



2026

Request for Proposal

Chemical and Fertilization Turfgrass Products

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

MetroParks of Butler County is accepting sealed Requests for Proposals (RFPs) for **Chemical and Fertilization Turfgrass Products** for the 2026 season. Proposals will be received until **4:00 PM (local time) on Friday, February 13, 2026**. Proposals received after the deadline will not be considered. Proposals may be submitted by mail, hand delivery, or email. **Mail:** MetroParks of Butler County, 2051 Timberman Road, Hamilton, OH 45013. **Hand Delivery:** Voice of America MetroPark Welcome Center, 7850 VOA Park Drive, West Chester, OH 45069. **Email:** rpatterson@yourmetroparks.net. Subject line: *RFP Response for Chemical and Fertilization Products for 2026*.

All paper proposals must be submitted in a sealed envelope clearly marked
“*RFP Response for Chemical and Fertilization Products for 2026*.”

All questions must be submitted in writing no later than **February 6, 2026**, to
Ronald Patterson, Park Manager, at the email address above.

RFP documents are available at www.yourmetroparks.net or in person at the Voice of America Welcome Center.

MetroParks of Butler County reserves the right to reject any or all proposals.

Advertised: Hamilton Journal News

January 30, 2026

Posted: www.yourmetroparks.net

January 30, 2026

Posted: Voice of America Welcome Center at the Lodge

January 30, 2026

Proposal

The proposal will cover all of the chemicals listed to be purchased as hereinafter described, for the general period of February 23, 2026, through November 30, 2026 (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 42 Acres, with Granular Fertilizing at 47 Acres the first 4 applications and 59 Acres the last 2.

Requirements and Specifications for the Chemicals to be purchased

The chemical and fertilization turf grass products being purchased for the 2026 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 9 and 10 further in the proposal.

Nutrients

Approximate Quantities

1. AminoPhosphite 10-0-0: Deriving from L-argininium phosphite	120 gal
2. Amino Acid 3-0-3 Derived from: Vegetable protein hydrolysate, urea, Potassium Chloride	15 gal
3. Amino Acid: 4-0-8: 40% Free L- Amino Acids, Derived from soy protein hydrolysate, potassium acetate	135 gal
4. UFlexx 46-0-0: 50 lb bag: Stabilized Urea	130 50 lbs bags
5. 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	465 gal
6. K+ 0-31-52 Soluble: Derived from Phosphoric Acid and Potassium Hydroxide	480 lbs
7. Granular Microbial Optimizer W/microbial metabolites, humic substances, biochar	22 40# lbs bags

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 <u>47A</u>	8,000 lbs
2. 28-3-14, 50% SRN <u>47A</u>	6,000 lbs
3. 28-3-14, 50% SRN <u>47A</u>	6,000 lbs
4. 14-20-4, 25% SRN with biosolids <u>47A</u>	12,000 lbs
5. 28-3-14, 50% SRN <u>59A</u>	10,000 lbs
6. 28-0-3, 20%PCU 35%Bio <u>59A</u>	10,000 lbs

Wetting Agents

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

	<u>Approximate Quantities</u>
1. Soil Penetrant- 10% Calcium	75 gal
2. Soil Surfactant with Soluble Calcium & Soil Microbial Biocatalyst	2000 lbs
3. SMS 400	7.5 gal

Fungicides

	<u>Approximate Quantities</u>
1. Iprodione: 23.3% Active Ingredient	175 gal
2. Propiconazole: 14.3% Active Ingredient	125 gal
3. Azoxystrobin: 22.9% Active Ingredient	10 gal
4. Fluxapyroxad: 26.6% Active Ingredient	9 jugs(114oz)
5. Thiophanate-methyl: 46.2% Active Ingredient	120 gal
6. Mandestrobin 43.4% Active Ingredient	16 jugs (60oz)

