



2020

Request for Proposal

Chemical and Fertilization Turf Grass Products

INVITATION FOR REQUEST FOR PROPOSALS
METROPARKS OF BUTLER COUNTY IS ACCEPTING SEALED
REQUESTS FOR PROPOSALS FOR:
CHEMICAL AND FERTILIZATION TURF GRASS PRODUCTS

Requests for Proposals (RFP) will be received by the MetroParks of Butler County for the purchase of chemical and fertilization turf grass products that will be used for the 2020 season. Sealed Proposals will be received by MetroParks of Butler County, State of Ohio, until **4:00 PM** local time on **Friday, February 21, 2020** at the Administration Office, 2051 Timberman Rd, Hamilton Ohio, 45013. RFP responses should be submitted in a sealed envelope bearing the caption "RFP Response for Chemical and Fertilization Products for 2020". Electronic RFP responses are not acceptable. Electronic and/or late responses will not be considered.

All questions related to these instructions shall be submitted in writing to:

Tony Carpenter, Supervisor of Operations
MetroParks of Butler County
2051 Timberman Road
Hamilton, Ohio 45013
Or Email: tcarpenter@yourmetroparks.net

RFP documents can be obtained from the MetroParks of Butler County website: www.yourmetroparks.net or in person at the Administration Office, 2051 Timberman Rd., Hamilton, Ohio 45013.

Posted on MetroParks of Butler County website: February 7, 2020

Proposal

The proposal will cover all of the chemicals listed to be purchased as hereinafter described, for the general period of February 24, 2020, through October 31, 2020 (the delivery period). The quantities (gallons) listed are an approximate amount and are for reference purposes only. MetroParks of Butler County (MetroParks) reserves the right to purchase as much or as little as it determines is needed. Area treated is calculated at 37.5 Acres, with Granular Fertilizing at 55 Acres.

Requirements and Specifications for the Chemicals to be purchased

The chemical and fertilization turf grass products being purchased for the 2020 season are multiple chemicals that have a specific purpose for growing turf. All products must have a specimen label submitted within the Request for Proposal (RFP) packet. All turf grass products must contain safe agents so there are no burn potentials. All products must have a warranty. We will consider comparable products with additives +/- 5% the product analysis and will consider off patent products. The listed products below are baseline specifications. All concentrated products must be submitted for review. The number of products listed is an approximate amount to be applied this season.

List of Chemicals and Amounts

Any comparable products can be submitted if product analysis is not exact. Any combination products that closely fit our nutrients needs will also be taken into consideration, please explain the added nutrients in the combination product and what it could replace. Please submit product labels with all submissions. Each category is numbered by product for the "Pricing per Chemical Sheet" found on page 8 and 9 further in the proposal.

Nutrients

Approximate Quantities

- | | |
|---|-----------------|
| 1. AminoPhosphite 10-0-0: Deriving from L-argininium phosphite | 110 gal |
| 2. Amino Acid: 8% Plant Amino Acids, 8% Plant Protein. Derived from Fermentation with propriety chemistry | 245 gal |
| 3. UFlexx 46-0-0: 50 lb bag: Stabilized Urea | 135 bags |
| 4. Micros/Minors- 2% Nitrogen, 2.5% Calcium, 0.5% Magnesium, 0.02% Boron, 0.03% Copper, 1% Iron, 0.6% Manganese, .06% Zinc, 1% Humic Acid, 1% Seaweed Extract | 490 gal |
| 5. K+ 0-31-52 Soluble: Derived from Phosphoric Acid and Potassium Hydroxide | 640 lbs |

Granular Fertilizer with Spreader Truck for 6 Applications

Approximate Quantities

The analysis below is a baseline for products to be quoted. All Fertilizer should be sized for sports turf and must have no burn potential or irrigation dependency.

- | | |
|------------------------------------|------------------------|
| 1. 21-14-7 Slow release P | 228 50 lbs bags |
| 2. 28-3-14, 50% SRN | 170 50 lbs bags |
| 3. 28-3-14, 50% SRN | 170 50 lbs bags |
| 4. 14-20-4, 25% SRN with biosolids | 365 50 lbs bags |
| 5. 14-20-4, 25% SRN with biosolids | 365 50 lbs bags |
| 6. 21-0-0: Ammonium Sulfate | 228 50 lbs bags |

Wetting Agents

Approximate Quantities

Must be stated on wetting agent label that watering the product in after spraying is not needed.

