

AGRICULTURAL CHEMICALS

(Annual Contract)

RFB No. 18-0046

CONTRACT DOCUMENTS

Vendors

Delta Landscape Supply of Georgia, Inc.

Helena Chemical Company

Howard Fertilizer and Chemical Company, Inc.

SiteOne Landscape Supply, LLC

COLUMBUS CONSOLIDATED GOVERNMENT

CONTRACT ROUTING MEMORANDUM

DATE: September 6, 2018

SUBJECT: Agricultural Chemicals (Annual Contract) – RFP No. 18-0046

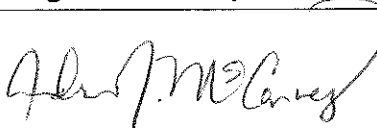
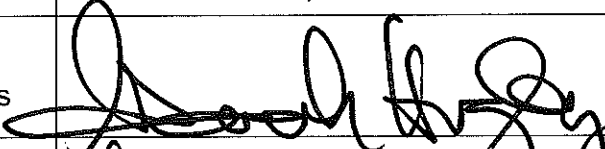
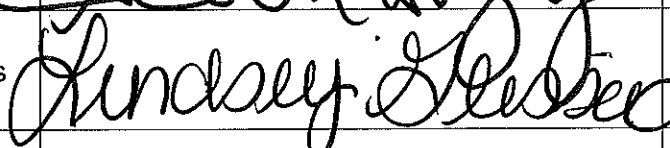
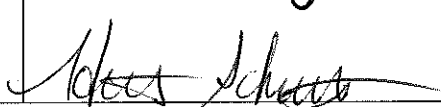
FROM: Heather Scheuttig, Purchasing Division

Please route for appropriate signatures the two (2) copies of the attached contract with Delta Landscape Supply of Georgia, Inc. The firm will supply agricultural chemicals on an "as needed" basis.

The initial term of this contract shall be for two years with the option to renew for three additional twelve-month periods. Contract renewal shall be contingent upon the mutual agreement of the City and the Contractor.

Funds are budgeted each fiscal year for this ongoing expense: General Fund – Parks & Recreation – Park Services – Horticulture/Landscaping Supplies, 0101-270-2100-PSRV-6727; General Fund – Parks & Recreation – Park Services – Grounds Maintenance, 0101-270-2100-PSRV-6576. Public Works has budgeted \$217,690.00 for this ongoing expense: Sewer Fund – Public Works–Sewer Maintenance – Horticulture/ Landscaping Supplies, 0202-260-3210-SRWM-6727; Paving Fund – Public Works – Right of Way Maintenance – Horticulture/Landscaping Supplies, 0203-260-3120-ROWM-6727.

Council authorized this contract per Resolution No. 318-18; dated August 28, 2018 (copy is attached).

Signatories	Signatures Required (No initials please)	Date
Purchasing Division Manager Signature of Approval		9/6/18
City Attorney: Signature required on Contracts	Form Approved: Cef, City Attorney	9/6/18
City Manager: Signature required on Contracts		9/7/18
Clerk of Council: (Dep.) Signature Required on Contracts & Attest/Seal		9/7/18
Buyer: Process / Distribute		9/10/18

After all signatures have been applied, please contact Purchasing Division (ext - 3071) for distribution.

CONTRACT

THIS CONTRACT, executed this 7th day of September 2018, by and between the **Consolidated Government of Columbus, Georgia**, hereinafter called the "City", and **Delta Landscape Supply of Georgia, Inc.**, hereinafter called the "Contractor"

WITNESSETH:

That in consideration of the mutual covenants, obligations, and terms set-forth in the attached proposal and specifications, the parties hereby agree as follows:

1. That the Contractor met all proposal requirements and was evaluated responsive for providing **Agricultural Chemicals (Annual Contract)**, per **RFB No. 18-0046**, and was awarded the Contract by Columbus City Council on Tuesday, August 28, 2018, Resolution No. 318-18, for the initial term of two years, with the option to renew for three (3) additional twelve-month periods, for furnishing the same in accordance with the specifications prepared by the City and the submittal of the Contractor.
2. The Contractor will, at its own cost and expense, furnish all labor, materials, and equipment required to be furnished, provide all related services required, and meet all other requirements or conditions imposed, all strictly in accordance with the City's Business Requirements, the City's Request for Bids, dated April 13, 2018 (and all addenda thereto), the Contractor's submittal dated May 16, 2018 and the bid clarification documents which are attached hereto as exhibits "A", "B", and "C" respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.
3. On the faithful performance of this Contract by the Contractor, the City will pay the Contractor in accordance with the terms and on the conditions stated in this Contract and the exhibits attached to and by reference made a part hereof.

A RESOLUTION

NO. 318 - 18

"ITEM E"

C.M. 08-28-18(4)(E)
318-18

A RESOLUTION AUTHORIZING THE PURCHASE OF AGRICULTURAL CHEMICALS FROM HELENA CHEMICAL COMPANY (SUWANEE, GA), HOWARD FERTILIZER AND CHEMICAL (THOMASVILLE, GA), DELTA LANDSCAPE SUPPLY (NORCROSS, GA), AND SITE ONE LANDSCAPE (CLEVELAND, OH) ON AN "AS NEEDED" BASIS FOR THE ESTIMATED COMBINED ANNUAL CONTRACT VALUE OF \$ 408,023.45.

WHEREAS, the contractors will provide agricultural chemicals to be used by Parks and Recreation to maintain athletic turf and Public Works to maintain City right of ways; and,

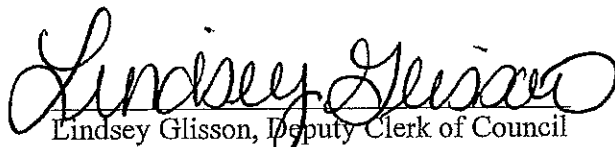
WHEREAS, the contract term shall be for two (2) years, with the option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor(s).

NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA HEREBY RESOLVES AS FOLLOWS:

That the City Manager is hereby authorized to purchase agricultural chemicals from Helena Chemical Company (Suwanee, GA), Howard Fertilizer and Chemical (Thomasville, GA), Delta Landscape Supply (Norcross, GA), and Site One Landscape (Cleveland, OH) for the estimated combined annual contract value of \$408,023.45. Parks and Recreation has budgeted \$64,000.00 each fiscal year for this ongoing expense: General Fund – Parks & Recreation – Park Services – Horticulture/Landscaping Supplies, 0101-270-2100-PSRV-6727; General Fund – Parks & Recreation – Park Services – Grounds Maintenance, 0101-270-2100-PSRV-6576. Public Works has budgeted \$217,690.00 for this ongoing expense: Sewer Fund – Public Works–Sewer Maintenance – Horticulture/ Landscaping Supplies, 0202-260-3210-SRWM-6727; Paving Fund – Public Works – Right of Way Maintenance – Horticulture/Landscaping Supplies, 0203-260-3120-ROWM-6727.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 28th day of August 2018 and adopted at said meeting by the affirmative vote of nine members of said Council.

Councilor Allen voting	<u>YES</u>
Councilor Baker voting	<u>YES</u>
Councilor Barnes voting	<u>YES</u>
Councilor Davis voting	<u>ABSENT</u>
Councilor Garrett voting	<u>YES</u>
Councilor House voting	<u>YES</u>
Councilor Huff voting	<u>YES</u>
Councilor Thomas voting	<u>YES</u>
Councilor Turner Pugh voting	<u>YES</u>
Councilor Woodson voting	<u>YES</u>


Lindsey Glisson, Deputy Clerk of Council


Teresa Pike Tomlinson, Mayor

FORM F

CONTRACT SIGNATURE PAGE
AGRICULTURAL CHEMICALS (ANNUAL CONTRACT)
RFB No. 18-0046

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Columbus Consolidated Government.

Dwan M. Middle
Witness as to the signing of the contract

Joel Butler
Witness as to the signing of the contract

(Corporate seal, if applicable)

By: Bernice Malcom 5/15/18
Signature of Authorized Representative Date

Bernice Malcom, President
Print Name and Title of Signatory

Company: Delta Landscape Supply of Georgia, Inc.

Company Ordering Address

4025 Steve Reynolds Blvd, Ste 106
Norcross, GA 30093

Contact: Joel Butler

Contact Email JButler@deltalandscape.com

Telephone 770-279-1288 Fax 770-279-1292

Company Payment Address

4025 Steve Reynolds Blvd, Ste 106
Norcross, Ga 30093

Contact: Joel Butler

Contact Email JButler@deltalandscape.com

Telephone: 770-279-1288 Fax 770-279-1292

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this 17th day of Sept. 2018

Isaiah Hugley
Isaiah Hugley, City Manager

APPROVED AS TO LEGAL FORM:

Clifton C. Fay, City Attorney
Clifton C. Fay, City Attorney

ATTEST:

Lindsey Glisson
Lindsey Glisson Deputy Clerk of Council

EXECUTION AUTHORIZED
By Resolution No. 318-18

****COMPLETE AND RETURN THIS PAGE WITH SEALED RESPONSE****

EXHIBIT A

*Columbus Consolidated Government
Agricultural Chemicals
(Annual Contract)
Business Requirements*

RFB No. 18-0046

FORM C

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE" Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

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 engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

154736

5/15/18

Company ID Number (numerical, 4-7 digits)

Date of Authorization

**See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.

5/15/18

Date of Authorization

Delta Landscape Supply of Georgia, Inc

Name of Contractor

Agricultural Chemicals (Annual Contract); RFB No. 18-0046

Name of Project

Columbus Consolidated Government

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on May, 15, 2018 in Norcross (city), Ga (state).

Bernice Malcom

Signature of Authorized Officer or Agent

Bernice Malcom

Printed Name and Title of Authorized Officer or Agent

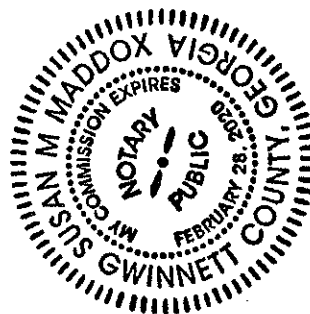
SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 15th DAY OF May, 2018.

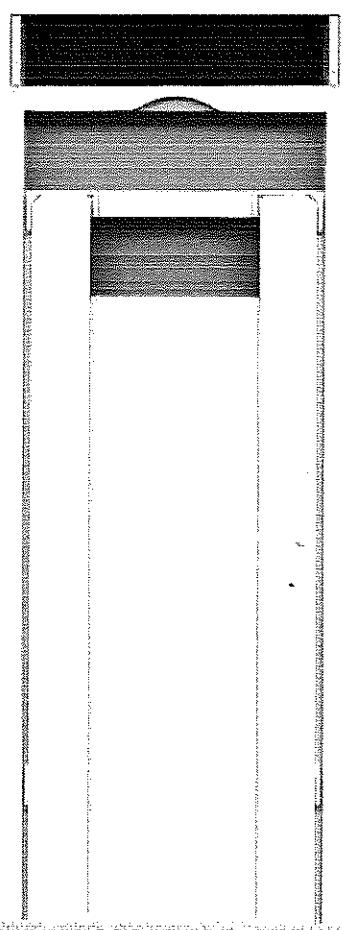
Susan M Maddox


NOTARY PUBLIC

My Commission Expires:



A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.



	Gwinnett County Licensing and Revenue		2018
	446 W. Crogan Street - Suite 125 Lawrenceville, GA 30046		NOT TRANSFERABLE
	DISPLAY THIS CERTIFICATE AT BUSINESS LOCATION FOR PUBLIC VIEW		
	Date Issued: March 6, 2018 Expires: March 31, 2019	Certificate Number: 2018066736 Fee: \$1,003.16	
Business Name: DELTA LANDSCAPE Description: Nursery, Garden Center, and Farm Supply Stores			
MAIL TO: DELTA LANDSCAPE C/O DELTA LANDSCAPE SUPPLY OF GEORGIA INC 4025 STEVE REYNOLDS BLVD SUITE 106 NORCROSS GA 30093-3204		Business Location 4025 STEVE REYNOLDS BLVD SUITE 106 NORCROSS GA 30093-3204	

Only valid at this location and when location conforms to Gwinnett County Ordinance



FORM D

Form W-9
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. De Ita Landscape Supply of Georgia, Inc	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=G corporation, S=S corporation, P=Partnership) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 4025 Steve Reynolds Blvd, Ste 106	
6 City, state, and ZIP code Norcross, GA 30093	
7 List account number(s) here (optional)	
Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 - I am a U.S. citizen or other U.S. person (defined below); and
 - The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ Bernice Malcom	Date ▶ 5/15/18
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Cat. No. 10231X

Form W-9 (Rev. 11-2017)

TIN Matching allows you to verify your Payee data against the IRS TIN Matching database to verify if you have the cor

Mismatched Records

Print & Mail B-Notices

Individual TIN Lookup

Verify Payee

DMF Check: PASS

Download :

Back to Home



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/5/2018

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 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).

PRODUCER Insurance Office of America, Inc. 100 Galleria Parkway Suite 600 Atlanta GA 30339	CONTACT NAME: Joselyne Diette	
	PHONE (A/C, No, Ext): 7702505317	FAX (A/C, No): 678-450-9180
	E-MAIL ADDRESS: joselyne.diette@ioausa.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Bridgefield Casualty Insurance Company	10335
	INSURER B : Southern Insurance Company of Virginia	26867
	INSURER C : Atlantic States Insurance Company	22586
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES	CERTIFICATE NUMBER: 26656109	REVISION NUMBER:
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPA8907671	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAS8907671	3/1/2018	3/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CXS8907671	3/1/2018	3/1/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	196-30803	3/1/2018	3/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
--

CERTIFICATE HOLDER Columbus Consolidated Government Finance Department Purchasing Division 100 10th Street, 5th Floor Columbus GA 31901	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

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EXHIBIT C

*Agricultural Chemicals
(Annual Contract)*

*Delta Landscape Supply of Georgia, Inc.
Submission*

FORM A

BIDDER'S RESPONSE PAGE

AGRICULTURAL CHEMICALS

(ANNUAL CONTRACT)

RFB NO. 18-0046

PARK SERVICES

Bidder will provide the following services:

Turf Specialist/Consultant with technical experience in applying chemical/liquid fertilizer.

Yes _____ No X

Turf Specialist will provide on-going follow up service and technical advice, to include the following:

A. In-service training of Columbus Parks & Recreation staff

Yes _____ No X

B. Take soil samples

Yes X No _____

C. Compete laboratory analysis of soil sample

Yes X No _____

D. Present soil analysis as specified under vendor requirements

Yes X No _____

E. Formulation of fertilizer requirement for each field

Yes _____ No X

Provide proper settings/calibrations for Parks & Recreation Power

F. Caddy Equipment for each fertilizer product

Yes _____ No X

G. Provide at least six (6) on-site inspections per year as requested

Yes _____ No X

Vendor Name: Detta Landscape Supply of Georgia

BID FORM
AGRICULTURAL CHEMICALS
(ANNUAL CONTRACT)
RFB NO. 18-0046

IMPORTANT INFORMATION:

PLEASE SUBMIT ONE ORIGINAL AND ONE IDENTICAL COPY OF EACH BID

By signing this Bid Form, the authorized representative understands the City reserves the right to request any omitted information, WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information, to exclude E-Verify. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete". Use the following check-list to verify the items are included in sealed bid:

☒ Bid Form ☐ Bidder's Qualifications ☐ Proof of Insurance ☐ E-Verify ☐ Material Safety Data Sheets

☒ Contract Signature Page ☒ Addenda

Initial below to acknowledge receipt of the following addenda (if any):

Addendum No. 1 X 8/15 Addendum No. 2 _____ Addendum No. 3 _____

AGRICULTURAL CHEMICALS

PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: Delta Landscape Supply of Ga Inc

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide or Equivalent	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals			\$ NO Bid

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: Delta Landscape Supply of Ga INC

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
2.	Three-Way Ester II or Equivalent	Isocetyl (2-ethylhexyl) Ester of 2-Methyl-4-Chlorophenoxyacetic Acid*56.14% Butoxyethanol Ester of 3,5,6-Trichloro-2-Pyridinyloxyacetic Acid** 5.00% Dicamba (3,6-Dichloro-o-Anisic Acid)*** 3.60%	30 Cs			\$ No Bid
3.	Chelated Iron Plus 12-0-0 or Equivalent	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals			\$ No Bid
4.	Pellitized Lime or Equivalent		120 Bags	40 #	3.90/lb	\$ 468.00
5.	Revolver or Equivalent	Foramsulfuron.....2.34%	30 Cs			\$ No Bid
6.	Pre-m 0.86% 0-0-7 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags			\$ No Bid
7.	Pre-m 3.3 EC 0.86% 0-0-7 or Equivalent	Pendimethalin..... 37.4% Liquid	100 Gal			\$ No Bid
8.	Pre-m 0.86% 25-2-5 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags			\$ No Bid
9.	24-2-11 or Equivalent	Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags	50 #	14.50/bag	\$ 17,400.00
10.	18-24-12 or Equivalent	25% poly plus sulfur coated urea	20 Bags	50 #	15.75/bag	\$ 315.00
11.	20-1-5 or Equivalent	Organic Fertilizer	20 Bags			\$ No Bid

AGRICULTURAL CHEMICALS

PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: Delta Landscape Supply of Ga Inc

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
12.	25-5-11 or Equivalent	Organic Fertilizer	1200 Bags			\$ NO Bid
13.	5-10-15 or Equivalent		120 Bags	50 #	9.05/bag	\$ 1086.00
14.	Dolomitic Lime or Equivalent		360 Bags			\$ NO Bid
15.	Garlon *3A or Equivalent	Triclopyr 44.4%	100 Gals			\$ NO Bid
16.	Manicure 6FL or Equivalent	Chlorothalonil 54.0%	25 Gals			\$ NO Bid
17.	Top Choice Insecticide or Equivalent	Fipronil 0.0143%	100 Bags			\$ NO Bid
18.	Simazine 4L or Equivalent	Simazine 42.1%	5 Gals			\$ NO Bid
19.	Reward Landscape/ Aquatic herbicide or Equivalent	Diquat 37.3%	20 Gals			\$ NO Bid
20.	Spectacle					\$ NO Bid
21.	Foam Marker	Foam 100%	15 Gals			\$ NO Bid
22.	Primo Maxx or Equivalent	Trinexapac-ethyl 11.3%	20 Gals			\$ NO Bid

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: Delta Landscape Supply of Ga Inc

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
23.	Rodeo or Equivalent	Glyphosate (for aquatic vegetation)	200 Gals			\$ NO Bid
24.	Roundup Quick Pro or Equivalent	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals			\$ NO Bid
25.	Lesco-Fate or Equivalent	Acephate 75.0%	5 Lbs			\$ NO Bid
26.	UP-Star Gold or Equivalent	Bifenthrin 7.9%	50 Gals			\$ NO Bid
27.	Headline or Equivalent	Pyraclostrobin 23.6%	2 Gals			\$ NO Bid
28.	Dimension Ultra or Equivalent	Dithiopyr 40%	200 Oz			\$ NO Bid
29.	Trimec 992 or Equivalent	2, 4-D 30.56%; MCPP 8.17%; Dicamba 2.77%	500 Gals			\$ NO Bid
30.	Manor 60DF or Equivalent	Metasulfuron 60.0%	50 Oz			\$ NO Bid
31.	Sedge Hammer or Equivalent	Halosulfuron-Methyl 75.0%	80 Oz			\$ NO Bid
32.	Monument 75WG or Equivalent	Trifloxysulfuron-sodium 75.0%	20 Oz			\$ NO Bid
33.	Drive 75DF or Equivalent	Quinclorac 75%	100 lbs			\$ NO Bid

AGRICULTURAL CHEMICALS

PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: Delta Landscape Supply of Ga Inc

