

NOTICE TO BIDDER
(PLEASE USE THE ENCLOSED BID SHEETS)

NOTICE IS HEREBY GIVEN that the Board of County Commissioners of Custer County, Oklahoma will, on May 20, 2013 until the hour of 9:30 a.m. on said day, in their office in the Courthouse in Arapaho, Oklahoma, receive sealed bids for the following:

Minimum Specifications For
VARIOUS HERBICIDES AND PESTICIDES, OR THEIR EQUIVALENTS
Custer County, Oklahoma

Specifications and information are on file in the Custer County Clerk's Office in Arapaho, Oklahoma.

All bids must be in a sealed envelope, clearly marked BID, with the BID OPENING DATE.

All bids must be mailed or delivered to:

(Mailing)

CUSTER COUNTY CLERK'S OFFICE
P.O. BOX 300
ARAPAHO, OKLAHOMA 73620-0300

(Physical)

CUSTER COUNTY CLERK'S OFFICE
675 WEST "B" STREET
ARAPAHO, OKLAHOMA 73620-0300

Please follow all instructions for submitting bid proposals completely.

/S/ KAREN FRY, CUSTER COUNTY CLERK
(SEAL)

INSTRUCTIONS FOR SUBMITTING BID PROPOSALS

1. This entire packet (Notice, Instructions, Minimum Specifications and Affidavit) shall be known as the "Invitation to Bid" form. Fill out the "Invitation to Bid" form *completely*.
2. Identify the outside of the sealed envelope as follows:
SEALED BID
CLOSING (Bid Date)
BID (Opening Time)
3. Place your company name and return address on the outside of the envelope.
4. File the bid proposal with the Custer County Clerk, either by mail or in person, until **9:30 o'clock a.m. on May 20, 2013**. Bids received after this time will be rejected and unopened. All bids will be opened at **9:30 o'clock a.m., May 20, 2013** during the County Commissioner's meeting held in the Custer County Courthouse, Arapaho, Oklahoma, Room 104, at 675 West "B" Street, Arapaho, Oklahoma.
5. All forms must be filled out completely. Any incomplete forms could result in rejection if the Board of County Commissioners considers such action to be in the best interest of Custer County.
6. The address of the Custer County Clerk is as follows:

| | |
|--|---|
| <i>(Mailing)</i> CUSTER COUNTY CLERK'S OFFICE P.O. BOX 300 ARAPAHO, OKLAHOMA 73620-0300 | <i>(Physical)</i> CUSTER COUNTY CLERK'S OFFICE 675 WEST "B" STREET ARAPAHO, OKLAHOMA 73620 |
|--|---|
7. All bid information shall be typewritten, or legibly written in ink. All corrections shall be initialed by the person signing the form(s).
8. On all bids requiring services or contract labor, proof of liability insurance may be required. Read the bid specifications carefully.
9. FOR PROMPT PAYMENT OF ALL INVOICES, PLEASE NOTE:
* Payment for maintenance & operational expenses for Custer County is made once a month. Approval of said claims is made on the second Monday of each month. For your claim to be considered for payment, the product(s) or service(s) must be delivered, and the appropriate paperwork on file with the County Clerk's office no later than five working days prior to the second Monday of the month.
* If the proper invoices and supporting documentation are not received by the monthly cut-off date, payment will be rendered during the following month's business.
* Please contact Karen Fry, County Clerk for a schedule for invoice submission in order to expedite payment processing.
10. Fill out the enclosed W-9 Form for your company and return it with your bid.
11. If you have any questions regarding the bid specifications, or the bid deadlines, etc., please contact Karen Fry, Custer County Clerk or Debbie Bright, Purchasing Agent at (580) 323-4420.

NOTE: ALL BID PROPOSALS WHICH DO NOT CONTAIN THE "INVITATION TO BID" AND THE SIGNED/NOTARIZED "AFFIDAVIT FOR FILING WITH COMPETITIVE BID", WILL BE INVALID AND REJECTED.