- | | |
|--------------------------------|-----------------|
| 1. Soil Penetrant- 10% Calcium | 90 gal |
| 2. Aqua-Cal | 109 bags |

Fungicides

1. Iprodione: 23.3% Active Ingredient	286 gal
2. Propiconazole: 14.3% Active Ingredient	55 gal
3. Azoxystrobin: 22.9% Active Ingredient	10 gal
4. Mandestrobin: 43.4% Active Ingredient	11.25 gal
5. Thiophanate-methyl: 46.2% Active Ingredient	110 gal

Approximate Quantities

Herbicides/Pesticides

1. Dithiopyr 24%	10 gal
2. Broadleaf weed control: 3 way- 2,4D 30.56%, Dimthlamine Salt of 2 propionic acid 16.34%, Dicamba 2.77%	58 gal
3. Grass/Weed Control- Quinclorac 75% Active Ingredient	58 lbs
4. Glyphosate- 41% Active Ingredient	10 gal
5. Bed Pre-emergence- Flumioxazin 0.25% Active Ingredient	500 lbs
6. Chlorantraniliprole 18.4% Active Ingredient	2.5 gal

Approximate Quantities

Additives

1. Turf Pigment	80 gal
2. Methylated Seed Oil	7.5 gal

Approximate Quantities

Plant Growth Regulator

1. Trinexapac-ethyl	16.1 gal
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Approximate Quantities

RFP Requirements

1. RFP responses shall be submitted on the printed forms provided herein, and all forms shall be completely filled out and signed where required to be considered responsive. Any other requested documentation as hereinafter described must be included for the proposal to be considered responsive.
2. The price placed on the RFP response form shall include all costs of the chemical per acre required to comply with the provisions of these specifications and documents and shall be the actual price to be paid by MetroParks during the delivery period as stated in the RFP including all discounts, allowances, delivery fees, etc., that RFP response will be evaluated on a firm, fair, and equitable basis.
3. The unit price listed for each chemical on the RFP pricing form will be the price paid per unit for the scope of the RFP. MetroParks will not accept delivery of the chemicals from the selected supplier or suppliers until said chemicals are needed. The chemicals will be delivered as needed to MetroParks. MetroParks will give at least 7 business days' notice before expected delivery of desired chemicals. The chemicals will be warranted by the supplier to perform as described on the label in compliance with RFP requirements. The delivery address shall be:

**MetroParks of Butler County
8070 Tylersville Rd.
West Chester Ohio, 45069
Ronald Patterson (513) 319-6651**

4. Prospective suppliers must submit a firm RFP response. Prospective suppliers must submit a proposal for only the chemicals they sell hereinafter outlined in these Specifications. MetroParks reserves the right to select multiple suppliers from the RFP responses.

5. Each RFP response shall be accompanied by a non-collusion affidavit executed on the form provided herein.
6. All RFP responses shall be valid for a minimum 45 days after the RFP deadline.
7. MetroParks reserves the right to reject any or all RFP responses or to accept any RFP response which may be deemed to be in the best interest of MetroParks. Thus, MetroParks may select the supplier with the lowest and best RFP response, as determined by MetroParks, regardless of whether or not it is the lowest RFP response. All RFP responses received after the closing date and hour specified will be returned unopened to the supplier and will not be considered.
8. The supplier must have the proper license to sell and distribute chemicals in the state of Ohio. The supplier must have the proper licensing to store and deliver chemicals in the State of Ohio. The supplier must provide proof of these licenses at the request of MetroParks.
9. Prospective supplier shall submit a list of 3 references that are similar in size and usage of products outlined in this RFP. Such list of references shall include the name, address, telephone number, contact person, and a list of 3 products sold. The supplier shall also include a signed statement giving MetroParks permission to contact each listed reference.
10. Prospective suppliers shall complete and provide MetroParks with a SUB W-9 form to be included with the RFP response provided herein see the form attached.
11. MetroParks regards customer service and the appearance of its facilities as a main priority; it is imperative that all contractors share this philosophy. MetroParks reserves the right to terminate the contract with a 14 day notice if the chosen supplier and/or suppliers is unable to provide the level of service detailed in these specifications.

Specifications

1. Term of Proposal

The proposal will cover the purchasing of the products described in the **list of chemicals and amount** section, for delivery during the period of February 24, 2020, through October 31, 2020. Suppliers may provide RFP response pricing on as many or few products as they wish provided that each meets the criteria described in the RFP.

2. Delivery Schedule

The chemicals will be delivered on a monthly or as needed basis to MetroParks. MetroParks will give at least 7 business days' notice before expected delivery of desired chemicals.

3. Storage

MetroParks has limited storage space. Therefore, MetroParks will place multiple orders for the amount of product at their discretion during the dates of the RFP.

4. Availability of Product

The supplier shall have available the amount of product ordered by MetroParks within 7 business days of date the order was placed.

5. Early Order Discount

If the Supplier has an Early Order program (EOP). The supplier shall include the program and the terms and conditions of the EOP with the RFP.