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
34.	Celsius WG	Thiencarbazone-methyl8.7% Iodosulfuron-methyl-s.....1.9% Dicamba 57.4%	100 lbs			\$ NO B'd
35.	Crosscheck Plus	Bifenthrin 7.9%	300 bags			\$ NO B'd
36.	Liquid Iron		50 Gals			\$ NO B'd
37.	Spreader Sticker/ Surfactant		20 Gals			\$ NO B'd
38.	Spray Tank Cleaner		50 Gals			\$ NO B'd
39.	Sevin 4F or Equivalent	Carbaryl 43.0%	300 Gals			\$ NO B'd
40.	G-Pro 2.32% or Equivalent	Chlorpyrifos 2.32% (Labeled for Recreational Areas)	80 Bags			\$ NO B'd
41.	Spray Dye, Tracker Blue 2.5 Gal		100 Gals			\$ NO B'd
PARK SERVICES GRAND TOTAL						\$ 19269.00

AGRICULTURAL CHEMICALS

PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: Delta Landscape Supply of Georgia

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals			\$ No Bid
2.	Chelated Iron Plus 12-0-0	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals			\$ No Bid
3.	Induce		50 Gals			\$ No Bid
4.	Herbicide, Three-Way Ester II		30 Cs			\$ No Bid
5.	Herbicide, Revolver		30 Cs			\$ No Bid
6.	Fertilizer, Lime Pelletized		120 Bags	40 #	3.90	\$ 468.00
7.	Fertilizer, Mulch 70/30		80 Bags	50 #	12.50	\$ 1,000.00
8.	Target 6.6 (MSMA)	Monosodium Acid Methanearsonate (MSMA) 51.0%	10 Gals			\$ No Bid
9.	24-2-11	Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags			\$ No Bid
10.	Pre-m 0.86% 0-0-7	Pendimethalin 0.86% Fertilizer	700 Bags			\$ No Bid
11.	Pre-m 0.86% 25-2-5	Pendimethalin 0.86%	700 Bags			\$ No Bid

AGRICULTURAL CHEMICALS

PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: Delta Landscape Supply of Georgia

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
12.	Roundup Quick Pro	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals			\$ No Bid
13.	Rodeo	Glyphosate (for aquatic vegetation)	200 Gals			\$ No Bid
14.	Fertilizer, 13-13-13		120 Bags	50 #	11.95	\$ 1,434.00
15.	Trimec 992	2, 4-D 30.56%; MCPP 8.17%; Dicamba 2.77%	500 Gals			\$ No Bid
16.	Spreader Sticker/ Surfactant		20 Gals			\$ No Bid
17.	Aquatic Adjuvant Non-Ionic Surfactant		200 Gals			\$ No Bid
PUBLIC WORKS GRAND TOTAL						\$ 2,902.00
TOTAL BID						\$ 22,171.00

VENDOR NAME & SIGNATURE: Delta Landscape Supply of Georgia

If certified as a DBE or WBE, list the certifying agency: _____

*** **COMPLETE THESE PAGES AND RETURN WITH BID** ***

FORM B

SOLICITATION ID: RFB NO. 18-0046

AGRICULTURAL CHEMICALS

(ANNUAL CONTRACT)

INSURANCE CHECKLIST

**CERTIFICATE OF INSURANCE MUST SHOW ALL
COVERAGE AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	STATUTORY REQUIREMENTS	
	Comprehensive General Liability:		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	Automobile Liability:		
X	7. Owned/Hired/Non-Owned Vehicles/ Employer non-ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	Other:		
	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
X	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
	14. Medical Malpractice	\$1 Million per occurrence/claim	
	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. The City shall be named Additional Insured on all policies		
X	25. Certificate of Insurance shall show Bid Number and Bid Title		
	26. Pollution:	\$2 Million per occurrence/claim	

*If offeror's employees will be using their privately-owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements and provide the required Certificate(s).

BIDDER NAME: Delta Landscape Supply of Georgia, Inc

AUTH. SIGNATURE: Bernice Malcom

*****COMPLETE THIS PAGE AND RETURN WITH BID*****

COLUMBUS CONSOLIDATED GOVERNMENT

CONTRACT ROUTING MEMORANDUM

DATE: September 6, 2018

SUBJECT: Agricultural Chemicals (Annual Contract) – RFP No. 18-0046

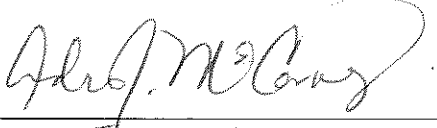
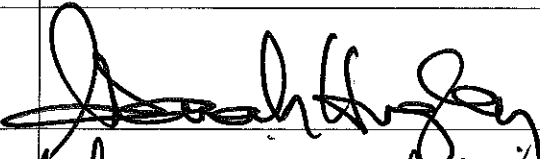

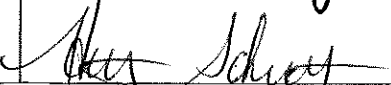
FROM: Heather Scheuttig, Purchasing Division

Please route for appropriate signatures the two (2) copies of the attached contract with Helena Chemical Company. The firm will supply agricultural chemicals on an "as needed" basis.

The initial term of this contract shall be for two years with the option to renew for three additional twelve-month periods. Contract renewal shall be contingent upon the mutual agreement of the City and the Contractor.

Funds are budgeted each fiscal year for this ongoing expense: General Fund – Parks & Recreation – Park Services – Horticulture/Landscaping Supplies, 0101-270-2100-PSRV-6727; General Fund – Parks & Recreation – Park Services – Grounds Maintenance, 0101-270-2100-PSRV-6576. Public Works has budgeted \$217,690.00 for this ongoing expense: Sewer Fund – Public Works–Sewer Maintenance – Horticulture/ Landscaping Supplies, 0202-260-3210-SRWM-6727; Paving Fund – Public Works – Right of Way Maintenance – Horticulture/Landscaping Supplies, 0203-260-3120-ROWM-6727.

Council authorized this contract per Resolution No. 318-18; dated August 28, 2018 (copy is attached).

Signatories	Signatures Required (No initials please)	Date
Purchasing Division Manager Signature of Approval		9/6/18
City Attorney: Signature required on Contracts	Form Approved: CAF, City Attorney	9/6/18
City Manager: Signature required on Contracts		9/7/18
Clerk of Council: dep. Signature Required on Contracts & Attest/Seal		9/7/18
Buyer: Process / Distribute		9/10/18

After all signatures have been applied, please contact Purchasing Division (ext - 3071) for distribution.

CONTRACT

THIS CONTRACT, executed this 7th day of Sept. 2018, by and between the **Consolidated Government of Columbus, Georgia**, hereinafter called the "City", and **Helena Chemical Company**, hereinafter called the "Contractor"

WITNESSETH:

That in consideration of the mutual covenants, obligations, and terms set-forth in the attached proposal and specifications, the parties hereby agree as follows:

1. That the Contractor met all proposal requirements and was evaluated responsive for providing **Agricultural Chemicals (Annual Contract)**, per **RFB No. 18-0046**, and was awarded the Contract by Columbus City Council on Tuesday, August 28, 2018, Resolution No. 318-18, for the initial term of two years, with the option to renew for three (3) additional twelve-month periods, for furnishing the same in accordance with the specifications prepared by the City and the submittal of the Contractor.

2. The Contractor will, at its own cost and expense, furnish all labor, materials, and equipment required to be furnished, provide all related services required, and meet all other requirements or conditions imposed, all strictly in accordance with the City's Business Requirements, the City's Request for Bids, dated April 13, 2018 (and all addenda thereto), the Contractor's submittal dated May 16, 2018 and the bid clarification documents which are attached hereto as exhibits "A", "B", "C" and "D" respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.

3. On the faithful performance of this Contract by the Contractor, the City will pay the Contractor in accordance with the terms and on the conditions stated in this Contract and the exhibits attached to and by reference made a part hereof.

A RESOLUTION

NO. 318 - 18

"ITEM E"

C.M. 08-28-18(4)(E)
318-18

A RESOLUTION AUTHORIZING THE PURCHASE OF AGRICULTURAL CHEMICALS FROM HELENA CHEMICAL COMPANY (SUWANEE, GA), HOWARD FERTILIZER AND CHEMICAL (THOMASVILLE, GA), DELTA LANDSCAPE SUPPLY (NORCROSS, GA), AND SITE ONE LANDSCAPE (CLEVELAND, OH) ON AN "AS NEEDED" BASIS FOR THE ESTIMATED COMBINED ANNUAL CONTRACT VALUE OF \$ 408,023.45.

WHEREAS, the contractors will provide agricultural chemicals to be used by Parks and Recreation to maintain athletic turf and Public Works to maintain City right of ways; and,

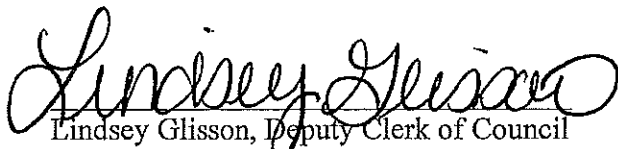
WHEREAS, the contract term shall be for two (2) years, with the option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor(s).

NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA HEREBY RESOLVES AS FOLLOWS:

That the City Manager is hereby authorized to purchase agricultural chemicals from Helena Chemical Company (Suwanee, GA), Howard Fertilizer and Chemical (Thomasville, GA), Delta Landscape Supply (Norcross, GA), and Site One Landscape (Cleveland, OH) for the estimated combined annual contract value of \$408,023.45. Parks and Recreation has budgeted \$64,000.00 each fiscal year for this ongoing expense: General Fund – Parks & Recreation – Park Services – Horticulture/Landscaping Supplies, 0101-270-2100-PSRV-6727; General Fund – Parks & Recreation – Park Services – Grounds Maintenance, 0101-270-2100-PSRV-6576. Public Works has budgeted \$217,690.00 for this ongoing expense: Sewer Fund – Public Works–Sewer Maintenance – Horticulture/ Landscaping Supplies, 0202-260-3210-SRWM-6727; Paving Fund – Public Works – Right of Way Maintenance – Horticulture/Landscaping Supplies, 0203-260-3120-ROWM-6727.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 28th day of August 2018 and adopted at said meeting by the affirmative vote of nine members of said Council.

Councilor Allen voting	<u>YES</u>
Councilor Baker voting	<u>YES</u>
Councilor Barnes voting	<u>YES</u>
Councilor Davis voting	<u>ABSENT</u>
Councilor Garrett voting	<u>YES</u>
Councilor House voting	<u>YES</u>
Councilor Huff voting	<u>YES</u>
Councilor Thomas voting	<u>YES</u>
Councilor Turner Pugh voting	<u>YES</u>
Councilor Woodson voting	<u>YES</u>


Lindsey Glisson, Deputy Clerk of Council


Teresa Pike Tomlinson, Mayor

FORM F

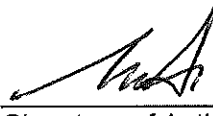
CONTRACT SIGNATURE PAGE AGRICULTURAL CHEMICALS (ANNUAL CONTRACT) RFB No. 18-0046

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Columbus Consolidated Government.


Witness as to the signing of the contract

Witness as to the signing of the contract

(Corporate seal, if applicable)

By:  5/14/18
Signature of Authorized Representative Date

Nick Adams Sales Representative
Print Name and Title of Signatory

Company: Helena Chemical Company

Company Ordering Address

3211 Shawnee Industrial Way Suite 100
Swansea GA 30024

Contact: Nick Adams

Contact Email adamsn@helenaagri.com

Telephone 770 365 8360 Fax _____

Company Payment Address

3211 Shawnee Industrial Way Suite 100
Swansea GA 30024

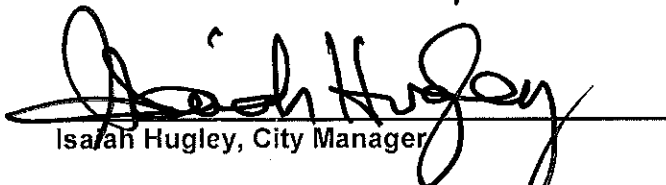
Contact: Nick Adams

Contact Email adamsn@helenaagri.com

Telephone: 770 365 8360 Fax _____

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this 7th day of Sept. 2018


Sarah Hugley, City Manager

APPROVED AS TO LEGAL FORM:


Clifton C. Fay, City Attorney

ATTEST:


Lindsey Glisson Deputy Clerk of Council

EXECUTION AUTHORIZED
By Resolution No. 318-18

****COMPLETE AND RETURN THIS PAGE WITH SEALED RESPONSE****

EXHIBIT A

*Columbus Consolidated Government
Agricultural Chemicals
(Annual Contract)
Business Requirements*

RFB No. 18-0046

FORM C

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE" Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

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 engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

188773

04/20/2018

Company ID Number (*numerical, 4-7 digits*)

Date of Authorization

****See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.**

04/20/2018

Date of Authorization

Helena Agri-Enterprises, LLC

Name of Contractor

Agricultural Chemicals (Annual Contract); RFB No. 18-0046

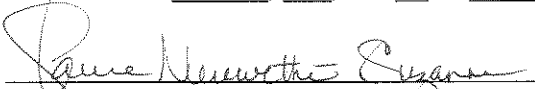
Name of Project

Columbus Consolidated Government

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on April, 20, 2018 in Collierville (city), TN (state).



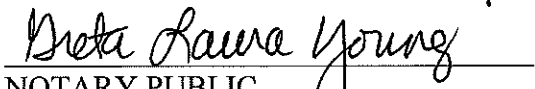
Signature of Authorized Officer or Agent

Laura Merewether-Suzanne, Employment Verification Coordinator

Printed Name and Title of Authorized Officer or Agent

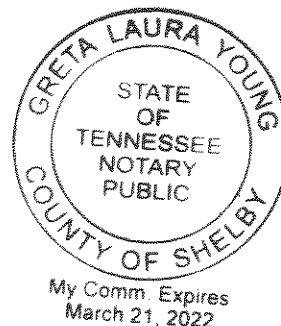
SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 20th DAY OF April, 2018.



NOTARY PUBLIC

My Commission Expires:



A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

Gwinnett County Licensing and Revenue

446 W. Crogan Street - Suite 125
Lawrenceville, GA 30046

2018

NOT
TRANSFERABLE

DISPLAY THIS CERTIFICATE AT BUSINESS LOCATION FOR PUBLIC VIEW

Date Issued:
Expires:

February 12, 2018
March 31, 2019

Certificate Number:
Fee:

2018135973
\$8,222.97

Business Name:
Description:

HELENA CHEMICAL COMPANY
Pesticide and Other Agricultural Chemical Manufacturing

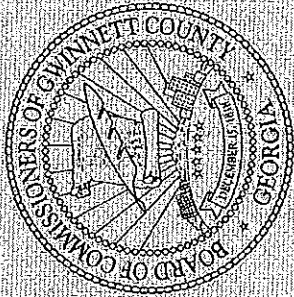
MAIL TO:

HELENA CHEMICAL COMPANY
C/O HELENA CHEMICAL COMPANY
225 SCHILLING BLVD Suite 300
COLLIERVILLE TN 38017-6937

Business Location:

3211 SHAWNEE INDUSTRIAL WAY
Suite 100
SUWANEE GA 30024-3601

Only valid at this location and when location conforms to Gwinnett County Ordinance





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/24/2018

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).

PRODUCER MARSH USA INC. 6410 Poplar Avenue, Suite 540 Memphis, TN 38119 Attn: kendra.neal@marsh.com Fax 212-948-1281		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
S00712-HCC-#5-17-18 35042 AI		INSURER(S) AFFORDING COVERAGE	
INSURED Helena Agri-Enterprises, LLC 225 Schilling Boulevard Suite #300 Collierville, TN 38017		NAIC #	
		INSURER A : Sompo America Insurance Company 11126	
		INSURER B : American Guarantee & Liability Ins Co 26247	
		INSURER C : Allianz Global Risks Us Insurance Company 35300	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** ATL-004817404-01 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Herbicide/Pesticide Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		GDL4000A0	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ EXCLUDED
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		ADV40002C0 (AOS) ADV40019T0 (MA)	10/01/2017 10/01/2017	10/01/2018 10/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		IPR379234002	10/01/2017	10/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WCD40076Y0 (AOS) WCR40004E0 (WI)	10/01/2017 10/01/2017	10/01/2018 10/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
C	Excess General Liability & Pollution Liability			EIL2010194	10/01/2017	10/01/2018	Limit: 2,000,000 SIF: 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: RFB No. 18-0046 Agricultural Chemicals

Columbus Consolidated Government is included as additional insured as required by written contract. Helena self-insures for products coverage. Excess General Liability picks up for products coverage after \$3,000,000 self insured retention for products only.

CERTIFICATE HOLDER

Columbus Consolidated Government
100 Tenth Street
P O Box 1340
Columbus, GA 31902-1340

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Paul Woods

© 1988-2016 ACORD CORPORATION. All rights reserved.

Request for Taxpayer
Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) HELENA CHEMICAL COMPANY	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶	
<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 225 SCHILLING BLVD SUITE 300	Requester's name and address (optional)
City, state, and ZIP code COLLIERVILLE, TN 38017	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Margie Biggs</i>	Date ▶
-----------	--	--------

General Instructions

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

Purpose of Form

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, 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Search by TIN, Acct., or N

Check for imported payees with non-matching TIN data and verify new payees

TIN Matching allows you to verify your Payee data against the IRS TIN Matching database to verify if you have the correct TIN.

Sovos can take care of your mismatched TINs & B-Notices

Sovos offers the ability to automatically mail the appropriate forms to your mismatched payees and request corrected information. The responses come directly to you, and the W-9/B-Notice solicitations are saved for your reference in File Manager. Depending on your subscription, additional fees may apply.

Print & Mail W-9 Solicitations

Print & Mail B-Notices

The W9 Solicitation button has been disabled as you have already sent your solicitations.

Mismatched Records

TIN	Name
-----	------

How to look at

Verify individual Payee Social Security and Employer ID numbers.

Name:

TIN:

Verify Pavee

TIN Status: PASS

OFAC Check: NEEDS REVIEW

DMF Check: PASS

Download .

Back to Home

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

MARUBENI AMERICA CORPORATION

2. Business name/disregarded entity name, if different from above

HELENA AGRI-ENTERPRISES, LLC (AKA HELENA CHEMICAL COMPANY)

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C or S corporation, or Partnership) ☐
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ☐

4. Address (number, street, and apt. or suite no.) See instructions.

225 SCHILLING BLVD, STE 300

5. City, state, and ZIP code

COLLIERVILLE, TN 38017

6. List account number(s) here (optional)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).

Exempt payee code (if any) **5**

Exemption from FATCA reporting code (if any)

(Check to account manager control the LLC)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Notes: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number to Give the Requester* for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA codes entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person 

Date **4/1/2018**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends and capital gains)
- Form 1099-MISC (miscellaneous income)
- Form 1099-B (proceeds from mutual funds)
- Form 1099-S (proceeds from sale of real estate)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (mortgage interest)
- Form 1098-E (student loan interest)
- Form 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Search by TIN, Acct., or P

Check for imported payees with non-matching TIN data and verify new payees

TIN Matching allows you to verify your Payee data against the IRS TIN Matching database to verify if you have the cor

Sovos can take care of your mismatched TINs & B-Notices

Sovos offers the ability to automatically mail the appropriate forms to your mismatched payees and request corrected information. The responses come directly to you, and the W-9/B-Notice solicitations are saved for your reference in File Manager. Depending on your subscription, additional fees may apply.

Print & Mail W-9 Solicitations

Print & Mail B-Notices

The W9 Solicitation button has been disabled as you have already sent your solicitations.

Mismatched Records

[illegible]

Individual TIN Lookup

Verify individual Payee Social Security and Employer ID numbers.

