



REQUEST FOR QUOTATION
For
“ANNUAL PRICING FOR MOSQUITO CONTROL CHEMICALS”

QUOTE NUMBER: 21-0045-3

The Number Must Appear On All Quotations and Related Correspondence.

Quotation must be received **NOT LATER THAN 2:00 PM, on June 3, 2021** at the office of the Purchasing Agent. Quotes may be faxed, emailed, mailed or hand delivered.

Address Reply To: Lori Holdorf, 912-790-1624

Mail to: 1117 Eisenhower Drive, Suite C, Savannah Georgia, 31406

Fax to: 912 -790-1627

Email to: lholdorf@chathamcounty.org

NAME OF BIDDER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: FAX: _____

EMAIL: FED TAX ID #: _____

INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):

CHECK ONE:

_____ NON-MINORITY OWNED

_____ AFRICAN AMERICAN

_____ HISPANIC

_____ ASIAN AMERICAN

_____ AMERICAN INDIAN

_____ WOMAN

The undersigned proposes to furnish the following items in strict conformance to the specifications and Request for Quote issued by Chatham County for this quote. Any exceptions must be clearly marked in the attached Specifications.

SPECIFICATIONS ARE AS FOLLOWS:

Adulticides: (Please indicate **trade names** of product and **AI %**)

CHEMICAL	CONTAINER SIZE	PRICE
Sumethrin 10 + 10	30 Gal Drum	\$ Per Drum
Sumethrin (dual-action)	5 Gal Case	\$ Per 5 Gal Case
	30 Gal Drum	\$ Per 30 Gal Case
	Tote (<i>Specify Size</i>)	\$ Per Tote
Permethrin	5 Gal Case	\$ Per 5 Gal Case
	30 Gal Drum	\$ Per 30 Gal Case
	Tote (<i>Specify Size</i>)	\$ Per Tote
Pyrethrins (Organic Formulation)	5 Gal Case	\$ Per 5 Gal Case
	30 Gal Drum	\$ Per 30 Gal Case
	Tote (<i>Specify Size</i>)	\$ Per Tote
Chlorpyrifos	30 Gal Drum	\$ Per 30 Gal Case
	55 Gal Drum	\$ Per 55 Gal Case
	Tote (<i>Specify Size</i>)	\$ Per Tote
Malathion	Tote/Drum (<i>Specify Size</i>)	\$ Per Tote
Naled EC Formulation	30 Gal Drum	\$ Per Drum
Etofenprox	30 Gal Drum	\$ Per Drum
Deltamethrin	<i>Specify Size</i>	\$
Dichlorvos	Strips (<i>Specify Quantity</i>)	\$
Barrier Product	Specify Container Size (<i>Include DSD/Label</i>)	\$

Larvicides:

Methoprene Products	Specify Size	\$ Per Case
Altosid® XR Briquets	Case (220)	\$ Per Case
Altosid® XR Ingots	Case (220)	\$ Per Case
Altosid® SR-20	5 Gal Case	\$ Per Case
Altosid® Pellets	44# Case	\$ Per Case
Altosid® XR-G	40# Bag	\$ Per 40# Bag
	1,000# Supersack	\$ Per 1k# Bag
Altosid® SBG	40# Bag	\$ Per 40# Bag
	1,000# Supersack	\$ Per 1k# Bag
Altosid® P-35	40# Bag	\$ Per 40# Bag
	1,000# Supersack	\$ Per 1k# Bag
Altosid® WSP	Case (800)	\$ Per Case
Altosid® Pro-G	Case	\$ Per Case
Altosid® Duplex-G	40# Bag	\$ Per 40# Bag
	1,000# Supersack	\$ Per 1k# Bag
Monomolecular Larviciding Film	55 Gal Drum	\$ Per Drum
Non-separating/settling Larviciding Oil	55 Gal Drum	\$ Per Drum

BTI/Methoprene Granular Mixture	Specify Sizes Available <i>(include SDS/Label)</i>	\$	
BTI <i>(All Available Formulations)</i>	Specify sizes/formulation	\$	
Bacillus Sphaericus ^{WSP}	Case (800)	\$	Per Case
Bacillus Sphaericus <i>(All Available Particle Sizes)</i>	40# Bag	\$	Per 40# Bag
Bacillus Sphaericus & BTI WSP	Case <i>(Specify Quantity)</i>	\$	Per Case
Spinosad <i>(All Available Types)</i>	Case	\$	Per Case
	40# Bag <i>(Specify Quantity)</i>	\$	Per 40# Bag

Diluent Oils:

Diluent Oils <i>(BVA Grade 13)</i>	55 Gal Drum	\$	Per Drum
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ABOVE PRICING IS TO INCLUDE ANY FREIGHT CHARGE.

THE PRICES FOR PRODUCTS WILL BE AS SET FORTH IN SUPPLIER'S QUOTE EFFECTIVE AS OF JULY 1, 2021 FOR ONE (1) YEAR.

REFERENCES:

1. Four (4) references are required of firms of which services have been provided to within the last 24 months, and should be included with this solicitation.
2. References are to consist of Company Name, Address, Phone Number, Contact Person, and Date(s) of service on the form provided herein (Page 7).