6. Payment Procedure

The supplier will submit billing(s) to MetroParks on a monthly basis detailing each individual order for the amount of delivered the preceding month at a rate as defined in the supplier’s proposal. MetroParks reserves the right to reject payment terms and conditions if MetroParks believes the terms would not be in the best interest of the organization. As a tax-exempt entity, MetroParks is not liable for any sales or other excise tax on service rendered.

Selection Criteria

The selection criteria for the RFP will be a point system adding up to 1000. The price for the products will be a percentage of available points and the price offers will be “normalized” meaning that the lowest price proposal will receive 100% of the points available and all other higher proposals receive a percentage of available points based on their price. The selection criteria and points are herein after. An example of how the proposals on price will be handled is below the selection criteria points’ breakdown.

Selection Criteria add up to 1000

<u>Criteria</u>	<u>Points</u>
1. Pricing -	500
2. Company Attributes-	300
a. Product Availability (100)	
b. Prompt Delivery (100)	
c. Customer Service (100)	
3. Warranty of product-	<u>200</u>
	1000

<u>Sample Price Normalization</u>	<u>Points</u>
Product 1 – Low supplier offer at \$60	500
Next low supplier offer \$65 gets 92% of points (60 divided by 65 times 500)	462
Next low supplier offer \$68 gets 88% of points (60 divided by 68 times 500)	441

The points for criteria 2-3 will be divided based on MetroParks history with the supplier, the references, the warranty presented by the supplier compared to the other suppliers and the history of the company’s safety record.

In the event of a tie, MetroParks will use the following tie breaking mechanisms, in the order listed, to determine the award:

- 1) The bidder’s Pricing Schedule
- 2) The bidder’s Company Attributes
- 3) MetroParks will make the final determination based on reference checks and past history

METROPARKS OF BUTLER COUNTY
2020 REQUEST FOR PROPOSAL FOR
WETTING AGENT AND LIQUID FOLIAR NUTRITIONAL PRODUCTS

Submitted by:

Company/Organization Name

Company/Organization Street Address

City, State, and Zip Code

Signature of Company's/Organization's
Authorized Representative

Typed Name and Title

Person to be contacted regarding proposal:

Name and Title

Street Address

City, State, and Zip Code

Office or Home Phone: Area Code and Telephone Number

Cell Phone: Area Code and Telephone Number

Fax: Area Code and Telephone Number

Email Address (required)

REQUEST FOR PROPOSAL PRICING PER CHEMICAL

The undersigned company proposes the unit price per chemical. The unit being in gallons/acre and in accordance with and as specified in these contract documents. Total proposed amount should include the cost of delivery to Voice Of America MetroPark, 8070 Tylersville Rd, West Chester OH 45069. Please provide your trade name of the product next to the Product number. Please compare product numbers with the product descriptions on page 3 and 4.

<u>Product List</u>	<u>Unit price per chemical/Gallon</u>	<u>Unit Price per chemical/acre</u>	<u>Total proposed Amount</u>
<u>Nutrients</u>			
Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
Product 3-	\$ _____	\$ _____	\$ _____
Product 4-	\$ _____	\$ _____	\$ _____
Product 5-	\$ _____	\$ _____	\$ _____
<u>Granular Fertilizer with Spreader Truck for 6 Applications</u>			
Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
Product 3-	\$ _____	\$ _____	\$ _____
Product 4-	\$ _____	\$ _____	\$ _____
Product 5-	\$ _____	\$ _____	\$ _____
Product 6-	\$ _____	\$ _____	\$ _____
<u>Wetting Agent</u>			
Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
<u>Fungicides</u>			
Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
Product 3-	\$ _____	\$ _____	\$ _____
Product 4-	\$ _____	\$ _____	\$ _____
Product 5-	\$ _____	\$ _____	\$ _____

Herbicides/Pesticides

Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
Product 3-	\$ _____	\$ _____	\$ _____
Product 4-	\$ _____	\$ _____	\$ _____
Product 5-	\$ _____	\$ _____	\$ _____
Product 6-	\$ _____	\$ _____	\$ _____

Additives

Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____

Plant Growth Regulators

Product 1-	\$ _____	\$ _____	\$ _____
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RFP Submitted by:

COMPANY _____

Signed by _____ Title _____ Date _____

NON-COLLUSION AFFIDAVIT

STATE OF _____
COUNTY OF _____

The undersigned being first duly sworn as provided as law, deposes and says:

1. His/her name is _____
and he/she resides at _____
and his/her office is at _____

2. He/she makes this affidavit with the knowledge and intent that it is to be filed with MetroParks and that it will be relied upon by said MetroParks in any consideration which it may give to and any action which it may take with respect to this/these proposal(s).

3. He/she makes and is authorized to make this affidavit on behalf of:

(Name of Corporation, Partnership, Individual, etc.)

a _____, formed under the laws of _____ which he/she
(Corporation, Partnership, etc.) (State)

is _____
(Sole Owner, Partner, President, etc.)