Name: marubeni

TIN: [REDACTED]

Verify Payee

TIN Status: PASS

OFAC Check: PASS

DMF Check: PASS

Office of Foreign Asset Controls Specially Designated Nationals

Download .

[Back to Home](#)

EXHIBIT C

*Agricultural Chemicals
(Annual Contract)*

*Helena Chemical Company
Submission*

FORM A

BIDDER'S RESPONSE PAGE

AGRICULTURAL CHEMICALS

(ANNUAL CONTRACT)

RFB NO. 18-0046

PARK SERVICES

Bidder will provide the following services:

Turf Specialist/Consultant with technical experience in applying chemical/liquid fertilizer.

Yes X No _____

Turf Specialist will provide on-going follow up service and technical advice, to include the following:

A. In-service training of Columbus Parks & Recreation staff

Yes X No _____

B. Take soil samples

Yes X No _____

C. Compete laboratory analysis of soil sample

Yes X No _____

D. Present soil analysis as specified under vendor requirements

Yes X No _____

E. Formulation of fertilizer requirement for each field

Yes X No _____

Provide proper settings/calibrations for Parks & Recreation Power

F. Caddy Equipment for each fertilizer product

Yes X No X

G. Provide at least six (6) on-site inspections per year as requested

Yes X No _____

Vendor Name: Helena Chemical Company - Nick Adams

BID FORM
AGRICULTURAL CHEMICALS
(ANNUAL CONTRACT)
RFB NO. 18-0046

IMPORTANT INFORMATION:

PLEASE SUBMIT ONE ORIGINAL AND ONE IDENTICAL COPY OF EACH BID

By signing this Bid Form, the authorized representative understands the City reserves the right to request any omitted information, WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information, to exclude E-Verify. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "incomplete". Use the following check-list to verify the items are included in sealed bid:

☒ Bid Form ☐ Bidder's Qualifications ☒ Proof of Insurance ☒ E-Verify ☐ Material Safety Data Sheets
☒ Contract Signature Page ☒ Addenda

Initial below to acknowledge receipt of the following addenda (if any):

Addendum No. 1 NA Addendum No. 2 _____ Addendum No. 3 _____

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: Holena Chemical Company

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide or Equivalent	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals	2X2.5 gal	\$24.50/gal	\$ 12,250

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: Helena Chemical

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
2.	Three-Way Ester II or Equivalent	Isocetyl (2-ethylhexyl) Ester of 2-Methyl-4-Chlorophenoxyacetic Acid*56.14% Butoxyethanol Ester of 3,5,6-Trichloro-2-Pyridinyloxyacetic Acid** 5.00% Dicamba (3,6-Dichloro-o-Anisic Acid)*** 3.60%	30 Cs (150g)	2x2.5g	\$61.00	\$ 9,150.00
3.	Chelated Iron Plus 12-0-0 or Equivalent	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals	2x2.5g	\$7.50/gal	\$ 37.50.00
4.	Pellitized Lime or Equivalent		120 Bags	50#	\$5.00/bag	\$ 600.00
5.	Revolver or Equivalent	Foramsulfuron.....2.34%	30 Cs	87oz bottle	\$577/bottle	\$ 577/bottle
6.	Pre-m 0.86% 0-0-7 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags	50#	\$9.45/bag	\$ 6,615.00
7.	Pre-m 3.3 EC 0.86% 0-0-7 or Equivalent	Pendimethalin..... 37.4% Liquid	100 Gal	2x2.5g	\$28.00/gal	\$ 2,800.00
8.	Pre-m 0.86% 25-2-5 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags	50#	\$13.95/bag	\$ 9,765.00
9.	24-2-11 or Equivalent	Fertilizer, 40% poly plus sulfur coated urea 6% Fe 25-5-11 50% P&S 29% Fe	1200 Bags	50#	\$14.00/bag	\$ 16,800.00
10.	18-24-12 or Equivalent	25% poly plus sulfur coated urea	20 Bags	50#	\$16.50/bag	\$ 330
11.	20-1-5 or Equivalent	Organic Fertilizer	20 Bags	—	—	\$ —

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: Helena Chemical

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
12.	25-5-11 or Equivalent	Organic Fertilizer	1200 Bags	50#	\$14.00/bag	\$ 16,800.00
13.	5-10-15 or Equivalent		120 Bags	50#	\$13.15/bag	\$ 1,578
14.	Dolomitic Lime or Equivalent		360 Bags	50#	\$5.00/bag	\$ 18.00
15.	Garlon *3A or Equivalent	Triclopyr 44.4% Triclopyr <i>Tricyera</i>	100 Gals	2x2.5g	\$90/gal	\$ 9,000
16.	Manicure 6FL or Equivalent	Chlorothalonil 54.0% <i>Echo 720</i>	25 Gals	2x2.5g	\$42/gal	\$ 1050
17.	Top Choice Insecticide or Equivalent	Fipronil 0.0143%	100 Bags	50#	\$125/bag	\$ 12,500
18.	Simazine 4L or Equivalent	Simazine 42.1%	5 Gals	2x2.5g	\$16.50/gal	\$ 82.50
19.	Reward Landscape/ Aquatic herbicide or Equivalent	Diquat 37.3%	20 Gals	2x2.5g	\$43/gal	\$ 860
20.	Spectacle			2x1g	\$1638.50/gal	\$
21.	Foam Marker	Foam 100% <i>Align</i>	15 Gals	4x1g	\$43.00/gal	\$ 645
22.	Primo Maxx or Equivalent	Trinexapac-ethyl 11.3% <i>T-Nex</i>	20 Gals	2x1g	\$145/gal	\$ 2900

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: Helena Chemical

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
23.	Rodeo or Equivalent	Glyphosate (for aquatic vegetation)	200 Gals	2x2.5g	\$21/gal	\$ 4200.00
24.	Roundup Quick Pro or Equivalent	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals	6.8/lb	\$72/jug	\$ 72.00/jug
25.	Lescro-Fate or Equivalent	Acephate 75.0%	5 Lbs	—	—	\$ —
26.	UP-Star Gold or Equivalent	Bifenthrin 7.9%	50 Gals	4x1 gal	\$32/gal	\$ 1600.00
27.	Headline or Equivalent	Pyraclostrobin 23.6%	2 Gals	—	—	\$ —
28.	Dimension Ultra or Equivalent	Dithiopyr 40%	200 Oz	5oz	15.78/5oz	\$ 631.20.00
29.	Trimec 992 or Equivalent	2, 4-D 30.56%; MCPP 8.17%; Dicamba 2.77%	500 Gals	2x2.5g	\$24.54/gal	\$ 12,250.00
30.	Manor 60DF or Equivalent	Metasulfuron 60.0%	50 Oz	8oz	\$5.00/oz	\$ 250.00
31.	Sedge Hammer or Equivalent	Halosulfuron-Methyl 75.0%	80 Oz	1.33 oz	\$5.60/bottle	\$ 3,360.00
32.	Monument 75WG or Equivalent	Trifloxysulfuron-sodium 75.0%	20 Oz	25oz	\$245/pkg	\$ 245.00
33.	Drive 75DF or Equivalent	Quinclorac 75%	100 lbs	6x1 lb	\$38/lb	\$ 3800.00

Quinclorac

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: Helena Chemical

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
34.	Celsius WG	Thiencarbazone-methyl8.7% Iodosulfuron-methyl-s.....1.9% Dicamba 57.4%	100 lbs bottles?	8x10 oz	\$100/100z	\$ 10,000.00
35.	Crosscheck Plus	Bifenthrin 7.9%	300 bags	25# bag	\$18.75/bag	\$ 5,625.00
36.	Liquid Iron	Ele Max Turf Nectar	50 Gals	2x2.5g	\$7.50/gal	\$ 375.00
37.	Spreader Sticker/ Surfactant	Induce	20 Gals	2x2.5g	\$22/gal	\$ 440.00
38.	Spray Tank Cleaner	Wipeat Tank Cleaner	50 Gals	4x1g	\$35/gal	\$ 1,750.00
39.	Sevin 4F or Equivalent	Carbaryl 43.0%	300 Gals	2x2.5g	\$550/gal	\$ 10,650.00
40.	G-Pro 2.32% or Equivalent	Chlorpyrifos 2.32% (Labeled for Recreational Areas)	80 Bags	—	—	\$ —
41.	Spray Dye, Tracker Blue 2.5 Gal	Omni Blue Spray Indicator	100 Gals	2x2.5g	\$25/gal	\$ 2,500.00
PARK SERVICES GRAND TOTAL						\$ 163,739

AGRICULTURAL CHEMICALS

PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: Helena Chemical

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals	2X2.5gal	\$27.50/gal	\$ 12,750.00
2.	Chelated Iron Plus 12-0-0	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals	2X2.5	7.50/gal	\$ 37.50
3.	Induce		50 Gals	2X2.5gal	\$22/gal	\$ 1,100.00
4.	Herbicide, Three-Way Ester II	Batheship III	30 Cs	2X2.5gal	61.04/gal	\$ 9,150.00
5.	Herbicide, Revolver		30 Cs	87oz/bottle	\$577/bottle	\$ 577/bottle
6.	Fertilizer, Lime Pellitized		120 Bags	50#	\$5.00/bag	\$ 600.00
7.	Fertilizer, Mulch 70/30		80 Bags	—	—	\$ —
8.	Target 6.6 (MSMA)	Monosodium Acid Methanearsonate (MSMA) 51.0%	10 Gals	2X2.5gal	\$28.59/gal	\$ 285.00
9.	24-2-11	25-5-11 50% p.c.s.c.u., 2% Fe Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags	50#	\$14.00/bag	\$ 16,800.00
10.	Pre-m 0.86% 0-0-7	Pendimethalin 0.86% Fertilizer	700 Bags	50#	\$9.45/bag	\$ 6,615.00
11.	Pre-m 0.86% 25-2-5	Pendimethalin 0.86%	700 Bags	50#	\$13.95/bag	\$ 9,765.00

AGRICULTURAL CHEMICALS
PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: Helena Chemical

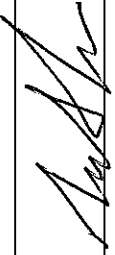
Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
12.	Roundup Quick Pro	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals	68lb	\$72.00/jug	\$ 72.00/jug
13.	Rodeo	Glyphosate (for aquatic vegetation)	200 Gals	22.5gal	\$21.00/gal	\$ 4200.00
14.	Fertilizer, 13-13-13		120 Bags	—	—	\$ —
15.	Trimec 992	2, 4-D 30.56%, MCPP 8.17%; Dicamba 2.77%	500 Gals	22.5gal	\$24.50/gal	\$ 12,250
16.	Spreader Sticker/ Surfactant	Induce	20 Gals	22.5	\$21/gal	\$ 420
17.	Aquatic Adjuvant Non-Ionic Surfactant	DyneAmic	200 Gals	22.5gal	\$42/gal	\$ 4800.00

PUBLIC WORKS GRAND TOTAL

\$ 78,272.50

TOTAL BID

\$ 241,511.70

VENDOR NAME & SIGNATURE: Helena Chemical 

If certified as a DBE or WBE, list the certifying agency: _____

*** **COMPLETE THESE PAGES AND RETURN WITH BID** ***

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



**FINANCE DEPARTMENT
PURCHASING DIVISION**

100 TENTH STREET, P. O. Box 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, Fax 706-225-3033
BidLine 706-653-4536
www.columbusga.org

April 20, 2018

ADDENDUM NO. 1
Agricultural Chemicals (Annual Contract)
RFB No. 18-0046

Proposals should include acknowledgement of receipt for all Addenda:

Authorized Initials: NA Firm: Helena Chemical Company

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:


I. DUE DATE EXTENSION

The due date is extended; sealed bids are due no later than 2:30 PM on Wednesday, May 16, 2018.

II. ACKNOWLEDGEMENT

Indicate that your company has received this Addendum in the appropriate areas and include with sealed Bid. **Failure to acknowledge receipt of this addendum may render your Bid "Incomplete".**

Andrea J. McCorvey
Purchasing Manager


Nick Adams

FORM B**SOLICITATION ID: RFB NO. 18-0046****AGRICULTURAL CHEMICALS****(ANNUAL CONTRACT)****INSURANCE CHECKLIST****CERTIFICATE OF INSURANCE MUST SHOW ALL
COVERAGE AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	STATUTORY REQUIREMENTS	2,000,000
	Comprehensive General Liability:		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	\$2M Occurrence \$5M Aggregate
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	\$2M Occurrence \$5M Aggregate
X	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	Self insure for first 3million - Excess covers above
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	\$2M Occurrence \$5M Aggregate
	Automobile Liability:		
X	7. Owned/Hired/Non-Owned Vehicles/ Employer non-ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	\$3 Million CSL
	Other:		
	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
X	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	\$5 Million

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
	14. Medical Malpractice	\$1 Million per occurrence/claim	
	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		Yes
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		Yes
X	24. The City shall be named Additional Insured on all policies		Yes
X	25. Certificate of Insurance shall show Bid Number and Bid Title		Yes
	26. Pollution:	\$2 Million per occurrence/claim	

*If offeror's employees will be using their privately-owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements and provide the required Certificate(s).

BIDDER NAME: Helena Chemical Company

AUTH. SIGNATURE: [Signature]

*****COMPLETE THIS PAGE AND RETURN WITH BID*****

EXHIBIT D

*Agricultural Chemicals
(Annual Contract)*

*Helena Chemical Company
Clarification Documents*

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT

PURCHASING DIVISION

100 TENTH STREET, P. O. Box 1340
COLUMBUS, GEORGIA 31902-1340
706.225-4087, FAX 706.225.3033
BIDLINE 706.653.4536
www.columbusga.org

July 25, 2018

Mr. Nick Adams
Helena Chemical Company
3211 Shawnee Industrial Way, Suite 100
Suwanee, GA 30024

Re: RFB No. 18-0046 – Agricultural Chemicals (Annual Contract)

Dear Mr Adams:

Thank you for your submittal in response to the referenced Request for Bids. During analysis of the bid responses, the Purchasing Division perceived inconsistencies among vendor responses, which have caused a delay to the evaluation and recommendation process. To ensure the user-Department(s) make fair, comparative and cost-effective choices, vendors are required to provide pricing in accordance with the unit of measure specified in the bid. The unit pricing provided by your company for the items shown below did not meet the unit of measure specifications. Therefore, complete the **Per Specified Unit of Measure** column in the table below to provide updated pricing as specified. *(Please note: The pricing must still equate to the extended cost already bid, new pricing will not be accepted.)*

PARKS & RECREATION					
No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	Per Specified Unit
2.	Three-Way Ester II or Equivalent	30 cs	61.00/gal	9,150.00	\$ (case)
5.	Revolver or Equivalent	30 cs	577.00/btl	577.00	\$ (case)

Vendor Signature _____

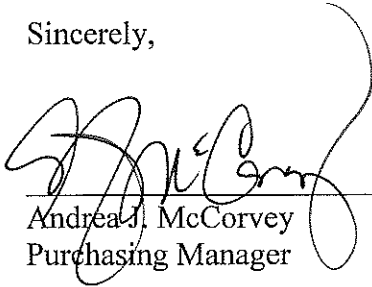
Print name of signatory _____

Date _____

Additionally, per the attached Bid Form, your firm has listed Induce on line 37 (Parks & Recreation) and lines 3 and 16 (Public Works) however, it is priced as \$22.00 per gallon and \$21.00 per gallon. Please confirm which price is correct.

Your written response is requested no later than 5:00 PM on Friday, July 27, 2018. Please forward your response to the attention of Heather Scheuttig at email hscheuttig@columbusga.org or fax number 706.225.3033.

Sincerely,



Andrea J. McCorvey
Purchasing Manager

Attachment

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706.225-4087, FAX 706.225.3033
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PARKS & RECREATION					
No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	Per Specified Unit
2.	Three-Way Ester II or Equivalent	30 cs	61.00/gal	9,150.00	\$ 305 / (59) (case)
5.	Revolver or Equivalent	30 cs	577.00/btl	577.00	\$ 2,308 (case)

\$305.00
a case
4 units

Vendor Signature

Nick Adams

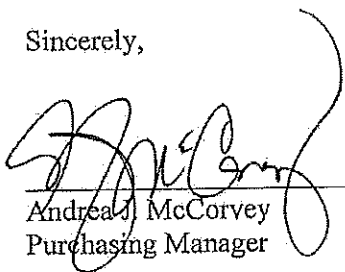
Print name of signatory

Date

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Your written response is requested no later than 5:00 PM on Friday, July 27, 2018. Please forward your response to the attention of Heather Scheuttig at email hscheuttig@columbusga.org or fax number 706.225.3033.

Sincerely,



Andrea J. McCorvey
Purchasing Manager

Attachment

COLUMBUS CONSOLIDATED GOVERNMENT

CONTRACT ROUTING MEMORANDUM

DATE: September 6, 2018

SUBJECT: Agricultural Chemicals (Annual Contract) – RFP No. 18-0046

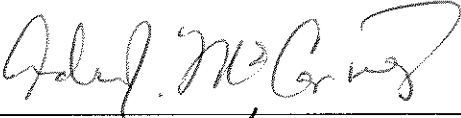
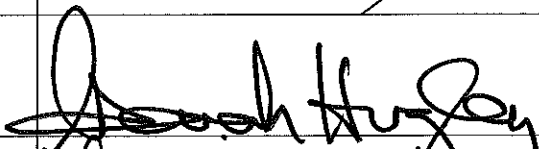
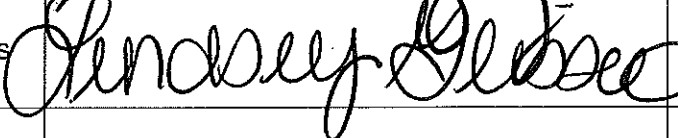

FROM: Heather Scheuttig, Purchasing Division

Please route for appropriate signatures the two (2) copies of the attached contract with Howard Fertilizer and Chemical Company, Inc. The firm will supply agricultural chemicals on an "as needed" basis.

The initial term of this contract shall be for two years with the option to renew for three additional twelve-month periods. Contract renewal shall be contingent upon the mutual agreement of the City and the Contractor.

Funds are budgeted each fiscal year for this ongoing expense: General Fund – Parks & Recreation – Park Services – Horticulture/Landscaping Supplies, 0101-270-2100-PSRV-6727; General Fund – Parks & Recreation – Park Services – Grounds Maintenance, 0101-270-2100-PSRV-6576. Public Works has budgeted \$217,690.00 for this ongoing expense: Sewer Fund – Public Works–Sewer Maintenance – Horticulture/ Landscaping Supplies, 0202-260-3210-SRWM-6727; Paving Fund – Public Works – Right of Way Maintenance – Horticulture/Landscaping Supplies, 0203-260-3120-ROWM-6727.

Council authorized this contract per Resolution No. 318-18; dated August 28, 2018 (copy is attached).

Signatories	Signatures Required (No initials please)	Date
Purchasing Division Manager Signature of Approval		9/6/18
City Attorney: Signature required on Contracts	Form Approved: COF. City Attorney	9/6/18
City Manager: Signature required on Contracts		9/7/18
Clerk of Council: Dep. Signature Required on Contracts & Attest/Seal		9/7/18
Buyer: Process / Distribute		9/10/18

After all signatures have been applied, please contact Purchasing Division (ext - 3071) for distribution.

