributions t									

General Instructions

Signature of

U.S. person ▶

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.lrs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

instructions on page 3.

Sign

Here

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4-5-24

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- . An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/1/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

this	certificate does not confer rights	to the certif	icate holder in lieu of s	contact NAME:	s).				
			PHONE (A/C, No, Ext): (A/C, No):						
				E-MAIL ADDRESS:					
					NAIC#				
INSURED				INSURER B :					
	Field Works of NH		INSURER C						
	Chris Aiken PO Box 392		INSURER D :						
	Bradford, NH 03221		INSURER E :						
				INSURER F:					
		RTIFICATE		REVISION NUMBER:					
CER: EXC	S IS TO CERTIFY THAT THE POLICI CATED. NOTWITHSTANDING ANY F TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH	REQUIREMEN PERTAIN	NT, TERM OR CONDITIC THE INSURANCE AFFOR	ON OF ANY CONTRA	ACT OR OTHE	R DOCUMENT WITH RESP	ECT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	Limit	rs		
A X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			12/22/2023	12/22/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	250,000	
						MED EXP (Any one person)	\$	10,000	
	<u> </u>					PERSONAL & ADV INJURY	\$	1,000,000	
	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000	
Х	POLICY PRO-					PRODUCTS - COMP/OP AGG	\$	2,000,000	
Α	OTHER:					COMPINED ONICLE LINE	.\$		
A AL	UTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	S	1,000,000	
-	OWNED X SCHEDULED AUTOS ONLY AUTOS			12/22/2023	12/22/2024	BODILY INJURY (Per person)	5		
X					1	BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$		
							\$		
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	. \$		
-	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$		
WC	DED RETENTION \$					PER OTH-	\$		
	DRKERS COMPENSATION D EMPLOYERS' LIABILITY Y/N					STATUTE ER			
OF	Y PROPRIETOR/PARTNER/EXECUTIVE FICER/MEMBER EXCLUDED? and atory in NH)	N/A				E.L. EACH ACCIDENT	\$		
lf y	es, describe under SCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE			
UE	SCRIPTION OF OPERATIONS Delow					E.L. DISEASE - POLICY LIMIT	\$		
ESCRIP	TION OF OPEDATIONS (LOCATIONS (MENIO	FR /4 CORD 4	M						
Lackir	TION OF OPERATIONS / LOCATIONS / VEHICE	LES (ACORD 10	л, Additional Remarks Schedu	ie, may be attached if mo	re space is requir	ed)			
		-							
ERTI	FICATE HOLDER			CANCELLATION					
	Town of Henniker 18 Depot Street Henniker, NH 03242		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Hemmel, MA 03242			AUTHORITE STREET		10			