



# Request for Proposals

for

## Lawn Service Maintenance Program for Seniors

ATTN: Christina Brewington  
2838 Market St.  
Saint Louis, Missouri 63103  
Office: (314) 333-5665

### **About the Lawn Service Maintenance Program for Seniors**

The lawn service maintenance program is part of the Minor exterior home repair program for Seniors, and is a nonprofit-public partnership between Employment Connection and the Community Development Administration (CDA). The program assists low to moderate income homeowners who own and occupy their home in the City of St. Louis. Designed to help homeowners stay in their homes, the program preserves the vitality of dwellings by making code, health, and other safety repairs.

## **About Employment Connection**

Employment Connection is a nonprofit St. Louis community asset that breaks down barriers to self-sufficiency for individuals with limited opportunities including the homeless, ex-offenders, U.S. veterans, high school dropouts, women on welfare, and at-risk youth.

Offering more than just a job, Employment Connection provides valuable resources, training, and support to inspire and empower clients to change their circumstances and become employed.

## **About CDA**

The Community Development Administration (“CDA”) promotes neighborhood growth and stabilization through community development and the production of new and rehabilitated housing, especially for low- and moderate-income people.

## **Contractor Information**

Employment Connection: St. Louis and CDA are looking for the following qualified contractors to do the following work:

### **Seasonal exterior maintenance:**

1. Lawn Mowing and weed trimming for each single family lot.

*We do not discriminate on the basis of race, religion, color, disability, or national origin in the administration of the program. CDA is an equal opportunity Agency. We actively encourage submission of proposals from disadvantaged business enterprises and companies owned by minorities, women, immigrants, and veterans.*

## **Applications**

Applications are attached as part of this RFP and should include the following information:

1. A demonstrated history of quality work on related projects.
2. If applicable, identify any experience(s) working with the City of St. Louis.

## **Selection Criteria**

Submissions will be reviewed inclusion on a list of potential contractors to be utilized on an as-needed basis (the “Qualified List”). Final selection of firms for the Qualified List will be made based on the following criteria:

1. Qualifications, expertise, and experience in providing similar services
2. Availability and approach to provide services
3. Current or the ability to secure Comprehensive Public Liability Insurance: General Liability, for each occurrence, at least \$300,000.00

4. Current or the ability to secure Workers Compensation and Employers' Liability as set for the State of Missouri.
5. Current or the ability to secure Automobile Insurance for contractor's vehicles on the job site at full coverage
6. Contractors must have a current City business license and have an account with the city Collector of Revenue.
7. Contractors must be current on payment of City taxes and pass a tax clearance check-in.

## **Submission of Responses**

RFP submissions are due by May 11, 2026 by 5 pm CDT. Questions about this RFP should be sent by email to [brewingtonc@employmentstl.org](mailto:brewingtonc@employmentstl.org); or can be answered by phone at (314) 333-5665.

This contract may be financed (in part) (wholly) through an allocation of State and Local Fiscal Recovery Funds from the U. S. Department of the Treasury and the City of St. Louis' Community Development Administration." Equal Opportunity Employer.

Electronic submissions can be sent by email to [brewingtonc@employmentstl.org](mailto:brewingtonc@employmentstl.org) (preferred method). Hard copy applications should be delivered to Christina Brewington at the address below:

Employment Connection: St. Louis  
ATTN: Lawn Service Maintenance Program for Seniors  
2838 Market St.  
Saint Louis, Missouri 63103  
Office: (314) 333-5665

**Bid Form**

**Contractor Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Federal ID #:** \_\_\_\_\_

**St. Louis City Business License #** \_\_\_\_\_

**DBE/MBE/WBE Certification # and Date:** \_\_\_\_\_

**Please list the names and addresses of 3 locations where you've recently worked. Include name, address, email, and telephone of each reference listed.**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Bid Items:**

**Seasonal Exterior Maintenance: List Cost per Item per occurrence, for approximately 70 single family households**

Lawn Mowing and weed trimming for each single family lot: \_\_\_\_\_

Number of clients applying for \_\_\_\_\_

I/We hereby certify that the foregoing figures and the statements contained herein, submitted to obtain approval for the Senior Minor Home Repair Program(SMHRP), are true and correct to the best of my/our knowledge and belief. I/We have provided the above information, and certified that it is true, and have fully authorized Employment Connection to verify said information. I/We understand that approval does not guarantee work availability from the agency.

Updated insurance documentation must be supplied to the agency upon approval on an annual basis. I/We also understand that the SMHRP agencies reserve the right to terminate approval based on documented poor performance, failure to pay suppliers, or failure to supply adequate insurance documentation or other applicable licenses. Furthermore, I/We agree to indemnify and hold Employment Connection, Employment Connection Board of Directors, employees, volunteers, homeowners and visitors; Community Development Administration for the City of St. Louis, free and harmless from any and all liability for injury to or death of any person, or for damage of property arising from the use and construction inside the premises by contractor or from the act or omission of any person or persons.

Authorized Representative Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_