CONTRACT

THIS CONTRACT, executed this 7th day of September 2018, by and between the **Consolidated Government of Columbus, Georgia**, hereinafter called the "City", and **Howard Fertilizer and Chemical Company, Inc.**, hereinafter called the "Contractor"

WITNESSETH:

That in consideration of the mutual covenants, obligations, and terms set-forth in the attached proposal and specifications, the parties hereby agree as follows:

1. That the Contractor met all proposal requirements and was evaluated responsive for providing **Agricultural Chemicals (Annual Contract)**, per **RFB No. 18-0046**, and was awarded the Contract by Columbus City Council on Tuesday, August 28, 2018, Resolution No. 318-18, for the initial term of two years, with the option to renew for three (3) additional twelve-month periods, for furnishing the same in accordance with the specifications prepared by the City and the submittal of the Contractor.
2. The Contractor will, at its own cost and expense, furnish all labor, materials, and equipment required to be furnished, provide all related services required, and meet all other requirements or conditions imposed, all strictly in accordance with the City's Business Requirements, the City's Request for Bids, dated April 13, 2018 (and all addenda thereto), the Contractor's submittal dated May 16, 2018 and the bid clarification documents which are attached hereto as exhibits "A", "B", "C" and "D" respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.
3. On the faithful performance of this Contract by the Contractor, the City will pay the Contractor in accordance with the terms and on the conditions stated in this Contract and the exhibits attached to and by reference made a part hereof.

A RESOLUTION
NO. 318 - 18

"ITEM E"
C.M. 08-28-18(4)(E)
318-18

A RESOLUTION AUTHORIZING THE PURCHASE OF AGRICULTURAL CHEMICALS FROM HELENA CHEMICAL COMPANY (SUWANEE, GA), HOWARD FERTILIZER AND CHEMICAL (THOMASVILLE, GA), DELTA LANDSCAPE SUPPLY (NORCROSS, GA), AND SITE ONE LANDSCAPE (CLEVELAND, OH) ON AN "AS NEEDED" BASIS FOR THE ESTIMATED COMBINED ANNUAL CONTRACT VALUE OF \$ 408,023.45.

WHEREAS, the contractors will provide agricultural chemicals to be used by Parks and Recreation to maintain athletic turf and Public Works to maintain City right of ways; and,

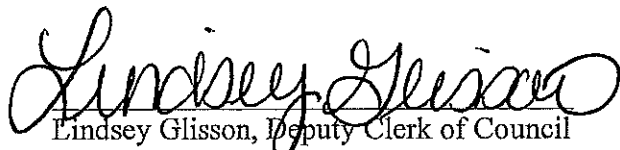
WHEREAS, the contract term shall be for two (2) years, with the option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor(s).

NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA HEREBY RESOLVES AS FOLLOWS:

That the City Manager is hereby authorized to purchase agricultural chemicals from Helena Chemical Company (Suwanee, GA), Howard Fertilizer and Chemical (Thomasville, GA), Delta Landscape Supply (Norcross, GA), and Site One Landscape (Cleveland, OH) for the estimated combined annual contract value of \$408,023.45. Parks and Recreation has budgeted \$64,000.00 each fiscal year for this ongoing expense: General Fund – Parks & Recreation – Park Services – Horticulture/Landscaping Supplies, 0101-270-2100-PSRV-6727; General Fund – Parks & Recreation – Park Services – Grounds Maintenance, 0101-270-2100-PSRV-6576. Public Works has budgeted \$217,690.00 for this ongoing expense: Sewer Fund – Public Works – Sewer Maintenance – Horticulture/ Landscaping Supplies, 0202-260-3210-SRWM-6727; Paving Fund – Public Works – Right of Way Maintenance – Horticulture/Landscaping Supplies, 0203-260-3120-ROWM-6727.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 28th day of August 2018 and adopted at said meeting by the affirmative vote of nine members of said Council.

Councilor Allen voting	<u>YES</u>
Councilor Baker voting	<u>YES</u>
Councilor Barnes voting	<u>YES</u>
Councilor Davis voting	<u>ABSENT</u>
Councilor Garrett voting	<u>YES</u>
Councilor House voting	<u>YES</u>
Councilor Huff voting	<u>YES</u>
Councilor Thomas voting	<u>YES</u>
Councilor Turner Pugh voting	<u>YES</u>
Councilor Woodson voting	<u>YES</u>


Lindsey Glisson, Deputy Clerk of Council


Teresa Pike Tomlinson, Mayor

FORM F

CONTRACT SIGNATURE PAGE
AGRICULTURAL CHEMICALS (ANNUAL CONTRACT)
RFB No. 18-0046

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Columbus Consolidated Government.

Shatter Williams
 Witness as to the signing of the contract

Pat Irwin
 Witness as to the signing of the contract

(Corporate seal, if applicable)

By: *PC* 5-15-18
 Signature of Authorized Representative Date

PAT IRWIN ACCOUNT MANAGER
 Print Name and Title of Signatory

Company: HOWARD FERTILIZER + CHEMICAL

Company Ordering Address

Company Payment Address

HOWARD FERTILIZER + CHEMICAL
323 INDUSTRIAL BLVD
THOMASVILLE GA 31792
 Contact: PAT IRWIN

PO BOX 97826
DALLAS TX 75397
 Contact: _____

Contact Email PIRWIN@HOWARDFERT.COM

Contact Email _____

Telephone _____ Fax 850-893-9844
850-702-6339

Telephone: _____ Fax _____

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this 7th day of Sept. 2018

APPROVED AS TO LEGAL FORM:

Isaiah Hugley
 Isaiah Hugley, City Manager

Clifton C. Fay, City Attorney
 Clifton C. Fay, City Attorney

ATTEST:

Lindsey Glisson
 Lindsey Glisson Deputy Clerk of Council

EXECUTION AUTHORIZED
 By Resolution No. 318-18

COMPLETE AND RETURN THIS PAGE WITH SEALED RESPONSE

EXHIBIT A

*Columbus Consolidated Government
Agricultural Chemicals
(Annual Contract)
Business Requirements*

RFB No. 18-0046

FORM D

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Part or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. HOWARD FERTILIZER & CHEMICAL CO., INC.	
2 Business name/disregarded entity name, if different from above	
<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:</p> <p><input type="checkbox"/> Individual sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) ►</p> <p>Notes: Check the appropriate box on the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner or less the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other state instructions ►</p>	<p>4 Exemptions (codes) apply only to certain entities; not individuals; see instructions on page 3)</p> <p>Exempt payee code (if any):</p> <p>Exemption from FATCA reporting code (if any):</p> <p>Indicate if an exempt payee (see instructions on page 3)</p>
5 Address (number, street, and apt. or suite no.) See instructions. 8306 S. ORANGE AVE.	6 City, state, and ZIP code. ORLANDO, FL 32809
7 List account number(s) here (optional):	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Notes: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must check out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person: **[Signature]** Date: **5/7/18**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you may be subject to backup withholding. See *What is backup withholding*, later.

Cat No. 10231K

Form W-9 (Rev. 11-2017)

Search by TIN, Acct., or Name

Check for imported payees with non-matching TIN data and verify new payees

TIN Matching allows you to verify your Payee data against the IRS TIN Matching database to verify if you have the correct TIN.

Sovos can take care of your mismatched TINs & B-Notices

Sovos offers the ability to automatically mail the appropriate forms to your mismatched payees and request corrected information. The responses come directly to you, and the W-9/B-Notice solicitations are saved for your reference in File Manager. Depending on your subscription, additional fees may apply.

[Print & Mail W-9 Solicitations](#)

[Print & Mail B-Notices](#)

The W9 Solicitation button has been disabled as you have already sent your solicitations.

Mismatched Records

TIN	Name

[Download](#)

Individual TIN Lookup

Verify individual Payee Social Security and Employer ID numbers.

Name:

TIN:

[Verify Payee](#)

TIN Status: PASS

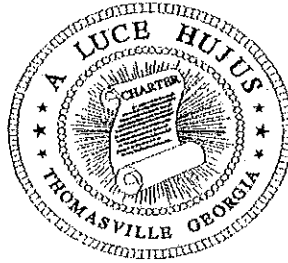
OFAC Check: PASS

DMF Check: PASS

[Back to Home](#)

2018

CITY OCCUPATION TAX POSTER



CITY OF THOMASVILLE
THOMAS COUNTY, GEORGIA

HOWARD FERTILIZER & CHEMICAL
323 INDUSTRIAL BLVD THOMASVILLE, GA

HAS BEEN REGISTERED BY THE CITY OF THOMASVILLE
AS HAVING PAID THE CITY OCCUPATION TAX
ON THE FOLLOWING BUSINESS:

GENERAL WAREHOUSE & STORAGE

FOR THE YEAR 2018
AND IS HEREBY FURNISHED THIS OCCUPATION TAX POSTER

CITY OF THOMASVILLE
OFFICE OF THE
TAX COORDINATOR



CERTIFICATE OF LIABILITY INSURANCE

3/31/2019

DATE (MM/DD/YYYY)

5/9/2018

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).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600		CONTACT NAME: PHONE: (A/C, No, Ext): E-MAIL: ADDRESS:		FAX (A/C, No):	
INSURED 1425231 Howard Fertilizer & Chemical Company, Inc. 8306 S. Orange Avenue Orlando FL 32809-7853		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Aspen Specialty Insurance Company			10717
		INSURER B: Starr Indemnity & Liability Company			38318
		INSURER C: *** SEE ATTACHMENT ***			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 15368021 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Legal Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	ERAH84V18	3/31/2018	3/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	1000198907171	3/31/2018	3/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N	N	EXAH84W18	3/31/2018	3/31/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ XXXXXXXX
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	100000272701	3/31/2018	3/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Contractors Equipment:	N	N	UM00022694MA17A	3/31/2018	3/31/2019	Any/All Leased: \$300K Aggregate Rented/Borrowed Equipment: \$100K/Any One Item

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Auto Physical Damage Comp/Collision Deductibles: \$2,000 / \$2,000.

CERTIFICATE HOLDER

15368021
The City of Columbus
Purchasing Division
PO Box 1340
Columbus GA 31902-1340

CANCELLATION See Attachment

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

EXHIBIT C

*Agricultural Chemicals
(Annual Contract)*

*Howard Fertilizer and Chemical Company, Inc.
Submission*

FORM A

BIDDER'S RESPONSE PAGE

AGRICULTURAL CHEMICALS

(ANNUAL CONTRACT)

RFB NO. 18-0046

PARK SERVICES

Bidder will provide the following services:

Turf Specialist/Consultant with technical experience in applying chemical/liquid fertilizer.

Yes ☒ No ☐

Turf Specialist will provide on-going follow up service and technical advice, to include the following:

A. In-service training of Columbus Parks & Recreation staff

Yes ☒ No ☐

B. Take soil samples

Yes ☒ No ☐

C. Compete laboratory analysis of soil sample

Yes ☒ No ☐

D. Present soil analysis as specified under vendor requirements

Yes ☒ No ☐

E. Formulation of fertilizer requirement for each field

Yes ☒ No ☐

Provide proper settings/calibrations for Parks & Recreation Power

F. Caddy Equipment for each fertilizer product

Yes ☒ No ☐

G. Provide at least six (6) on-site inspections per year as requested

Yes ☒ No ☐

Vendor Name: HOWARD FERTILIZER + CHEMICAL

FORM E

BID FORM AGRICULTURAL CHEMICALS (ANNUAL CONTRACT) RFB NO. 18-0046

IMPORTANT INFORMATION:

PLEASE SUBMIT ONE ORIGINAL AND ONE IDENTICAL COPY OF EACH BID

By signing this Bid Form, the authorized representative understands the City reserves the right to request any omitted information, **WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE**. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information, to *exclude E-Verify*. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete". Use the following check-list to verify the items are included in sealed bid:

☐ Bid Form ☐ Bidder's Qualifications ☐ Proof of Insurance ☐ E-Verify ☐ Material Safety Data Sheets

☐ Contract Signature Page ☐ Addenda

Initial below to acknowledge receipt of the following addenda (if any):

Addendum No. 1 ✓ Addendum No. 2 Addendum No. 3

AGRICULTURAL CHEMICALS PARK SERVICES REQUIREMENTS; RFB No. 18-0046 Vendors are requested to enter the Unit Size per item.

Vendor Name: HOWARD FERTILIZER + CHEMICAL

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide or Equivalent	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56% Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals	<u>6AL</u>	<u>\$23.00</u>	<u>\$ 11,500</u>

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: HOWARD FERTILIZER & CHEMICAL

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
2.	Three-Way Ester II or Equivalent	Isooctyl (2-ethylhexyl) Ester of 2-Methyl-4-Chlorophenoxyacetic Acid*56.14% Butoxyethanol Ester of 3,5,6-Trichloro-2-Pyridinyloxyacetic Acid**5.00% Dicamba (3,6-Dichloro-o-Anisic Acid)***3.60%	30 Cs	6AL	\$63.80	\$9,570
3.	Chelated Iron Plus 12-0-0 or Equivalent	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals	6AL	\$7.69	\$ 38.45
4.	Pellitized Lime or Equivalent		120 Bags	40lb.	\$4.83	\$ 579.60
5.	Revolver or Equivalent	Foramsulfuron.....2.34%	30 Cs	87oz	\$577	\$ 69,240
6.	Pre-m 0.86% 0-0-7 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags	50H	\$12.12	\$ 8,484.00
7.	Pre-m 3.3 EC 0.86% 0-0-7 or Equivalent	Pendimethalin..... 37.4% Liquid	100 Gal	6AL	\$34.78	\$ 3,478
8.	Pre-m 0.86% 25-2-5 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags	50H	\$15.24	\$ 10,668.00
9.	24-2-11 or Equivalent	Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags	50H	\$13.74	\$ 16,488.00
10.	18-24-12 or Equivalent	25% poly plus sulfur coated urea	20 Bags	50H	\$13.53	\$ 270.60
11.	20-1-5 or Equivalent	Organic Fertilizer	20 Bags	50H	\$8.89	\$ 177.80

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: HOWARD FERTILIZER & CHEMICAL

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
23.	Rodeo or Equivalent	Glyphosate (for aquatic vegetation)	200 Gals	6AL	\$50.78	\$ 10,156.00
24.	Roundup Quick Pro or Equivalent	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals	6.816	\$61.92	\$ 12,384.00
25.	Lescro-Fate or Equivalent	Acephate 75.0%	5 Lbs	1b.	6.99	\$ 34.95
26.	UP-Star Gold or Equivalent	Bifenthrin 7.9%	50 Gals	6AL	\$28.50	\$ 1,425.00
27.	Headline or Equivalent	Pyraclostrobin 23.6%	2 Gals	6AL	\$394	\$ 788
28.	Dimension Ultra or Equivalent	Dithiopyr 40%	200 Oz	0Z.	\$3.13	\$ 626.00
29.	Trimec 992 or Equivalent	2, 4-D 30.56%; MCPP 8.17%; Dicamba 2.77%	500 Gals	6AL	\$23	\$ 11,500
30.	Manor 60DF or Equivalent	Metasulfuron 60.0%	50 Oz	0Z.	4.47	\$ 223.50
31.	Sedge Hammer or Equivalent	Halosulfuron-Methyl 75.0%	80 Oz	1.33oz	72.53	\$ 4,362.70
32.	Monument 75WG or Equivalent	Trifloxysulfuron-sodium 75.0%	20 Oz	25,	220	\$ 5,016
33.	Drive 75DF or Equivalent	Quinclorac 75%	100 lbs	1b.	46.94	\$ 4,694

AGRICULTURAL CHEMICALS
PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: HOWARD FERTILIZER & CHEMICAL

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals	6AL	23	\$ 11,500.00
2.	Chelated Iron Plus 12-0-0	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals	6AL	7.69	\$ 38.45
3.	Induce		50 Gals	6AL	21.58	\$ 1,079
4.	Herbicide, Three-Way Ester II		30 Cs	6AL	63.80	\$ 9,570
5.	Herbicide, Revolver		30 Cs	87oz	577	\$ 69,240
6.	Fertilizer, Lime Pelletized		120 Bags	40#	4.83	\$ 579.6
7.	Fertilizer, Mulch 70/30		80 Bags		N/A	\$
8.	Target 6.6 (MSMA)	Monosodium Acid Methanearsonate (MSMA) 51.0%	10 Gals	6AL	24.99	\$ 249.90
9.	24-2-11	Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags	50#	13.74	\$ 16,488
10.	Pre-m 0.86% 0-0-7	Pendimethalin 0.86% Fertilizer	700 Bags	50#	12.12	\$ 8,484
11.	Pre-m 0.86% 25-2-5	Pendimethalin 0.86%	700 Bags	50#	15.24	\$ 10,668

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. Box 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, Fax 706-225-3033
BidLine 706-653-4536
www.columbusga.org

April 20, 2018

ADDENDUM NO. 1
Agricultural Chemicals (Annual Contract)
RFB No. 18-0046

Proposals should include acknowledgement of receipt for all Addenda:

Authorized Initials: AR

Firm: HOWARD FERTILIZER + CHEMICAL

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

I. DUE DATE EXTENSION

The due date is extended; sealed bids are due no later than 2:30 PM on Wednesday, May 16, 2018.

II. ACKNOWLEDGEMENT

Indicate that your company has received this Addendum in the appropriate areas and include with sealed Bid. **Failure to acknowledge receipt of this addendum may render your Bid "Incomplete".**

Andrea J. McCorvey
Purchasing Manager

EXHIBIT D

*Agricultural Chemicals
(Annual Contract)*

*Howard Fertilizer and Chemical Company, Inc.
Clarification Documents*

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT

PURCHASING DIVISION

100 TENTH STREET, P. O. Box 1340
COLUMBUS, GEORGIA 31902-1340
706.225-4087, FAX 706.225.3033
BIDLINE 706.653.4536
www.columbusga.org

July 25, 2018

Mr. Pat Irwin
Howard Fertilizer and Chemical
323 Industrial Blvd.
Thomasville, GA 31792

Re: RFB No. 18-0046 – Agricultural Chemicals (Annual Contract)

Dear Mr. Irwin:

Thank you for your submittal in response to the referenced Request for Bids. During analysis of the bid responses, the Purchasing Division perceived inconsistencies among vendor responses, which have caused a delay to the evaluation and recommendation process. To ensure the user-Department(s) make fair, comparative and cost-effective choices, vendors are required to provide pricing in accordance with the unit of measure specified in the bid. The unit pricing provided by your company for the items shown below did not meet the unit of measure specifications. Therefore, complete the **Per Specified Unit of Measure** column in the table below to provide updated pricing as specified. *(Please note: The pricing must still equate to the extended cost already bid, new pricing will not be accepted.)*

PARKS & RECREATION					
No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	Per Specified Unit of Measure
2.	Three-Way Ester II or Equivalent	30 cs	63.80/gal	9,570.00	\$ (case)
5.	Revolver or Equivalent	30 cs	577.00/87 oz	69,240.00	\$ (case)

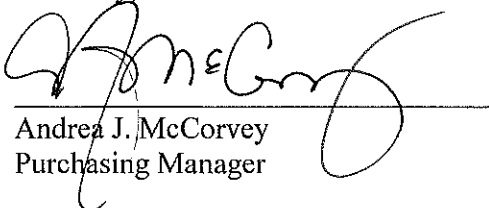
Vendor Signature

Print name of signatory

Date

Your written response is requested no later than 5:00 PM on Friday, July 27, 2018. Please forward your response to the attention of Heather Scheuttig at email hscheuttig@columbusga.org or fax number 706.225.3033.

Sincerely,


Andrea J. McCorvey
Purchasing Manager

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT

PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706.225-4087, FAX 706.225.3033
BIDLINE 706.663.4536
www.columbusga.org

July 25, 2018


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Howard Fertilizer and Chemical
323 Industrial Blvd.
Thomasville, GA 31792

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PARKS & RECREATION					
No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	Per Specified Unit of Measure
2.	Three-Way Ester II or Equivalent	30 cs	63.80/gal	9,570.00	\$ 319.00 (case)
5.	Revolver or Equivalent	30 cs	577.00/87 oz	69,240.00	\$ 2,308.00 (case)

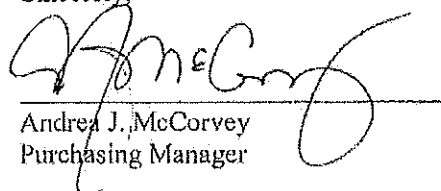

Vendor Signature

PAT IRWIN
Print name of signatory

7-27-18
Date

Your written response is requested no later than 5:00 PM on Friday, July 27, 2018. Please forward your response to the attention of Heather Scheuttig at email hscheuttig@columbusga.org or fax number 706.225.3033.