Please Print Name

Authorization Signature

Date _____

Number of addendums received _____

Request for Quotation Instructions

1. All shipments are to be F.O.B. destination. Freight charges must be included in quotation. Delivery shall be made to the address listed on the Purchase Order and within the time specified in the quote.
2. Quotations subject to terms set forth herein, are requested on the following list of materials, supplies, or services. On quotes for services, Chatham County insurance requirements must be met. The successful vendor must provide the County with a Certificate of Insurance listing the County as Certificate Holder.
3. **Quote must be submitted on first sheet in spaces indicated.**
4. Quotes for materials, supplies, vehicles, and/or equipment must be accompanied by brochures, or copies of detailed factory specifications, ratings, technical data, including accurate descriptions of the exact materials, supplies, vehicles and/or equipment for which bids are made.
5. All information required by request for quotation must be completed to constitute a proper bid.
6. Vendor warrants that the goods are merchantable and as described herein or in the solicitation response. Additional warranties may be called for in the specifications.
7. Chatham County is exempt, by law, from any and all federal and state taxes. Do not include taxes in your quotations. Tax exemption number is **58-6001113**. Exemption certificate will be provided upon request.
8. Price Protection Period of ninety (90) days for all items desired from date of bid opening. Vendors are advised that prices in effect at time of bid shall apply and not be subject to revision at time of shipment.
9. The County reserves the right to split this award by line item if deemed to be in its best interest.
10. Minority/Women Business Enterprise (MWBE) Policy: It is the policy of the County to provide minority and women owned business enterprises with equal opportunity for participating in selling goods and services to the County.
11. **Local Preference:** Bids will be evaluated in accordance with the County's Local Preference ordinance.
12. **Employment Eligibility Verification:** As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf.) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement.”
13. O.C.G.A. § 50-36-1, requires Georgia’s cities to comply with the federal **Systematic Alien**

Verification for Entitlements (SAVE) Program. SAVE is a federal program used to verify that applicants for certain “public benefits” are legally present in the United States. Contracts with the County are considered “public benefits.” Therefore, the bidders are required to provide the Affidavit Verifying Status for Chatham County Benefit Application prior to receiving any County contract. The affidavit is included as part of this bid package.

14. The original invoice is to be submitted to the County Finance Department. The purchase order number must be shown on all invoices and packing lists.
15. References may be requested of the successful bidder.

THIS IS NOT AN ORDER

REFERENCES

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

PHONE NUMBER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

PHONE NUMBER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

PHONE NUMBER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

PHONE NUMBER: _____

CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with (name of public employer) has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with (name of public employer), contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the (name of the public employer) at the time the subcontractor(s) is retained to perform such service.

EEV / Basic Pilot Program* User Identification Number

BY: Authorized Officer or Agent
(Contractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20__.

Notary Public

My Commission Expires:

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the

“EEV / Basic Pilot Program” operated by the U. S. Citizenship and Immigration Services Bureau of the U.S.

Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with (name of contractor) on behalf of (name of public employer) has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV / Basic Pilot Program* User Identification Number

BY: Authorized Officer or Agent
(Subcontractor Name)

Date

Title of Authorized Officer or Agent of Subcontractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__

Notary Public
My Commission Expires:

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the “EEV / Basic Pilot Program” operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

***Systematic Alien Verification for Entitlements (SAVE)
Affidavit Verifying Status for Chatham County Benefit
Application***

By executing this affidavit under oath, as an applicant for a Chatham County, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a Chatham County contract for. _____ [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) _____ I am a citizen of the United States.

OR

2.) _____ I am a legal permanent resident 18 years of age or older.

OR

3.) _____ I am an otherwise qualified alien (8 § USC 1641) or non-immigrant under the Federal Immigration and Nationality Act (8 USC 1101 et seq.) 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

*

Alien Registration number for non-citizens.

Notary Public
My Commission Expires:

LEGAL NOTICE
CC NO. 168274
Request for Quote

Request for Quotes will be received until **2:00 P.M. on June 3, 2021** and opened in **Chatham County Purchasing & Contracting Department, at The Chatham County Citizens Service Center, 1117 Eisenhower Drive, Suite C, Savannah, Georgia 31406**, for: **RFQ No: 21-0045-3 “Annual Pricing Agreement for Mosquito Control Chemicals”**.

The Request for Quote Package can be downloaded and printed from the County Purchasing and Contracting website <http://purchasing.chathamcounty.org>.

All firms requesting to do business with Chatham County must also register on-line at <http://purchasing.chathamcounty.org>. For additional information concerning specifications, please contact Lori Holdorf 912-790-1624.

CHATHAM COUNTY HAS THE AUTHORITY TO REJECT ALL QUOTES AND WAIVE MINOR FORMALITIES.

"CHATHAM COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER, M/F/H, ALL BIDDERS ARE TO BE EQUAL OPPORTUNITY EMPLOYERS"

MARGARET H. JOYNER, PURCHASING DIRECTOR

SAVANNAH NEWS/PRESS INSERT: 05/17/2021