4. Neither the undersigned nor any other person, firm or corporation, named in above Paragraph 3 nor anyone else to the knowledge of the undersigned, have themselves solicited or employed anyone else to solicit favorable action for this/these proposal(s) by MetroParks; also, that no employee therein, or any officer of the MetroParks is directly or indirectly interested therein.

5. The undersigned certifies in connection with this/these proposal(s) that:
a. The price in this/these proposal(s) has been independently arrived at without collusion with any other contractor or offer or with any competitor;
b. Unless otherwise required by law, the price in this/these proposal(s) has not been knowingly disclosed and will not be knowingly disclosed prior to award of a proposal, directly or indirectly to any other competitor; and
c. No attempt has been or will be made to induce any other person or firm to submit or not to submit a proposal.

6. The affiant certifies that he has fully informed himself/herself regarding the accuracy of the statements contained in this certification.

(Affiant)

Sworn to before me and subscribed in my presence this ____ day of _____, _____.

(Notarial Seal)

(Notary Public)

REFERENCE LIST

MetroParks has my permission to contact any of the references hereinafter listed for information regarding past contracts I have held and/or related work experiences.

Signature/Date

Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Products: _____

Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Products: _____

Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Products: _____

Form SUB W-9 (Rev JUN 2015)	Butler County Ohio Substitute Form W9 / Ohio Reporting Form Request for Taxpayer Identification Number and Certification
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In order to maintain Butler County's supplier records in compliance with the Internal Revenue Service regulation 1.0641-1 and Ohio Revised Code section 3121.89-3121.8911, please **complete** and return by fax with tax cover sheet to 513-887-3129; or by mail to:

Auditor of Butler County
130 High Street, Fiscal Services Dept.
Hamilton, OH 45011

To **properly complete** the form, the following information must be provided:

1. Part I, line 1, enter the business owner's name (if applicable), part 1, line 2, business name (if applicable), federal tax classification, and address.
2. Part II, you must provide either a Taxpayer Identification Number (TIN) or Social Security Number (SSN)
3. Part III, you must check "Yes" or "No" to the question about providing goods or services as the sole owner of your business. If you check the "Yes" box to indicate that you are the sole owner, you must provide your name, the first date of providing goods or services for Butler County, **birth date**, and **description** of the type of good or service you will provide the county.
4. Part IV, You must answer this question if Part III is answered "Yes". Answer "Yes" only if you are receiving retirement or disability payments from Ohio Public Employees Retirement System (OPERS).
5. Part V, **sign** the form and **enter today's date**.

For definitions of Part I and II of this form, please refer to IRS Form W-9.

Part I Business Ownership and Address Information	
Name (as shown on your income tax return). DO NOT LEAVE BLANK. If you are an individual or file under your name put your name here.	
Business name/disregarded entity name, if different from above.	
Check appropriate box for federal tax classification: (check only one box) If individual PART III below is ALWAYS "YES"	
<input type="checkbox"/> Individual/Sole Proprietor (or single-member LLC) <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Limited Liability Company – Tax classification (C = C Corp, S = S Corp, P = Partnership) <small>NOTE: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small>	
<input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding	
Address Line 1 (number, street, and apt. or suite no.)	Requestor's name and address Auditor of Butler County 130 High Street, Fiscal Services Dept. Hamilton, OH 45011
Address Line 2	
City, state, and ZIP code	
Part II Taxpayer Identification Number (TIN) and Social Security Number (SSN)	
For suppliers that have a TIN, this must be entered. For individuals, sole proprietors, and corporations owned by an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. You may enter your business or DBA name on the Business name line.	
Taxpayer Identification Number (TIN): [] [] - [] [] [] [] [] [] [] [] and / or Social Security Number (SSN): [] [] [] - [] [] - [] [] [] []	
Part III Additional Information Required by the State of Ohio for Independent Contractors	
Will you receive payments from Butler County as either an individual, sole owner of a business, or single-member LLC?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" is checked, you MUST complete the information below for name, date good or service provided, birth date, and description of the nature of your financial transactions with the county.
Printed first name, middle initial, and last name	Date good or service provided (MM / DD / YY) Birth date (MM / DD / YY) / / / /
Describe the Nature of the transactions you will be engaged in with Butler County	
Part IV Additional Information Required by the State of Ohio for Public Employees	
Are you currently receiving retirement or disability benefits from Ohio Public Employees Retirement System (OPERS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you are an individual, the sole owner of your business, a single-member LLC, or a disregarded entity and have answered Part III "Yes", you must answer this question "Yes" or "No". If you answer "Yes" Please fill out the 8R-8 Form (Notice of Re-Employment of an OPERS Benefit Recipient)
Part V 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). 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 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. 3. I am a US person (including a US resident alien).	
Certification Instructions: You must cross out exempt from backup withholding 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. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.	
Signature of U.S. person _____	Date _____