Sincerely,


Andrea J. McCorvey
Purchasing Manager

COLUMBUS CONSOLIDATED GOVERNMENT

CONTRACT ROUTING MEMORANDUM

DATE: September 13, 2018

SUBJECT: Agricultural Chemicals (Annual Contract) – RFP No. 18-0046

FROM: Heather Scheuttig, Purchasing Division

Please route for appropriate signatures the two (2) copies of the attached contract with SiteOne Landscape Supply. The firm will supply agricultural chemicals on an "as needed" basis.

The initial term of this contract shall be for two years with the option to renew for three additional twelve-month periods. Contract renewal shall be contingent upon the mutual agreement of the City and the Contractor.

Funds are budgeted each fiscal year for this ongoing expense: General Fund – Parks & Recreation – Park Services – Horticulture/Landscaping Supplies, 0101-270-2100-PSRV-6727; General Fund – Parks & Recreation – Park Services – Grounds Maintenance, 0101-270-2100-PSRV-6576. Public Works has budgeted \$217,690.00 for this ongoing expense: Sewer Fund – Public Works–Sewer Maintenance – Horticulture/ Landscaping Supplies, 0202-260-3210-SRW-6727; Paving Fund – Public Works – Right of Way Maintenance – Horticulture/Landscaping Supplies, 0203-260-3120-ROW-6727.

Council authorized this contract per Resolution No. 318-18; dated August 28, 2018 (copy is attached).

Signatories	Signatures Required (No initials please)	Date
Purchasing Division Manager Signature of Approval		9/13/18
City Attorney: Signature required on Contracts	Form Approved: Cef, City Attorney	9/17/18
City Manager: Signature required on Contracts		9/22/18
Clerk of Council: Dep. Signature Required on Contracts & Attest/Seal		9/24/18
Buyer: Process / Distribute		9/24/18

After all signatures have been applied, please contact Purchasing Division (ext - 3071) for distribution.

CONTRACT

THIS CONTRACT, executed this 22nd day of September 2018, by and between the **Consolidated Government of Columbus, Georgia**, hereinafter called the "City", and **SiteOne Landscape Supply**, hereinafter called the "Contractor"

WITNESSETH:

That in consideration of the mutual covenants, obligations, and terms set-forth in the attached proposal and specifications, the parties hereby agree as follows:

1. That the Contractor met all proposal requirements and was evaluated responsive for providing **Agricultural Chemicals (Annual Contract)**, per **RFB No. 18-0046**, and was awarded the Contract by Columbus City Council on Tuesday, August 28, 2018, Resolution No. 318-18, for the initial term of two years, with the option to renew for three (3) additional twelve-month periods, for furnishing the same in accordance with the specifications prepared by the City and the submittal of the Contractor.
2. The Contractor will, at its own cost and expense, furnish all labor, materials, and equipment required to be furnished, provide all related services required, and meet all other requirements or conditions imposed, all strictly in accordance with the City's Business Requirements, the City's Request for Bids, dated April 13, 2018 (and all addenda thereto), the Contractor's submittal dated May 16, 2018 and the bid clarification documents which are attached hereto as exhibits "A", "B", "C" and "D" respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.
3. On the faithful performance of this Contract by the Contractor, the City will pay the Contractor in accordance with the terms and on the conditions stated in this Contract and the exhibits attached to and by reference made a part hereof.

A RESOLUTION

NO. 318 - 18

"ITEM E"

C.M. 08-28-18(4)(E)
318-18

A RESOLUTION AUTHORIZING THE PURCHASE OF AGRICULTURAL CHEMICALS FROM HELENA CHEMICAL COMPANY (SUWANEE, GA), HOWARD FERTILIZER AND CHEMICAL (THOMASVILLE, GA), DELTA LANDSCAPE SUPPLY (NORCROSS, GA), AND SITE ONE LANDSCAPE (CLEVELAND, OH) ON AN "AS NEEDED" BASIS FOR THE ESTIMATED COMBINED ANNUAL CONTRACT VALUE OF \$ 408,023.45.

WHEREAS, the contractors will provide agricultural chemicals to be used by Parks and Recreation to maintain athletic turf and Public Works to maintain City right of ways; and,

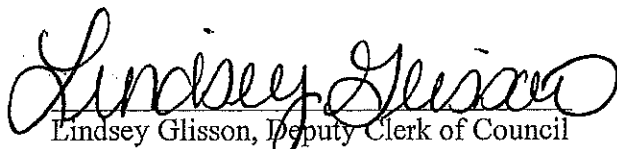
WHEREAS, the contract term shall be for two (2) years, with the option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor(s).

NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA HEREBY RESOLVES AS FOLLOWS:

That the City Manager is hereby authorized to purchase agricultural chemicals from Helena Chemical Company (Suwanee, GA), Howard Fertilizer and Chemical (Thomasville, GA), Delta Landscape Supply (Norcross, GA), and Site One Landscape (Cleveland, OH) for the estimated combined annual contract value of \$408,023.45. Parks and Recreation has budgeted \$64,000.00 each fiscal year for this ongoing expense: General Fund – Parks & Recreation – Park Services – Horticulture/Landscaping Supplies, 0101-270-2100-PSRV-6727; General Fund – Parks & Recreation – Park Services – Grounds Maintenance, 0101-270-2100-PSRV-6576. Public Works has budgeted \$217,690.00 for this ongoing expense: Sewer Fund – Public Works–Sewer Maintenance – Horticulture/ Landscaping Supplies, 0202-260-3210-SRWM-6727; Paving Fund – Public Works – Right of Way Maintenance – Horticulture/Landscaping Supplies, 0203-260-3120-ROWM-6727.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 28th day of August 2018 and adopted at said meeting by the affirmative vote of nine members of said Council.

Councilor Allen voting	<u>YES</u>
Councilor Baker voting	<u>YES</u>
Councilor Barnes voting	<u>YES</u>
Councilor Davis voting	<u>ABSENT</u>
Councilor Garrett voting	<u>YES</u>
Councilor House voting	<u>YES</u>
Councilor Huff voting	<u>YES</u>
Councilor Thomas voting	<u>YES</u>
Councilor Turner Pugh voting	<u>YES</u>
Councilor Woodson voting	<u>YES</u>


Lindsey Glisson, Deputy Clerk of Council


Teresa Pike Tomlinson, Mayor

FORM F

CONTRACT SIGNATURE PAGE AGRICULTURAL CHEMICALS (ANNUAL CONTRACT) RFB No. 18-0046

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Columbus Consolidated Government.

Witness as to the signing of the contract

Witness as to the signing of the contract

(Corporate seal, if applicable)
2001

Company Ordering Address

SiteOne Landscape Supply
1385 East 36th Street
Cleveland, Ohio 44114

Contact: Bid Dept.

Contact Email bids@SiteOne.com

Telephone 800-321-5325 Fax 218-581-1433

By:

Signature of Authorized Representative

Date

Molly M. Vorous, Senior Bid Rep.
Print Name and Title of Signatory

Company: SiteOne Landscape Supply

Company Payment Address

24110 Network Pl.

Chicago IL 60673-1241

Contact: Accounts Receivable

Contact Email AccountsReceivable@SiteOne.com

Telephone 218-588-2100 Fax

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this 24th day of September 2018

APPROVED AS TO LEGAL FORM:

Isiah Hugley, City Manager

Clifton C. Fay, City Attorney

ATTEST:

Deputy Clerk of Council Lindsey Glisson

EXECUTION AUTHORIZED

By Resolution No. 318-18

COMPLETE AND RETURN THIS PAGE WITH SEALED RESPONSE

EXHIBIT A

*Columbus Consolidated Government
Agricultural Chemicals
(Annual Contract)
Business Requirements*

RFB No. 18-0046

Occupation Tax

City of Columbus, Georgia

Date Issued: May 30, 2018
Expires: December 31, 2018
Renew by: April 1, 2019

License #: 164940
Business Address:

SITEONE LANDSCAPE SUPPLY
TAUNTON, ROBERT SEAN
1324 CONCORD BOULEVARD
COLUMBUS, GA 31904

Business Name:

SITEONE LANDSCAPE SUPPLY

Type of Occupation:

LANDSCAPE SUPPLIES

Allowed Activities:

042299 DOM LANDSCAPE SUPPLIES
042299 OTHER MISC NONDURABLE GOODS
000001 WHOLESALERS
000001 ADMINISTRATIVE FEE

Fee Type	Revenue Code	Fee Amount
Administrative Fee	4140	\$75.00

C.O. #: CO-03-16-2152

Account #: 14336

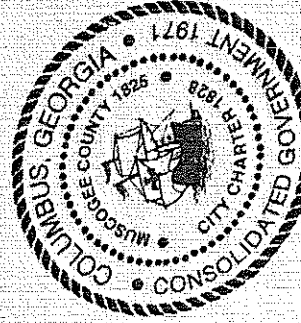
Mailing Address:

SITEONE LANDSCAPE SUPPLY
ATTN: PAM PENDRICK
650 STEPHENSON HIGHWAY
TROY, MI 48063

PAID

MAY 30 2018

Occupation Tax
Columbus Consolidated Government



Angelica Alexander

FINANCE DIRECTOR

The above named having in accordance with the ordinance of Columbus, Georgia paid to the treasurer of said city the amounts shown above on this license, is hereby authorized to conduct the business stated above at the address outlined above in said city, provided however, that this license is granted subject to all provisions of the general tax ordinance of said city.

FORM C

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE" Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

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 engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

760915
Company ID Number (numerical, 4-7 digits) Date of Authorization
**See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.

3/5/14
Date of Authorization
SiteOne Landscape Supply

See attached

Name of Contractor

Agricultural Chemicals (Annual Contract); RFB No. 18-0046
Name of Project

Columbus Consolidated Government
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 9, 16, 2018 in Cleveland (city), OH (state).

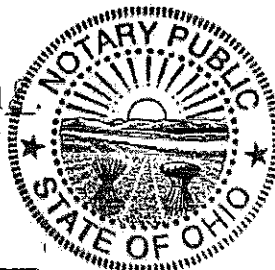
[Signature]
Signature of Authorized Officer or Agent

Keith O. McGinty, DIRECTOR
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 13th DAY OF September, 2018

Rosalin Santiago
NOTARY PUBLIC
My Commission Expires: 12-25-19
ROSALIN SANTIAGO
Notary Public - State of Ohio
Recorded in Cuyahoga County



A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. SiteOne Landscape Supply, LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ C Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 1385 East 36th Street	Requester's name and address (optional)
6 City, state, and ZIP code Cleveland, OH 44114	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
OR								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Michael M. Krans*

Date ▶ *4/26/18*

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Search by TIN, Acct., or ID

Check for imported payees with non-matching TIN data and verify new payees

TIN Matching allows you to verify your Payee data against the IRS TIN Matching database to verify if you have the cor

Sovos can take care of your mismatched TINs & B-Notices

Sovos offers the ability to automatically mail the appropriate forms to your mismatched payees and request corrected information. The responses come directly to you, and the W-9/B-Notice solicitations are saved for your reference in File Manager. Depending on your subscription, additional fees may apply.

Print & Mail W-9 Solicitations

Print & Mail 8-Notices

The W9 Solicitation button has been disabled as you have already sent your solicitations.

Mismatched Records

TIN	Name
-----	------

Individual TIN Lookup

Verify individual Payee Social Security and Employer ID numbers.

Name: siteone

TIN:

Verify Payee

TIN Status: PASS

OFAC Check: PASS

DMF Check: PASS

Download .

[Back to Home](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/15/2018

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).

PRODUCER MARSH USA, INC. TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 Attn: Michelle.W.Robles@marsh.com -GAWU -17-18		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED SiteOne Landscape Supply, LLC 300 Colonial Center Parkway, Suite 600 Roswell, GA 30076		INSURER(S) AFFORDING COVERAGE INSURER A: ACE American Insurance Company INSURER B: Market American Insurance Co. INSURER C: ACE Fire Underwriters Insurance Company INSURER D: Indemnity Ins Co Of North America INSURER E: INSURER F:
NAIC # 22667 28932 20702 43575		

COVERAGES **CERTIFICATE NUMBER:** 06-004784760-04 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		HDOG46769405	12/23/17	12/23/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible: \$ 100,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		ISAH25155518	12/23/17	12/23/18	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		MKLM6MM70000033	12/23/17	12/23/18	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WLRC64781558 (AOS) SCFC64781583 - WI WLRC64781546 CA & MA	12/23/17 12/23/17 12/23/17	12/23/18 12/23/18 12/23/18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: RFB 15-0031, Landscape Materials Columbus Consolidated Government is an Additional Insured with respect to the General Liability coverage and Auto Liability as required by written contract, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER

Columbus Consolidated Government
100 10th St.
Columbus, GA 31902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Stanton Reid

Issued By: Molly Vorous

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ACORD 25 (2016/03)

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EXHIBIT C

*Agricultural Chemicals
(Annual Contract)*

*SiteOne Landscape Supply
Submission*

FORM A

BIDDER'S RESPONSE PAGE

AGRIGULTURAL CHEMICALS

(ANNUAL CONTRACT)

RFB NO. 18-0046

PARK SERVICES

Bidder will provide the following services:

Turf Specialist/Consultant with technical experience in applying chemical/liquid fertilizer.

Yes ☒ No ☐

Turf Specialist will provide on-going follow up service and technical advice, to include the following:

- A. In-service training of Columbus Parks & Recreation staff
- B. Take soil samples
- C. Complete laboratory analysis of soil sample
- D. Present soil analysis as specified under vendor requirements
- E. Formulation of fertilizer requirement for each field
Provide proper settings/calibrations for Parks & Recreation Power
- F. Caddy Equipment for each fertilizer product
- G. Provide at least six (6) on-site inspections per year as requested

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☒ No ☐

Vendor Name: SiteOne Landscape Supply

BID FORM
AGRICULTURAL CHEMICALS
(ANNUAL CONTRACT)
RFB NO. 18-0046

IMPORTANT INFORMATION:

PLEASE SUBMIT ONE ORIGINAL AND ONE IDENTICAL COPY OF EACH BID

By signing this Bid Form, the authorized representative understands the City reserves the right to request any omitted information, **WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE**. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information, to **exclude E-Verify**. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete". Use the following check-list to verify the items are included in sealed bid:

- ☒ Bid Form ☒ Bidder's Qualifications ☒ Proof of Insurance ☒ E-Verify ☒ Material Safety Data Sheets
☒ Contract Signature Page ☒ Addenda

Initial below to acknowledge receipt of the following addenda (if any):

Addendum No. 1 Addendum No. 2 Addendum No. 3

AGRICULTURAL CHEMICALS PARK SERVICES REQUIREMENTS; RFB No. 18-0046 Vendors are requested to enter the Unit Size per item.						
Vendor Name: <u>SiteOne Landscape Supply</u>						
Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide or Equivalent	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals	2.5 gal / jug	\$57.90 / jug	\$ 11,580.00

AGRICULTURAL CHEMICALS

PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

SiteOne Landscape Supply

Vendor Name:

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
2.	Three-Way Ester II or Equivalent	Isocetyl (2-ethylhexyl) Ester of 2-Methyl-4-Chlorophenoxyacetic Acid*56.14% Butoxyethanol Ester of 3,5,6-Trichloro-2-Pyridinyloxyacetic Acid** 5.00% Dicamba (3,6-Dichloro-o-Anisic Acid)*** 3.60%	30 Cs	2.5 gal. jug X 2	\$373.68 / cs.	\$ 11,210.40
3.	Chelated Iron Plus 12-0-0 or Equivalent	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals	2.5 gal./jug	\$21.50 /jug	\$ 43.00
4.	Pellitized Lime or Equivalent		120 Bags	50 lb./bag	\$5 /bag	\$ 600.00
5.	Revolver or (Agency) Equivalent	Foramsulfuron.....2.34%	30 Cs	8.02 x 4 4/cs.	\$2,308 /cs.	\$ 69,240.00
6.	Pre-m 0.86% 0-0-7 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags	50 lb./bag	\$12.00 /bag	\$ 8,400.00
7.	Pre-m 3.3 EC 0.86% 0-0-7 or Equivalent	Pendimethalin..... 37.4% Liquid	100 Gal	2.5 gal./jug	\$75 /jug	\$ 3,000.00
8.	Pre-m 0.86% 25-2-5 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags	50 lb./bag	\$19.09 /bag	\$ 13,363.00
9.	24-2-11 or Equivalent	Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags	50 lb./bag	\$19.77 /bag	\$ 23,724.00
10.	18-24-12 or Equivalent	25% poly plus sulfur coated urea	20 Bags	50 lb./bag	\$18.82 /bag	\$ 376.40
11.	20-1-5 or Equivalent	Organic Fertilizer	20 Bags	40 lb./bag	\$12.25 /bag	\$ 245.00

AGRICULTURAL CHEMICALS

PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: _____

SiteOne Landscape Supply

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
12.	25-5-11 or Equivalent <i>15 to 28-2-3 25-1 PolyPlus</i>	Organic Fertilizer	1200 Bags	50 lb./bag	\$17.90/bag	\$ 21,480.00
13.	5-10-15 or Equivalent		120 Bags		NO BID	\$ —
14.	Dolimitic Lime or Equivalent		360 Bags	50 lb./bag	\$5/bag	\$1,800.00
15.	Garlon *3A or <i>Tahoe 3A</i> Equivalent	Triclopyr 44.4%	100 Gals	2.5 gal./jug	\$152.04/jug	\$ 6,081.60
16.	Manicure 6FL or Equivalent	Chlorothalonil 54.0%	25 Gals	2.5 gal./jug	\$116.63/jug	\$1,166.30
17.	Top Choice <i>(Agency)</i> Insecticide or Equivalent	Fipronil 0.0143%	100 Bags	50 lb./bag	\$125/bag	\$12,500.00
18.	Simazine 4L or Equivalent	Simazine 42.1%	5 Gals	2.5 gal./jug	\$71.64/jug	\$143.28
19.	Reward Landscape/ Aquatic herbicide or Equivalent <i>Tribune Diquet</i>	Diquat 37.3%	20 Gals	2.5 gal./jug	\$148.07/jug	\$1,184.56
20.	Spectacle				NO BID	\$ —
21.	Foam Marker	Foam 100%	15 Gals	1 gal.	\$35.50/gal.	\$532.50
22.	Primo Maxx or Equivalent <i>T-A-X PRG</i>	Trinexapac-ethyl 11.3%	20 Gals	2.5 gal./jug	\$391.58/jug	\$3,132.64

*Top Choice: Must purchase 20 bags or more on same invoice to get this price.
Lesser quantity price per bag is: \$137.50