Herbicides/Pesticides

	<u>Approximate Quantities</u>
1. Broadleaf weed control: 3 way- 2,4D 30.56%, Dimthlamine Salt of 2 propionic acid 16.34%, Dicamba 2.77%	50 gal
2. Grass/Weed Control- Quinclorac 75% Active Ingredient	20 lbs
3. Glyphosate- 73.3% + Diquat 2.9% Active Ingredients	2- 6.8# jugs
4. Bed Pre-emergence- Flumioxazin 0.25% Active Ingredient	450 lbs
5. Chlorantrantraniliprole 18.4% Active Ingredient	3.5 gal
6. Imazosulfuron 75% Active Ingredient	8 lbs
7. Imidacloprid 2F	2 gal

Additives

	<u>Approximate Quantities</u>
1. Turf Pigment	82 gal
2. Methylated Seed Oil	7.5 gal

Plant Growth Regulator

	<u>Approximate Quantities</u>
1. Trinexapac-ethyl	50 gal

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 23, 2026, through November 30, 2026. 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-	200

<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
2026 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 SHEET (Page 1 of 2)

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>
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Nutrients

Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
Product 3-	\$ _____	\$ _____	\$ _____
Product 4-	\$ _____	\$ _____	\$ _____
Product 5-	\$ _____	\$ _____	\$ _____
Product 6-	\$ _____	\$ _____	\$ _____
Product 7-	\$ _____	\$ _____	\$ _____

Granular Fertilizer with Spreader Truck for 6 Applications

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

Wetting Agent

Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
Product 3-	\$ _____	\$ _____	\$ _____

Fungicides

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

REQUEST FOR PROPOSAL PRICING PER CHEMICAL SHEET (Page 2 of 2)

<u>Product List</u>	<u>Unit price per Chemical/Gallon</u>	<u>Unit Price per Chemical/acre</u>	<u>Total proposed Amount</u>
<u>Fungicides (cont.)</u>			
Product 6-	\$ _____	\$ _____	\$ _____
<u>Herbicides/Pesticides</u>			
Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
Product 3-	\$ _____	\$ _____	\$ _____
Product 4-	\$ _____	\$ _____	\$ _____
Product 5-	\$ _____	\$ _____	\$ _____
Product 6-	\$ _____	\$ _____	\$ _____
Product 7-	\$ _____	\$ _____	\$ _____
<u>Additives</u>			
Product 1-	\$ _____	\$ _____	\$ _____
Product 2-	\$ _____	\$ _____	\$ _____
<u>Plant Growth Regulators</u>			
Product 1-	\$ _____	\$ _____	\$ _____

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.

Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Products: _____

Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Products: _____

Name: _____

Address: _____

Telephone: _____ Contact Person: _____

Products: _____

MetroParks of Butler County Ohio
Substitute Form W9 / Ohio Reporting Form
Request for Taxpayer Identification Number and Certification

To maintain MetroParks 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 email to mpaccountsreceivable@yourmetroparks.net or by mail to:

MetroParks of Butler County
2051 Timberman Rd
Hamilton, OH 45013

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) or any other Ohio pension system (SERS, STRS etc.)
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) _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Exempt from backup withholding															
Address Line 1 (number, street, and apt. or suite no.)	NOTE: Check the appropriate box 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.														
Address Line 2	Requestor's name and address: MetroParks of Butler Co. 2051 Timberman Rd. Hamilton, OH 45013														
City, state, and ZIP code	Taxpayer Identification Number (TIN): <table border="1"><tr><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> and / or Social Security Number (SSN): <table border="1"><tr><td> </td><td>-</td><td> </td><td>-</td><td> </td><td> </td><td> </td></tr></table>		-							-		-			
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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): <table border="1"><tr><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> and / or Social Security Number (SSN): <table border="1"><tr><td> </td><td>-</td><td> </td><td>-</td><td> </td><td> </td><td> </td></tr></table>			-							-		-			
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Part III Additional Information Required by the State of Ohio for Independent Contractors															
Will you receive payments from MetroParks 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 a pension benefit from Ohio Public Employees Retirement System (OPERS) or any other Ohio retirement system?	<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 SR-6 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 _____														