AGRICULTURAL CHEMICALS

PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

SiteOne Landscape Supply

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
23.	<i>Aquanaert</i> Rodeo or Equivalent	Glyphosate (for aquatic vegetation)	200 Gals	2.5gal./jug	\$77.66/jug	\$6,212.80
24.	Roundup Quick Pro or Equivalent	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals	6.8lb./jug	\$85.26/jug	\$6,820.80/80jug
25.	Lesco-Fate or <i>Acophate Pro 97UP</i> Equivalent	Accephate 75.0%	5 Lbs	1lb.	\$17.67/lb.	\$88.35
26.	UP-Star Gold or <i>Lesco Droscheit Plus</i> Equivalent	Bifenthrin 7.9%	50 Gals	1gal.	\$39.44/gal.	\$1,972.00
27.	<i>Insiania SC Intrinsic</i> Headline or <i>(Agency)</i> Equivalent	Pyraclostrobin 23.6%	2 Gals	2.5gal./jug	\$2897.50/jug	\$2,897.50/jug
28.	Dimension Ultra or Equivalent	Dithiopyr 40%	200 Oz	5oz./8/ea.	\$126.25/ea.	\$631.25
29.	Trimec 992 or <i>Lesco 3-Way Selective</i> Equivalent	2,4-D 30.56%; MCPP 8.17%; Dicamba 2.77%	500 Gals	2.5gal./jug	\$57.90/jug	\$11,580.00
30.	Manor 60DF or <i>MSM Turf 60DF</i> Equivalent	Metasulfuron 60.0%	50 Oz	8oz./ea.	\$47.20/ea.	\$330.40/56oz.
31.	Sedge Hammer or Equivalent	Halosulfuron-Methyl 75.0%	80 Oz	1.33oz./gal.	\$76.89/gal.	\$4,613.40/60btl.
32.	Monument 75WG or <i>(Agency)</i> Equivalent	Trifloxysulfuron-sodium 75.0%	20 Oz	25gram Box	\$220/box	\$5,000/60boxes
33.	Drive 75DF or <i>(Agency)</i> Equivalent	Quinclorac 75%	100 lbs	1lb.	\$39.90/lb.	\$3,990.00
	<i>Lesco Quin-Way 75 DF</i>					

AGRICULTURAL CHEMICALS

PARK SERVICES REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: SiteOne Landscape Supply

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
34.	Celsius WG (Agency)	Thiencarbazon-methyl8.7% Iodosulfuron-methyl-s.....1.9% Dicamba 57.4%	100 lbs	10 oz./ea.	\$100/ea.	\$16,000.00
35.	Crosscheck Plus	Bifenthrin 7.9%	300 bags	25 lb./bag	\$14.31/bag	\$4,293.00
36.	Liquid Iron		50 Gals	2.5 gal./jug	\$21.50/jug	\$430.00
37.	Spread Sticker/ Surfactant Surf-Aid 820		20 Gals	2.5 gal./jug	\$32.84/jug	\$262.88
38.	Spray Tank Cleaner Legend Tank Cleaner		50 Gals	2 lb./ea.	\$8.72/ea.	\$218.50/lbs.
39.	Sevin 4F or Equivalent	Carbaryl 43.0%	300 Gals	2.5 gal./jug	\$115/jug	\$13,800.00
40.	G-Pro 2.32% or Chlorpyrifos 4E	Chlorpyrifos 2.32% (Labeled for Recreational Areas)	80 Bags	2.5 gal./jug	\$169.15/jug	\$169.15/jug
41.	Spray Dye, Tracker Blue 2.5 Gal		100 Gals	2.5 gal./jug	\$100.50/jug	\$2,420.00
PARK SERVICES GRAND TOTAL						\$272,012.21

AGRICULTURAL CHEMICALS

PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

SiteOne Landscape Supply

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals	2.5 gal / jug	\$57.90 / jug	\$11,580.00
2.	Chelated Iron Plus 12-0-0	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals	2.5 gal / jug	\$21.50 / jug	\$43.75
3.	Induce Herbicide, Three-Way Ester II		50 Gals	1 qt.	\$16.09 / qt.	\$3,218.00
4.			30 Cs	2.5 gal X 2 / cs.	\$373.68 / cs.	\$11,210.40
5.	Herbicide, Revolver		30 Cs	8702 X 4 / cs.	\$2,308 / cs.	\$69,240.00
6.	Fertilizer, Lime Pellitized		120 Bags	50 lb. / bag	\$5 / bag	\$600.00
7.	Fertilizer, Mulch 70/30		80 Bags	50 lb. / bag	\$17.67 / bag	\$1,413.60
8.	Target 6.6 (MSMA)	MSMA 6 Plus Monosodium Acid Methanearsonate (MSMA) 51.0%	10 Gals	2.5 gal / jug	\$97.08 / jug	\$988.32
9.	24-2-11	Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags	50 lb. / bag	\$19.77 / bag	\$23,724.00
10.	Pre-m 0.86% 0-0-7	Pendimethalin 0.86% Fertilizer	700 Bags	50 lb. / bag	\$12.60 / bag	\$8,820.00
11.	Pre-m 0.86% 25-2-5	Pendimethalin 0.86%	700 Bags	50 lb. / bag	\$14.04 / bag	\$13,363.00

AGRICULTURAL CHEMICALS

PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046

Vendors are requested to enter the Unit Size per item.

Vendor Name: SiteOne Landscape Supply

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
12.	Roundup Quick Pro	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals	6.8 lb./jug	\$85.24/jug	\$16,820.80 / 80 jugs
13.	Rodeo Pollutant	Glyphosate (for aquatic vegetation)	200 Gals	2.5 gal./jug	\$77.66/jug	\$15,532.00
14.	Fertilizer, 13-13-13		120 Bags	50 lb./bag	\$13.26/bag	\$1,591.20
15.	Trimec 992 Le50 3-Way Selective	2, 4-D 30.56%; MCPP 8.17%; Dicamba 2.77%	500 Gals	2.5 gal./jug	\$57.96/jug	\$28,980.00
16.	Spreader Sticker/ Surfactant Surf-AC 820		20 Gals	2.5 gal./jug	\$32.84/jug	\$656.80
17.	Aquatic Adjuvant Non- Ionic Surfactant Applied Bio Aquatic Surfactant		200 Gals	1 qt.	\$16.09/qt	\$3,218.00

PUBLIC WORKS GRAND TOTAL

\$182,940.00

TOTAL BID

\$454,952.21

VENDOR NAME & SIGNATURE:

SiteOne Landscape Supply

Wally M. Varona

If certified as a DBE or WBE, list the certifying agency: N/A

*** **COMPLETE THESE PAGES AND RETURN WITH BID** ***

Agricultural Chemicals

Page 34 of 36

RFB No. 18-0046

FORM B**SOLICITATION ID: RFB NO. 18-0046****AGRICULTURAL CHEMICALS****(ANNUAL CONTRACT)****INSURANCE CHECKLIST****CERTIFICATE OF INSURANCE MUST SHOW ALL
COVERAGE AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	STATUTORY REQUIREMENTS	See Attached ✓
	Comprehensive General Liability:		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	✓
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	✓
X	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	✓
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	✓
	Automobile Liability:		
X	7. Owned/Hired/Non-Owned Vehicles/ Employer non-ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	✓
	Other:		
	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
X	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	✓

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
	14. Medical Malpractice	\$1 Million per occurrence/claim	
	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		✓
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		✓
X	24. The City shall be named Additional Insured on all policies		✓
X	25. Certificate of Insurance shall show Bid Number and Bid Title		✓
	26. Pollution:	\$2 Million per occurrence/claim	

*If offeror's employees will be using their privately-owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements and provide the required Certificate(s).

BIDDER NAME: SiteOne Landscape Supply

AUTH. SIGNATURE: Molly M. Voron

*****COMPLETE THIS PAGE AND RETURN WITH BID*****

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, Fax 706-225-3033
BidLine 706-653-4536
www.columbusga.org

April 20, 2018

ADDENDUM NO. 1
Agricultural Chemicals (Annual Contract)
RFB No. 18-0046

Proposals should include acknowledgement of receipt for all Addenda:

Authorized Initials: [Signature]

Firm: SiteOne Landscape Supply

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

I. DUE DATE EXTENSION

The due date is extended; sealed bids are due no later than 2:30 PM on Wednesday, May 16, 2018.

II. ACKNOWLEDGEMENT

Indicate that your company has received this Addendum in the appropriate areas and include with sealed Bid. **Failure to acknowledge receipt of this addendum may render your Bid "Incomplete".**

Andrea J. McCorvey
Purchasing Manager

EXHIBIT D

*Agricultural Chemicals
(Annual Contract)*

*SiteOne Landscape Supply
Clarification Documents*

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT

PURCHASING DIVISION

100 TENTH STREET, P. O. Box 1340
COLUMBUS, GEORGIA 31902-1340
706.225-4087, FAX 706.225.3033
BIDLINE 706.653.4536
www.columbusga.org

July 25, 2018

Ms. Molly Vorous
SiteOne Landscape Supply
1385 East 36th Street
Cleveland, OH 44114

Re: RFB No. 18-0046 – Agricultural Chemicals (Annual Contract)

Dear Ms. Vorous:

Thank you for your submittal in response to the referenced Request for Bids. During analysis of the bid responses, the Purchasing Division perceived inconsistencies among vendor responses, which have caused a delay to the evaluation and recommendation process. To ensure the user-Department(s) make fair, comparative and cost-effective choices, vendors are required to provide pricing in accordance with the unit of measure specified in the bid. The unit pricing provided by your company for the items shown below did not meet the unit of measure specifications. Therefore, complete the **Per Specified Unit of Measure** column in the table below to provide updated pricing as specified. *(Please note: The pricing must still equate to the extended cost already bid, new pricing will not be accepted.)*

PARKS & RECREATION					
No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	Per Specified Unit of Measure
1.	Three Way Selective Herbicide or Equivalent	500 Gals	57.90/jug	11,580.00	\$ (gallon)
3.	Chelated Iron Plus 12-0-0 or Equivalent	5 Gals	21.50/jug	43.00	\$ (gallon)
7.	Pre-m 3.3 EC 0.86% 0-0-7 or Equivalent	100 Gal	75.00/jug	3,000.00	\$ (gallon)
15.	Garlon *3A or Equivalent	100 Gals	152.04/jug	6,081.60	\$ (gallon)
16.	Manicure 6FL or Equivalent	25 Gals	116.63/jug	1,16.30	\$ (gallon)
18.	Simazine 4L or Equivalent	5 Gals	71.64/jug	143.28	\$ (gallon)
19.	Reward Landscape/ Aquatic herbicide or Equivalent	20 Gals	148.07/jug	1,184.56	\$ (gallon)
22.	Primo Maxx or Equivalent	20 Gals	391.58/jug	3,132.64	\$ (gallon)

PARKS & RECREATION

No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	<i>Per Specified Unit of Measure</i>
23.	Rodeo or Equivalent	200 Gals	77.66/jug	6,212.80	\$ (gallon)
27.	Headline or Equivalent	2 Gals	2,897.50/jug	2,897.50	\$ (gallon)
28.	Dimension Ultra or Equivalent	200 Oz	126.25/ea	631.25	\$ (ounce)
29.	Trimec 992 or Equivalent	500 Gals	57.90/jug	11,580.00	\$ (gallon)
30.	Manor 60DF or Equivalent	50 Oz	47.20/ea	330.40	\$ (ounce)
36.	Liquid Iron	50 Gals	21.50/jug	460.00	\$ (gallon)
37.	Spreader Sticker/Surfactant	20 Gals	32.86/jug	262.88	\$ (gallon)
39.	Sevin 4F or Equivalent	300 Gals	115.00/jug	13,800.00	\$ (gallon)
41.	Spray Dye, Tracker Blue 2.5 Gal	100 Gals	60.50/jug	2,420.00	\$ (gallon)

PUBLIC WORKS

No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	<i>Per Specified Unit of Measure</i>
3.	Induce	50 Gals	16.09/qt	3,218.00	\$ (gallon)
8.	Target 6.6 (MSMA)	10 Gals	97.08/jug	388.32	\$ (gallon)
16.	Spreader Sticker/Surfactant	20 Gals	32.86/jug	262.88	\$ (gallon)
17.	Aquatic Adjuvant Non-Ionic Surfactant	200 Gals	16.09/qt	12,872.00	\$ (gallon)

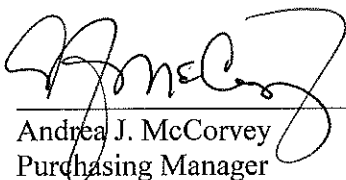
Vendor Signature

Print name of signatory

Date

Your written response is requested no later than 5:00 PM on Friday, July 27, 2018. Please forward your response to the attention of Heather Scheuttig at email hscheuttig@columbusga.org or fax number 706.225.3033.

Sincerely,



Andrea J. McCorvey
Purchasing Manager

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706.225-4087, FAX 706.225.3033
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July 25, 2018

Ms. Molly Vorous
SiteOne Landscape Supply
1385 East 36th Street
Cleveland, OH 44114

Re: RFB No. 18-0046 – Agricultural Chemicals (Annual Contract)


Dear Ms. Vorous:

Thank you for your submittal in response to the referenced Request for Bids. During analysis of the bid responses, the Purchasing Division perceived inconsistencies among vendor responses, which have caused a delay to the evaluation and recommendation process. To ensure the user-Department(s) make fair, comparative and cost-effective choices, vendors are required to provide pricing in accordance with the unit of measure specified in the bid. The unit pricing provided by your company for the items shown below did not meet the unit of measure specifications. Therefore, complete the Per Specified Unit of Measure column in the table below to provide updated pricing as specified. *(Please note: The pricing must still equate to the extended cost already bid, new pricing will not be accepted.)*

PARKS & RECREATION					
No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	Per Specified Unit of Measure
1.	Three Way Selective Herbicide or Equivalent	500 Gals	57.90/jug	11,580.00	\$ 23.16 (gallon)
3.	Chelated Iron Plus 12-0-0 or Equivalent	5 Gals	21.50/jug	43.00	\$ 8.60 (gallon)
7.	Pre-m 3.3 EC 0.86% 0-0-7 or Equivalent	100 Gal	75.00/jug	3,000.00	\$ 30.00 (gallon)
15.	Garlon *3A or Equivalent	100 Gals	152.04/jug	6,081.60	\$ 60.816 (gallon)
16.	Manicure 6FL or Equivalent	25 Gals	116.63/jug	1,16.30	\$ 46.652 (gallon)
18.	Simazine 4L or Equivalent	5 Gals	71.64/jug	143.28	\$ 28.656 (gallon)
19.	Reward Landscape/ Aquatic herbicide or Equivalent	20 Gals	148.07/jug	1,184.56	\$ 59.228 (gallon)
22.	Primo Maxx or Equivalent	20 Gals	391.58/jug	3,132.64	\$ 156.632 (gallon)

PARKS & RECREATION					
No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	Per Specified Unit of Measure
23.	Rodeo or Equivalent	200 Gals	77.66/jug	6,212.80	\$ 31.064 (gallon)
27.	Headline or Equivalent	2 Gals	2,897.50/jug	2,897.50	\$ 1159.00 (gallon)
28.	Dimension Ultra or Equivalent	200 Oz	126.25/ea	631.25	\$ 3.157 (ounce)
29.	Trimec 992 or Equivalent	500 Gals	57.90/jug	11,580.00	\$ 23.16 (gallon)
30.	Manor 60DF or Equivalent	50 Oz	47.20/ea	330.40	\$ 5.90 (ounce)
36.	Liquid Iron	50 Gals	21.50/jug	460.00	\$ 8.60 (gallon)
37.	Spreader Sticker/Surfactant	20 Gals	32.86/jug	262.88	\$ 13.144 (gallon)
39.	Sevin 4F or Equivalent	300 Gals	115.00/jug	13,800.00	\$ 46.00 (gallon)
41.	Spray Dye, Tracker Blue 2.5 Gal	100 Gals	60.50/jug	2,420.00	\$ 24.20 (gallon)

PUBLIC WORKS					
No.	Product Name	Est. Qty.	Unit Cost	Extended Cost	Per Specified Unit of Measure
3.	Induce	50 Gals	16.09/qt	3,218.00	\$ 64.36 (gallon)
8.	Target 6.6 (MSMA)	10 Gals	97.08/jug	388.32	\$ 38.832 (gallon)
16.	Spreader Sticker/Surfactant	20 Gals	32.86/jug	262.88	\$ 13.144 (gallon)
17.	Aquatic Adjuvant Non-Ionic Surfactant	200 Gals	16.09/qt	12,872.00	\$ 64.36 (gallon)


Vendor Signature

Molly M. Vorons 7/25/18
Print name of signatory Date

Your written response is requested no later than 5:00 PM on Friday, July 27, 2018. Please forward your response to the attention of Heather Scheuttig at email hscheuttig@columbusga.org or fax number 706.225.3033.

Sincerely,


Andrea J. McCorvey
Purchasing Manager

EXHIBIT B

*Columbus Consolidated Government
Agricultural Chemicals
(Annual Contract)
Request for Bids*

RFB No. 18-0046

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, FAX 706-225-3033

Date: April 13, 2018

REQUEST FOR BIDS:	Qualified vendors are invited to submit sealed bids, subject to conditions and instructions as specified, for the furnishing of:
RFB NO: 18-0046	AGRICULTURAL CHEMICALS (ANNUAL CONTRACT)
GENERAL SCOPE	Provide agricultural chemicals on an "as needed" basis to Columbus Consolidated Government. The contract term will be for two (2) years, with the option to renew for three additional twelve-month periods.
DUE DATE	May 9, 2018 – 2:30 PM (EST) Bids must be received and date/time stamped on or before the due date by the Finance Department/Purchasing Division, 5 th Floor – Government Center, 100 10 th St, Columbus, GA. Bids will be opened during the 3:00 PM hour in the Conference Room of the Purchasing Division. Bidders are not required, but are invited, to attend the bid opening.
ADDENDA	<u>IMPORTANT INFORMATION</u> Any and all addenda will be posted on the Purchasing Division's web page, at https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm . It is the vendors' responsibility to periodically visit the web page for addenda before the due date and prior to submitting a quote.
NO BID RESPONSE	Refer to the form on page 3 if you are not interested in this invitation.



Andrea J. McCorvey
Purchasing Manager

IMPORTANT INFORMATION

e-Notification

Effective December 31, 2014, Columbus Consolidated Government (the City) discontinued mailing postcard notifications to its registered vendors. The City is using the Georgia Procurement Registry e-notification system. You must register with the Team Georgia Market Place/Georgia Procurement Registry to receive future procurement notifications via

<http://doas.ga.gov/state-purchasing/suppliers/getting-started-as-a-supplier>

If you have any questions or encounter any problems while registering, please contact the Team Georgia Marketplace Procurement Helpdesk:

Telephone: 404-657-6000

Fax: 404-657-8444

Email: procurementhelp@doas.ga.gov

STATEMENT OF "NO BID"

Complete and return this form immediately if you do not intend to Bid:

Email: bidopportunities@columbusga.org
Fax: (706) 225-3033, Attn: **Heather Scheuttig, Buyer**
Mail: Columbus Consolidated Government
Purchasing Division
P. O. Box 1340
Columbus, GA 31902-1340

We, the undersigned decline to bid on your **RFB No. 18-0046 for Agricultural Chemicals** for the following reason(s):

- ☐ Specifications too "tight", i.e. geared toward one brand or manufacturer only (explain below)
- ☐ There is insufficient time to respond to the Invitation for Bids.
- ☐ We do not offer this product or service.
- ☐ We are unable to meet specifications.
- ☐ We are unable to meet bond requirements.
- ☐ Specifications are unclear (explain below).
- ☐ We are unable to meet insurance requirements.
- ☐ Other (specify below)

Remarks: _____

COMPANY NAME: _____
AGENT: _____
DATE: _____
TELEPHONE NUMBER: _____
EMAIL ADDRESS: _____

GENERAL PROVISIONS

THESE GENERAL PROVISIONS SHALL BE DEEMED AS PART OF THE BID SPECIFICATIONS. The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations for bids and award of all contracts and is specifically incorporated herein by this reference. A copy of the ordinance is on file in the Purchasing Division.

1. TERM "CITY." The term "City" as used throughout these documents will mean Consolidated Government of Columbus, GA.

2. PREPARATION OF FORM. Bid proposals shall be submitted on the forms provided by the City. All figures must be written in ink or typewritten. Figures written in pencil or erasures are not acceptable. However, mistakes may be crossed out, corrections inserted adjacent thereto, initialed in ink by the person signing the proposal. If there are discrepancies between unit prices quoted and extensions, the unit price will prevail. Failure to properly sign forms, in ink, will render bid incomplete.

3. EXECUTION OF THE BID PROPOSAL. Execution of the bid proposal will indicate the bidder is familiar and in compliance with all local laws, regulations, ordinances, site inspections, licenses, dray tags, etc.

4. BID SUBMISSION. Bids must be submitted in a sealed envelope or package. The exterior of the envelope or package must reference the bidder's name and address, the bid number, bid title, and must indicate the contents represent a "bid" or "no bid" submission. Failure to properly identify the bid submission may result in rejection of the bid.

5. BID DUE DATE. The bid submission must arrive in the Purchasing Division on or before the stated due date and time. Upon receipt, bids will be time and date stamped. Bids will remain sealed and secured until the stated due date and time for the bid opening.

6. BID OPENING. The Purchasing Division Manager or Purchasing staff appointee will open bids. The bid amount and other pertinent information as determined by the Purchasing Division Manager will be read and recorded. The bids as recorded at the bid opening represent draft tabulation and may include incorrect price extensions or transcription errors, and are subject to change if conflicting information is discovered during analysis of the bid responses. A bid tabulation will be made available to bidders after extensions have been checked and all other specification compliance has been determined. **In the essence of time, bidders may not be allowed to review bids at the bid opening. However, bidders will be allowed to make appointments to review the bids at a later date.**

7. LATE BIDS. It is the responsibility of the bidder to ensure bids are submitted by the specified due date and time. Bids received after the stated date and time will be returned, unopened, to the bidder. The official clock to determine the date and time will be the time/date stamp located in the Finance Department. All bids received will be time and date stamped by the official clock. The City will not be held responsible for the late delivery of bids due to the U.S. Mail Service, or any other courier service.

8. RECEIPT OF ONE SEALED BID. In the event only one sealed bid is received, no formal bid opening shall take place. First, the Purchasing Division shall conduct a survey of vendors to inquire of "no bid" responses and non-responsive vendors. If, from the survey, it is determined by the Purchasing Division that specifications need revision, the one bid received will be returned, unopened, to the responding vendor, with a letter of explanation and a new bid solicitation prepared. If it is determined that other vendors need to be contacted, the bid due date will be extended, and the one bid received will remain sealed until the new bid opening date. The vendor submitting the single bid will receive a letter of explanation. **If it is determined the one bid received is from the only responsive, responsible bidder, then the bid shall be opened by the Purchasing Division Manager or designee, in the presence of at least one other witness. The single bid will be evaluated by the using agency for award recommendation.**

9. RECEIPT OF TIE BIDS. In the event multiple responsive, responsible bidders are tied for the lowest price and all other terms and requirements are met by the all tied bidders, the award recommendation shall be as follows:

- Award to the local bidder, if one of the bidders has its principal place of business in Columbus, Georgia.
- If all or none of the bidders has its principal place of business in Columbus, Georgia, then award the bid to the bidder who has received the award previously.
- If neither bidder received the award previously, and neither of the tied bidders has its principal place of business in Columbus, Georgia, then the bid award shall be equally divided between the tied bidders.
- If it is not feasible to divide the award, and if all or none of the tied bidders has its principal place of business in Columbus, Georgia, and neither was awarded the bid previously, then all bids will be rejected and the bid will be re-advertised.

10. RECEIPT OF MULTIPLE BIDS. Unless otherwise stated in the bid specifications, the City will accept one and only one bid per vendor. Any unsolicited multiple bid(s) will not be considered. If prior to the bid opening, more than one bid is received from the same vendor, the following will occur: (1) the bidder will be contacted and required to submit written acknowledgment of the bid to be considered; (2) the additional bid(s) will be returned to the bidder unopened. If at the bid opening more than one bid is enclosed in a single bid package, the City will consider the vendor non-responsive and bids will be returned to the bidder.

11. CONDITION AND PACKAGING. Unless otherwise defined in the bid specifications, it is understood and agreed that any item offered or furnished shall be new, in current production and in first class condition, that all containers shall be new and suitable for storage or shipment, and that prices include standard commercial packaging.

12. FREIGHT/SHIPPING/HANDLING CHARGES. All freight, shipping, and handling charges shall be included in the bid price. The City will pay no additional charges.

13. CORRECTION OR WITHDRAWAL OF BID/CANCELLATION OF AWARDS. Corrections or withdrawals of inadvertently erroneous bids before or after bid opening, or cancellation of awards of contracts based on such bid mistakes may be permitted where appropriate. Mistakes discovered before bid opening may be modified or bid withdrawn by written notice received in the office of Purchasing prior to the time of the bid opening. After bid opening, no changes in bid prices or other provisions of bids prejudicial to the interest of the City or fair competition shall be permitted. In lieu of bid correction, a low bidder alleging a material mistake of fact may be permitted to withdraw its bid if the mistake is clearly evident, or if the bidder submits evidence that clearly and convincingly demonstrates that a mistake was made. All decisions to permit corrections or withdrawals of bids or to cancel awards or contracts based on bid mistakes will be supported by the written determination of the Purchasing Officer.

14. ADDENDA AND INTERPRETATIONS. If it becomes necessary to revise any part of this bid, a written addendum will be provided to all bidders. The City is not bound by any oral representations, clarifications, or changes made to the written specifications by City employees, unless such clarification or change is provided to the bidders in written addendum form from the Purchasing Officer. Bidders will be required to acknowledge receipt of the addenda (if applicable) in their sealed bid proposal. The vendor may provide an initialed copy of each addendum or initial the appropriate area on the bid form (pricing page). Failure to acknowledge receipt of the addenda (when applicable) will render bid incomplete. **It is the bidder's responsibility to ensure that they have received all addenda.**

15. BID EVALUATION AND AWARD. During the evaluation of bids, the City reserves the right to request clarification of bid responses and to request the submission of references, if deemed necessary for a complete evaluation of bid responses. Award will be made to the responsive and responsible bidder whose bid is most economical according to criteria designated in the solicitation. The determination of the lowest responsive and responsible bidder may involve all or some of the following factors: prices, conformity to specifications, financial ability to meet the contract, previous performance, facilities and equipment, availability of repair parts, experience, delivery promise, terms of payment, compatibility as required, other cost, and other objective and accountable factors, if any, (which are further described in the specifications). The City shall be the judge of the factors and will make the award in the best interest of the City.

16. TIME FOR CONSIDERATION. Bids must remain in effect for at least sixty (60) days after date of receipt to allow for evaluation.

17. BID SECURITY AND PERFORMANCE BOND. Bid security (Bid Bond) shall be required for all competitive sealed bids for construction contracts when the price is estimated by the Purchasing Officer to exceed \$10,000. Bid security shall be a bond provided by a surety company authorized to do business in the State, or in the form of a certified check. Such bonds may also be required on construction contracts under \$10,000 or other procurement contracts when circumstances warrant. Bid security shall be in an amount equal to at least five percent (5%) of the bid amount. The City will accept a copy of a bid bond at the bid opening. However, if a copy of a bid bond is submitted, the bidder must submit to the Purchasing Division the identical original document within five (5) days after the bid opening. **If the original document is not received within the five (5) days, the bid will not be considered.** When a construction contract is awarded in excess of \$25,000, the successful bidder will be required to furnish a **Performance Bond** executed by a surety company authorized to do business in the State. The performance bond shall be equal to one hundred percent (100%) of the price specified in the bid.

18. SUBCONTRACTING. Should bidder intend to subcontract all or any part of the work specified, name(s) and address(es) of sub-contractor(s) must be provided in bid proposal (use additional sheet if necessary). The bidder shall be responsible for subcontractor(s) full compliance with the requirements of the bid specifications. **THE**

COLUMBUS CONSOLIDATED GOVERNMENT WILL NOT BE RESPONSIBLE FOR PAYMENTS TO SUBCONTRACTORS.

19. DISQUALIFICATION OF BIDDERS AND REJECTION OF BIDS. Bidders may be disqualified and rejection of bid proposals may be recommended by the City for any (but not limited) to the following reasons:

- (A) Receipt after the time limit for receiving bid proposals as stated in the bid invitation.
- (B) Any irregularities contrary to the General Provisions or bid specifications.
- (C) Unbalanced unit price or extensions.
- (D) Unbalanced value of items.
- (E) Failure to use the proper forms furnished by the Consolidated Government.
- (F) Failure to complete the proposal properly
- (G) Omission of warranty, product literature, samples, acknowledgment of addenda or other items required to be included with bid proposal.
- (H) Failure to properly sign forms in ink.

The City reserves the right to waive any minor informality or irregularity. The City reserves the right to reject any and all bids.

20. BRAND NAMES "OR EQUAL". Whenever in this invitation any particular material, process and/or equipment are indicated or specified by patent, proprietary or brand name of manufacturer, such wording will be deemed to be used for the purpose of facilitating description of the material, process and/or equipment desired by the City. It is not meant to eliminate bidders or restrict competition in any bid process. Any manufacturers' names, drawings, trade names, brand names, specifications and/or catalog numbers used herein are for the purpose of description and establishing general quality levels. Bidders may propose equivalent equipment, services or manufacturer. Any proposal that is equivalent to or surpasses stated specifications will be considered. Determination of equivalency shall rest solely with the City. **Please Note: Due to existing equipment, specific manufacturers may be required to facilitate compatibility.**

21. ASSIGNMENT OF CONTRACTUAL RIGHTS. It is agreed that the successful bidder will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

22. DISCOUNTS. Terms of payments offered will be reflected in the space provided on the bid proposal form. Cash discounts will be considered net in the bid evaluation process. All terms of payment (cash discounts) will be taken and computed from the date of delivery of acceptable material or services, or the date of receipt of the invoice, whichever is later.

23. TAXES. The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

24. FEDERAL, STATE AND LOCAL LAWS. All bidders will comply with all Federal, State, and Local laws and ordinances, relative to conducting business in Columbus, Georgia.

25. BID INCLUSIONS. When bid inclusions are required, such as warranty information, product literature/specifications, references, etc. The inclusions should reference all aspects of the specific equipment or service proposed by the bidder. Do not include general descriptive catalogs. References to literature or other required inclusions submitted previously do not satisfy this provision. Bids found to be in non-compliance with these requirements will be subject to rejection.

26. NON-COLLUSION. By signing and submitting this bid, bidder declares that its agents, officers or employees have not directly or indirectly entered into any agreements, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid. In the event, said bidder is found guilty of collusion, the company and agents will be removed from the City's bid list for one full year and any current orders will be canceled.

27. INDEMNITY. The successful bidder agrees, by entering into this contract, to defend, indemnify and hold City harmless from any and all causes of action or claims of damages arising out of or under this contract.

28. DISADVANTAGED BUSINESS ENTERPRISE. Disadvantaged Business Enterprises (minority or women owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, sexual orientation, gender identity or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority

business enterprises have an opportunity to participate at all levels of contracting in the performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

29. AFFIRMATIVE ACTION PROGRAM - NON-DISCRIMINATION CLAUSE. The City has an Affirmative Action Program in connection with Equal Employment Opportunities. The successful bidder will comply with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, and will not discriminate between or among them by reason of race, color, age, religion, sex, sexual orientation, gender identity, national origin or physical handicap.

30. AWARDS TO LOCAL BUSINESSES. Except for construction contracts, awards will be made to responsive and responsible local businesses proposing a cost not more than two percent (2%) above the low bid or quote for contracts involving an expenditure of \$25,000.00 or less and made to responsive and responsible local businesses proposing a cost not more than one percent (1%) above the low bid or quote for contracts involving an expenditure greater than \$25,000.00. (Ordinance No. 95-5). ****STATE OR FEDERALLY FUNDED PROJECTS EXCLUDED****

31. RIGHT TO PROTEST. A protest with respect to an Invitation for bids or Request for Proposals shall be submitted in writing no less than five (5) days **prior** to the opening of bids or the closing date of proposals to the Purchasing Officer. If the matter is not resolved, then an appeal may be filed with the City Manager or City Council.

32. FAILURE TO QUOTE. Vendors choosing not to submit a bid are requested to return a **Statement of "No Bid"**.

33. PRODUCT/EQUIPMENT DEMONSTRATION - SITE VISIT. During the evaluation of bids, the City reserves the right to request a demonstration or site visit of the product, equipment or service offered by a bidder. The demonstration or site visit shall be at the expense of the bidder. Bidders who fail to provide demonstration or site visit, as requested, will be considered non-responsive.

34. CANCELLATION PROVISIONS. When such action is in the best financial interest of the City, contracts for supplies to be purchased or services to be rendered under an annual (term) contract basis may be canceled and re-advertised at the discretion of the Purchasing Officer and in accordance with contract terms.

After the receipt of a product or piece of equipment, it is found that said item does not perform as specified and required, payment for said product or equipment will be withheld. The successful vendor will be notified of the non-performance in writing. After notification, the successful vendor will have ten (10) calendar days, from the date of notification, to deliver product or equipment that performs satisfactorily. If a satisfactory product is not delivered within 10 calendar days, from the notification date, the City will cancel the contract (purchase order) and award to the next low, responsive, responsible bidder. The vendor will be responsible for the pick-up or shipment of the unsatisfactory equipment or product.

35. QUESTIONS. Questions concerning specifications must be submitted, in writing, at least 5 (five) working days (Monday-Friday) prior to receipt date. Questions received less than five working days prior to receipt date will not be considered.

36. SAMPLES. When samples are required to be included with the proposal response, the bidder will be responsible for the following:

- 1) **Unless otherwise specified**, bidders are required to submit exact samples of item(s) bid. Do not submit sample of "like" item(s).
- 2) Affix an identification label to each individual sample to include bidder's name, bid name and number.
- 3) Make arrangements for the return of sample after the bid award. All shipping costs will be the responsibility of the bidder. If bidder does not make arrangements for return of sample, within 60 days after award, the sample will be discarded.

37. GOVERNING LAW. The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

38. PAYMENT DEDUCTIONS. The City reserves the right to deduct, from payments to awarded vendor(s), any amount owed to the City for various fees, to include, but not limited to: False Alarm fees, Ambulance fees, Occupation License Fees, Landfill fees, etc.

39. PAYMENT TERMS. The City's standard payment term is usually net 30 days, after successful receipt of goods or services. Payment may take longer if invoice is not properly documented or not easily identifiable, goods/services are not acceptable, or invoice is in dispute.

NOTICE TO VENDORS

Columbus Council, by Ordinance 92-60 has prohibited any business that is owned by any member of Columbus Council or the Mayor, or any business in which any member of Columbus Council or the Mayor has a substantial pecuniary interest from submitting a bid for goods or services to the Consolidated Government of Columbus, Georgia.

Likewise, by Ordinance 92-61, no business which is owned by any member of any board, authority or commission, subordinate or independent entity, or any business in which any member of any board, authority or commission, subordinate or independent entity has substantial pecuniary interest may submit a bid to the Consolidated Government if such bid pertains to the board, authority or commission.

**DO YOU HAVE QUESTIONS, CONCERNS OR NEED
CLARIFICATION ABOUT THIS SOLICITATION?**

**COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY
ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED
TO THE PURCHASING DIVISION.**

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS
SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT
ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR
CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A
VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH
QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE
QUESTIONS IN WRITING.

**ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE
THROUGH THE PURCHASING DIVISION.** BIDDERS SHALL NOT
CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES,
EVALUATION COMMITTEE MEMBERS OR ELECTED OFFICIALS WITH
QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION.
QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED
TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT
A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING
DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL
SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO
THE RESPECTIVE BIDDER OR IF IT BECOMES NECESSARY TO REVISE
ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE
ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS,
CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN
SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION
OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM
FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED
"QUESTION/CLARIFICATION FAX FORM" TO FAX OR EMAIL QUESTION.

ANY REQUEST, AFTER A SOLICITATION HAS CLOSED AND PENDING
AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING
DIVISION.

QUESTION/CLARIFICATION FORM

DATE: _____

TO: Heather Scheuttig, Buyer
Email : bidopportunities@columbusga.org
Fax : (706) 225-3033

RE: Agricultural Chemicals (Annual Contract); RFB No. 18-0046

Questions/clarification requests must be submitted at least (5) business days before the due date:

[illegible]

From: _____

Company Name

Website

Representative

Email Address

Complete Address

City

State

Zip

Telephone Number

Fax Number

GENERAL SPECIFICATIONS
AGRICULTURAL CHEMICALS
(ANNUAL CONTRACT)
RFB No. 18-0046

I. SCOPE OF WORK

These specifications describe minimum requirements for the purchase of various fertilizers, herbicides and insecticides to be purchased on an "as needed" basis. The items will be utilized by the Parks & Recreation Department to maintain athletic turf and parks; Public Works Department to maintain rights-of-way. The quantities of items specified herein are based upon the best information obtainable and represent the ESTIMATED usage required for a one-year period. The City may purchase some, all, more or none of the items contained on the bid form.

During the course of this contract, the City may request price quotes for additional items not listed. The awarded vendor(s) will be requested to provide quotes. The additional items will be awarded to the lowest responsive vendor under the same contract terms and will be purchased on an "as needed" basis.

II. VENDOR REQUIREMENTS

Successful bidder must provide a Turf Specialist/Consultant with technical experience in applying chemical/liquid fertilizer as it pertains to athletic turf maintenance.

Turf specialist will be required to provide ongoing follow-up service and technical advice to include the following:

1. In-service training of Parks & Recreation Department Staff.
2. Taking soil samples.
3. Complete laboratory analysis of soil samples taken.
4. Presentation of soil analysis results, including major, secondary, micronutrients, EC, PH and organic material.
 - a. Report will provide annual fertilizer application by calendar month, with type and amount required.
 - b. Report will provide recommendations for soil modifications, weed, insect and disease control for the calendar year.
5. Formulation of fertilizer requirements for each field.
6. Provide proper settings/calibrations for Parks & Recreation Power Caddy Equipment for each fertilizer product.
7. Provide at least six (6) on-site inspections per year, or as requested.

III. TERM OF CONTRACT

- A.** The term of the contract shall be for two (2) years, with the option to renew for three (3) additional twelve-month periods.

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Division Director, normally sixty days before the expiration date of the current contract. This notice shall not be deemed to commit the City to a contract renewal.

It should be noted that multi-year contracts may be continued each fiscal year only

after funding appropriations and programs approval have been granted by the Council of the Consolidated Government of Columbus, GA. In the event the necessary funding is not approved, the affected multi-year contract becomes null and void, effective July 1st of the fiscal year for which such approval has been denied.

B. Termination for Convenience

For the protection of both parties, either party giving 30 days' prior notice in writing to the other party may cancel this contract.

IV. ESCALATION CLAUSE

Contract pricing shall remain fixed for the initial two (2) year(s) term of the contract. After the initial term, Contractor may request a price escalation by submitting a fully documented request for a review of the pricing. Such escalation shall not exceed a 5% increase. Price escalation requests must be submitted by January 30th so as to allow Departments to factor the increases into their budgets for the next fiscal year, which will begin July 1.

The Using agency(cies) and Purchasing Manager will review the request and shall approve or disapprove the increases based on budget constraints and other price comparisons. **If approved, the price increase shall not commence until the next fiscal year, which will begin July 1.**

If for any reason the contractor has a price increase that exceeds five percent (5%), the price increase will be evaluated on a case-by-case basis. The City and the Contractor will have the option to discuss and make adjustments to the requested increase. If either party declines approval of the adjustments, the contract will be considered cancelled on the scheduled expiration date of the contract.

V. QUESTIONS/ADDENDA

Questions and requests for clarification must be submitted **within five (5) business days of the due date** (see pages 9 & 10). Changes to the specifications (if any) will be provided in the form of an addendum, which will be posted on the web page of the Finance Department/Purchasing Division of Columbus Consolidated Government at https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm. **It is the vendors' responsibility to periodically visit the web page for addenda before the due date and prior to submitting a quote.**

VI. INSURANCE

The contractor shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract. Insurance requirements are listed on the attached **Insurance Checklist (Form B)**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will be included with the contract documents prior to signing.

VII. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT/E-VERIFY

In accordance with the Georgia Security and Immigration Compliance Act/E-Verify, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program (see http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm). To access your E-Verify Company Identification Number, see <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>. A properly completed, notarized E-Verify Affidavit (**Form C**) must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

VIII. INDEMNIFICATION

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

IX. BID SUBMISSION REQUIREMENTS:

Each bidder shall include the following information with bid submission. Bidder shall submit **THE ORIGINAL AND 1 IDENTICAL COP(IES)**. The City reserves the right to request any omitted information, **WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE**. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information (**to exclude E-Verify**). If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete":

- A. Bid Form (Form E)
- B. Bidder's Response Page (Form A)
- C. Material Safety Data Sheet(s) (MSDS) Must be included with bid response
- D. Insurance (Refer to page 12, section VI, regarding Form B)
- E. E-Verify/GSICA Form (Refer to page 13, Section VII, regarding Form C)
- F. Contract Signature Page (Form F)
- G. Addenda: Vendors must include acknowledgment of receipt of addenda (if any) in their sealed bid. Provide an initialed copy of each addendum or initial the appropriate area on bid form (pricing page). Addenda will be posted at https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm.
Vendors are responsible for periodically visiting the web page, to check for addenda, prior to the bid due date and before submitting a bid.

THE FOLLOWING ITEMS WILL BE REQUIRED OF THE AWARDED VENDOR(S) PRIOR TO CONTRACT SIGNING OR ISSUANCE OF PURCHASE ORDER. AFTER NOTIFICATION, THE AWARDED VENDOR(S) WILL HAVE FIVE (5) BUSINESS DAYS TO PROVIDE THE INFORMATION BELOW, OR THE NEXT RESPONSIVE, RESPONSIBLE BIDDER WILL BE RECOMMENDED FOR AWARD.

- 1) **Business License:** Vendors located in Muscogee County shall submit a current copy of their City of Columbus Business License (Occupation License). If the business is not located in Muscogee County and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the vendor will not be required to pay occupation taxes in Columbus, Georgia.

If the business location is not in Georgia, vendor must provide a current copy of their active

Articles of Incorporation from the State and/or a current business license from the City/State in which business is located.

If you have questions regarding this requirement, please contact Yvonne Ivey, Revenue Manager; 706-225-3091.

2) W-9 Request for Taxpayer Identification Number and Certification (Form D)

Bids must be delivered sealed in an envelope or package. The envelope or package should reference the bidder's name, full address and the bid number and/or bid name. Mail or hand-deliver bid to:

Columbus Consolidated Government
Purchasing Division
RE: RFB No. 18-0046– Agricultural Chemicals (Annual Contract)

(Mail) P. O. Box 1340
Columbus, GA 31902-1340

(Deliver) 5th Floor – Finance Department
100 10th Street
Columbus, Georgia 31901

BIDS MUST REACH THE OFFICE OF THE PURCHASING DIVISION NO LATER THAN 2:30 PM ON BID OPENING DATE. BIDS RECEIVED AFTER 2:30 PM WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.

XI. AWARD/NOTIFICATION/DELIVERY/INVOICE

- A. Award: This contract will be awarded in total to the lowest responsive, responsible bidder, or by line-item to multiple vendors, whichever is in the best interest of the City. The City will be the judge of the factors and will make the award accordingly.
- B. Notification: The agricultural chemicals will be procured on an "as needed" basis, by purchase order.
- C. Delivery: The item(s) shall be delivered to the location indicated on the purchase order. All shipping, delivery and/or freight charges must be included in the Unit Price. Columbus Consolidated Government will pay no additional shipping, delivery, and/or freight charges.
- D. Invoices: After receipt of goods/services, and upon satisfactory delivery, the successful vendor(s) shall forward invoice(s) to the following address:

Columbus Consolidated Government
Accounting Division
P. O. Box 1340
Columbus, Georgia 31902-1340

The invoice(s) shall reference the bid number (RFB No. 18-0046) and purchase order number.

XII. TERMINATION OF CONTRACT

- A. Default: If the contractor refuses or fails to perform any of the provision of this contract with such diligence as will ensure its completion within the time specified in this contract, or

any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Director may notify the contractor in writing of the delay or non-performance and if not cured within ten (10) days or any longer time specified in writing by the Purchasing Division Director, such director may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

In the event of termination in whole or in part the Purchasing Division Director may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Director. The contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

B. Compensation: Payment for completed services delivered and accepted by the City shall be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Division Director deem necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.

C. Excuses for Nonperformance or Delayed Performances: Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms, if the contractor has notified the Purchasing Division Director within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed in default, unless the supplies or services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit the vendor to meet the contract requirements.

Upon request of the vendor, the Purchasing Division Director shall ascertain the facts and extent of such failure, and, if such director determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

FORM A

BIDDER'S RESPONSE PAGE

AGRIGULTURAL CHEMICALS

(ANNUAL CONTRACT)

RFB NO. 18-0046

PARK SERVICES

Bidder will provide the following services:

Turf Specialist/Consultant with technical experience in applying chemical/liquid fertilizer. Yes _____ No _____

Turf Specialist will provide on-going follow up service and technical advice, to include the following:

- | | |
|---|--------------------|
| A. In-service training of Columbus Parks & Recreation staff | Yes _____ No _____ |
| B. Take soil samples | Yes _____ No _____ |
| C. Compete laboratory analysis of soil sample | Yes _____ No _____ |
| D. Present soil analysis as specified under vendor requirements | Yes _____ No _____ |
| E. Formulation of fertilizer requirement for each field | Yes _____ No _____ |
| Provide proper settings/calibrations for Parks & Recreation Power | Yes _____ No _____ |
| F. Caddy Equipment for each fertilizer product | Yes _____ No _____ |
| G. Provide at least six (6) on-site inspections per year as requested | Yes _____ No _____ |

Vendor Name: _____

FORM B**SOLICITATION ID: RFB NO. 18-0046****AGRICULTURAL CHEMICALS****(ANNUAL CONTRACT)****INSURANCE CHECKLIST****CERTIFICATE OF INSURANCE MUST SHOW ALL
COVERAGE AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	STATUTORY REQUIREMENTS	
	Comprehensive General Liability:		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	Automobile Liability:		
X	7. Owned/Hired/Non-Owned Vehicles/ Employer non-ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	Other:		
	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
X	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
	14. Medical Malpractice	\$1 Million per occurrence/claim	
	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. The City shall be named Additional Insured on all policies		
X	25. Certificate of Insurance shall show Bid Number and Bid Title		
	26. Pollution:	\$2 Million per occurrence/claim	

*If offeror's employees will be using their privately-owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements and provide the required Certificate(s).

BIDDER NAME: _____

AUTH. SIGNATURE: _____

*****COMPLETE THIS PAGE AND RETURN WITH BID*****

VENDOR INFORMATION REGARDING
GEORGIA SECURITY AND IMMIGRATION COMPLIANCE
and

House Bill 87, also known as,
The Illegal Immigration Reform and Enforcement Act of 2011

Section 3 of House Bill 87 amends O.C.G.A. §13-10-91.

O.C.G.A. §13-10-91(b)(1) states, in part, “A public employer shall not enter into a contract ... for the physical performance of services unless the contractor registers and participates in the federal work authorization program.”

Accordingly, the affidavits on the pages that follow relate to documentation you must provide the City.

All contractors must complete the attached “CONTRACTOR AFFIDAVIT”****. Additionally, if you utilize subcontractors, they must complete the “SUBCONTRACTOR AFFIDAVIT” and or the “SUB-SUBCONTRACTOR AFFIDAVIT.”

***In lieu of the affidavit required by this subsection, a contractor, subcontractor, or sub-subcontractor who has no employees and does not hire or intend to hire employees for purposes of satisfying or completing the terms and conditions of any part or all of the original contract with the public employer shall instead provide a copy of the state issued driver's license or state issued identification card of such contracting party and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of part or all of the original contract with a public employer. A driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States and such state verifies lawful immigration status prior to issuing a driver's license or identification card.

Information is available at: http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm

FORM C

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE" Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

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 engaged in the physical performance of services on behalf of *Columbus Consolidated Government* has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Company ID Number (*numerical, 4-7 digits*)

Date of Authorization

****See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.**

Date of Authorization

Name of Contractor

Agricultural Chemicals (Annual Contract); RFB No. 18-0046

Name of Project

Columbus Consolidated Government

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)

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 for

(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)
and

(Name of Contractor)

on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to _____

(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)

Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to _____

(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)

Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Sub-subcontractor

Agricultural Chemicals (Annual Contract); RFB No. 18-0046

Name of Project

Columbus Consolidated Government

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ___, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

FORM D

W-9
Form
(Rev. November 2017)
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.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

			-						
--	--	--	---	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Cat. No. 10231X

Form W-9 (Rev. 11-2017)

By signing the filled-out form, you:

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. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

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.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

FORM E

BID FORM AGRICULTURAL CHEMICALS (ANNUAL CONTRACT) RFB NO. 18-0046

IMPORTANT INFORMATION:

PLEASE SUBMIT ONE ORIGINAL AND ONE IDENTICAL COPY OF EACH BID

By signing this Bid Form, the authorized representative understands the City reserves the right to request any omitted information, WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information, to exclude E-Verify. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete". Use the following check-list to verify the items are included in sealed bid:

☐ Bid Form ☐ Bidder's Qualifications ☐ Proof of Insurance ☐ E-Verify ☐ Material Safety Data Sheets

☐ Contract Signature Page ☐ Addenda

Initial below to acknowledge receipt of the following addenda (if any):

Addendum No. 1 _____ Addendum No. 2 _____ Addendum No. 3 _____

AGRICULTURAL CHEMICALS PARK SERVICES REQUIREMENTS; RFB No. 18-0046 Vendors are requested to enter the Unit Size per item.

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide or Equivalent	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals			\$

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
2.	Three-Way Ester II or Equivalent	Isooctyl (2-ethylhexyl) Ester of 2-Methyl-4-Chlorophenoxyacetic Acid*56.14% Butoxyethanol Ester of 3,5,6-Trichloro-2-Pyridinyloxyacetic Acid**5.00% Dicamba (3,6-Dichloro-o-Anisic Acid)***3.60%	30 Cs			\$
3.	Chelated Iron Plus 12-0-0 or Equivalent	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals			\$
4.	Pellitized Lime or Equivalent		120 Bags			\$
5.	Revolver or Equivalent	Foramsulfuron.....2.34%	30 Cs			\$
6.	Pre-m 0.86% 0-0-7 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags			\$
7.	Pre-m 3.3 EC 0.86% 0-0-7 or Equivalent	Pendimethalin..... 37.4% Liquid	100 Gal			\$
8.	Pre-m 0.86% 25-2-5 or Equivalent	Pendimethalin 0.86% Plus Fertilizer	700 Bags			\$
9.	24-2-11 or Equivalent	Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags			\$
10.	18-24-12 or Equivalent	25% poly plus sulfur coated urea	20 Bags			\$
11.	20-1-5 or Equivalent	Organic Fertilizer	20 Bags			\$

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
12.	25-5-11 or Equivalent	Organic Fertilizer	1200 Bags			\$
13.	5-10-15 or Equivalent		120 Bags			\$
14.	Dolimitic Lime or Equivalent		360 Bags			\$
15.	Garlon *3A or Equivalent	Triclopyr 44.4%	100 Gals			\$
16.	Manicure 6FL or Equivalent	Chlorothalonil 54.0%	25 Gals			\$
17.	Top Choice Insecticide or Equivalent	Fipronil 0.0143%	100 Bags			\$
18.	Simazine 4L or Equivalent	Simazine 42.1%	5 Gals			\$
19.	Reward Landscape/ Aquatic herbicide or Equivalent	Diquat 37.3%	20 Gals			\$
20.	Spectacle					\$
21.	Foam Marker	Foam 100%	15 Gals			\$
22.	Primo Maxx or Equivalent	Trinexapac-ethyl 11.3%	20 Gals			\$

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
23.	Rodeo or Equivalent	Glyphosate (for aquatic vegetation)	200 Gals			\$
24.	Roundup Quick Pro or Equivalent	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals			\$
25.	Lesco-Fate or Equivalent	Acephate 75.0%	5 Lbs			\$
26.	UP-Star Gold or Equivalent	Bifenthrin 7.9%	50 Gals			\$
27.	Headline or Equivalent	Pyraclostrobin 23.6%	2 Gals			\$
28.	Dimension Ultra or Equivalent	Dithiopyr 40%	200 Oz			\$
29.	Trimec 992 or Equivalent	2, 4-D 30.56%; MCPP 8.17%; Dicamba 2.77%	500 Gals			\$
30.	Manor 60DF or Equivalent	Metasulfuron 60.0%	50 Oz			\$
31.	Sedge Hammer or Equivalent	Halosulfuron-Methyl 75.0%	80 Oz			\$
32.	Monument 75WG or Equivalent	Trifloxysulfuron-sodium 75.0%	20 Oz			\$
33.	Drive 75DF or Equivalent	Quinclorac 75%	100 lbs			\$

AGRICULTURAL CHEMICALS
PARK SERVICES REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
34.	Celsius WG	Thiencarbazone-methyl8.7% Iodosulfuron-methyl-s.....1.9% Dicamba 57.4%	100 lbs			\$
35.	Crosscheck Plus	Bifenthrin 7.9%	300 bags			\$
36.	Liquid Iron		50 Gals			\$
37.	Spreader Sticker/ Surfactant		20 Gals			\$
38.	Spray Tank Cleaner		50 Gals			\$
39.	Sevin 4F or Equivalent	Carbaryl 43.0%	300 Gals			\$
40.	G-Pro 2.32% or Equivalent	Chlorpyrifos 2.32% (Labeled for Recreational Areas)	80 Bags			\$
41.	Spray Dye, Tracker Blue 2.5 Gal		100 Gals			\$
PARK SERVICES GRAND TOTAL						\$

AGRICULTURAL CHEMICALS
PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
1.	Three Way Selective Herbicide	Selective herbicide Dimethylamine Salt of 2,4 Dichlorophenoxyacetic Acid 30.56%; Dimethylamine salt of (+) R-2-(2-Methyl-4 Chlorophenoxy propionic Acid 8.1% Dimethylamine salt of Dicamba (3, 6-Dichloro-o-anisic Acid) 2.77%	500 Gals			\$
2.	Chelated Iron Plus 12-0-0	Urea nitrogen 12%, sulfur 4%, chelated iron 6%, chelated manganese 2%	5 Gals			\$
3.	Induce		50 Gals			\$
4.	Herbicide, Three-Way Ester II		30 Cs			\$
5.	Herbicide, Revolver		30 Cs			\$
6.	Fertilizer, Lime Pellitized		120 Bags			\$
7.	Fertilizer, Mulch 70/30		80 Bags			\$
8.	Target 6.6 (MSMA)	Monosodium Acid Methanearsonate (MSMA) 51.0%	10 Gals			\$
9.	24-2-11	Fertilizer, 40% poly plus sulfur coated urea 6% Fe	1200 Bags			\$
10.	Pre-m 0.86% 0-0-7	Pendimethalin 0.86% Fertilizer	700 Bags			\$
11.	Pre-m 0.86% 25-2-5	Pendimethalin 0.86%	700 Bags			\$

AGRICULTURAL CHEMICALS
PUBLIC WORKS REQUIREMENTS; RFB No. 18-0046
Vendors are requested to enter the Unit Size per item.

Vendor Name: _____

Item No.	Product Name	Active Ingredients	Est. Qty.	Unit Size	Unit Cost	Extended Cost
12.	Roundup Quick Pro	Glyphosate 73.3%; Diquat dibromide 2.9%	200 Gals			\$
13.	Rodeo	Glyphosate (for aquatic vegetation)	200 Gals			\$
14.	Fertilizer, 13-13-13		120 Bags			\$
15.	Trimec 992	2, 4-D 30.56%; MCPP 8.17%; Dicamba 2.77%	500 Gals			\$
16.	Spreader Sticker/ Surfactant		20 Gals			\$
17.	Aquatic Adjuvant Non-Ionic Surfactant		200 Gals			\$
PUBLIC WORKS GRAND TOTAL						\$
TOTAL BID						\$

VENDOR NAME & SIGNATURE: _____

If certified as a DBE or WBE, list the certifying agency: _____

*** **COMPLETE THESE PAGES AND RETURN WITH BID** ***

FORM F

CONTRACT SIGNATURE PAGE AGRICULTURAL CHEMICALS (ANNUAL CONTRACT) RFB No. 18-0046

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Columbus Consolidated Government.

Witness as to the signing of the contract

By: _____
Signature of Authorized Representative Date

Witness as to the signing of the contract

Print Name and Title of Signatory

(Corporate seal, if applicable)

Company: _____

Company Ordering Address

Company Payment Address

Contact: _____

Contact: _____

Contact Email _____

Contact Email _____

Telephone _____ Fax _____

Telephone: _____ Fax _____

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this __ day of _____ 20__

APPROVED AS TO LEGAL FORM:

Isalah Hugley, City Manager

Clifton C. Fay, City Attorney

ATTEST:

Tiny B. Washington, Clerk of Council

****COMPLETE AND RETURN THIS PAGE WITH SEALED RESPONSE****

☒ CHECKLIST ☒
Agricultural Chemicals
RFB No. 18-0046

CHECK OFF EACH ITEM AS THE NECESSARY ACTION IS COMPLETED:

☒ 1. THE **CONTRACT SIGNATURE PAGE** HAS BEEN SIGNED.

☒ 2. PRICING HAS BEEN CHECKED.

☒ 3. ADDENDA (IF ANY) HAVE BEEN SIGNED.

☒ 4. ALL SUBMISSION REQUIREMENTS ARE INCLUDED.

☒ 5. THE MAILING ENVELOPE HAS BEEN ADDRESSED TO:

Columbus Consolidated Government
Purchasing Division – Attn: Heather Scheuttig

5th Floor, Tower Bldg. OR: P.O. Box 1340
100 10th Street Columbus, Georgia 31902-1340
Columbus, Georgia 31901

☒ 6. THE MAILING ENVELOPE HAS BEEN SEALED **AND** MARKED WITH THE:

BID TITLE: **Agricultural Supplies (Annual Contract)**
BID NUMBER: **RFB 18-0046**
OPENING DATE: **May 9, 2018**

 PLEASE CONSIDER THE ENVIRONMENT 

☒ 7. Please **ONLY** submit what is required; keep the remaining pages of these specifications for your records/recycle.

* Opening date subject to change by Addendum

This checklist is for informative purposes only and is not intended to be a part of the formal bid document.

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340
COLUMBUS, GEORGIA 31902-1340
706-653-4105, Fax 706-225-3033
BidLine 706-653-4536
www.columbusga.org

April 20, 2018

ADDENDUM NO. 1
Agricultural Chemicals (Annual Contract)
RFB No. 18-0046

Proposals should include acknowledgement of receipt for all Addenda:

Authorized Initials: _____ **Firm:** _____

Vendors are informed that the above subject RFP is hereby modified, corrected, or supplemented as specified, described and set forth in this Addendum:

I. DUE DATE EXTENSION

The due date is extended; sealed bids are due no later than 2:30 PM on Wednesday, May 16, 2018.

II. ACKNOWLEDGEMENT

Indicate that your company has received this Addendum in the appropriate areas and include with sealed Bid. **Failure to acknowledge receipt of this addendum may render your Bid "Incomplete".**

Andrea J. McCorvey
Purchasing Manager