**BID SPECIFICATIONS FOR VARIOUS HERBICIDES
AND PESTICIDES, OR THEIR
EQUIVALENTS**

CONTRACT PERIOD: May 27, 2013 thru April 30, 2014

Quantities shown are approximate and are not to be construed as actual amount to be delivered.

All herbicides must be registered with the State Department of Agriculture.

| INCREMENT | TYPE | UNIT | PRICE |
|---------------------|--|-------------|--------------|
| 200 Gallons or More | Roundup Pro Herbicide, or equivalent. Active Ingredient: Isopropylamine Salt of Glyphosate 41.0%. Inert Ingredient: 59.0% w/ 14.5% surfactant. 4 Pounds Active Ingredient Per Gallon. | 2.5 Gal | \$ _____ |
| | | 30 Gal | \$ _____ |
| | | Other _____ | \$ _____ |
| 100 Pounds or More | Oust Weed Killer, or Equivalent. Active Ingredient: Methyl 2-[(4,6-dimethyl-2 pyrimidinyl) amino] cabonyl] amino] sufonyl] benzoate 75%. Inert Ingredient: 25.0%. | 3 Pound | \$ _____ |
| | | Other _____ | \$ _____ |
| 50 Gallons or More | AATREX- 4L, or Equivalent. Active Ingredient: Atrazine 2- Chloro - 4 - (Ethylamino) - 6 - Isopropylamino - S - Triazine 40.8%. Related Compounds: 2.2%. Inert Ingredient: 57.0%. 4 Pounds Active Ingredient Per Gallon. | Per Gallon | \$ _____ |
| | | Other _____ | \$ _____ |
| 40 Quarts or More | An Agricultural Approved, Non-Ionic Surfactant. At Least 80.0% Active Ingredient. | 1 Quart | \$ _____ |
| | | 1 Gallon | \$ _____ |
| | | Other | \$ _____ |
| 50 Gallons or More | 2 4 d, with Amine, or Equivalent. | Per Gallon | \$ _____ |
| | | Other | \$ _____ |
| 100 Pounds or More | Karmex DF, or Equivalent. Active Ingredient: Diuron [3 - (3,4-Dichlorophenyl)-1, 1-deimethylureal] 80.0%. Inert Ingredient: 20.0%. | 4 Pound | \$ _____ |
| | | 50 Pound | \$ _____ |
| | | Other | \$ _____ |

| | | | |
|--------------------|--|----------------------------------|----------------------------------|
| | <u>Gopher Poison (Poison Grain).</u> | 1 Pound 50 Pound Other | \$ _____ \$ _____ \$ _____ |
| 50 Gallons or More | <u>Banvel, Or Equivalent.</u> Active Ingredients: Dimethylamine Salt of Dicamba 3, 6-Dichloro-O-Amisic Acid 48.2%; Dimethylamine Salts of Related Acids 12.0%. Inert Ingredient: 39.8%. | 2.5 Gallon 30 Gallon Other | \$ _____ \$ _____ \$ _____ |
| 50 Gallons or More | <u>Pathway, Or Equivalent.</u> Active Ingredients: Picloram: 4-Amino-3, 5, 6-Trichloropicolinic Acid, as the Trisopropanolamine Salt 5.4%; 2, 4 - Dichlorophenoxyacetic Acid, as the Trisopropanolamine Salt 20.9%. Inert Ingredients: 73.7%. Acid Equivalents: Picloram 3.0%. 2,4 - Dichlorophenoxyacetic Acid 11.2%. | 2.5 Gallon Other | \$ _____ \$ _____ |
| 50 Gallons or More | <u>Garlon 4, Or Equivalent.</u> Active Ingredients: Triclopyr (3, 5, 6-Trichloro-2-Pyridinyloxyacetic Acid) Butoxyethyl 61.6%. Acid Equivalent: Triclopyr – 44.3% - 4 Pound Per Gallon. Inert Ingredients: 38.4%. | 2.5 Gallon Other | \$ _____ \$ _____ |
| 50 Pounds or More | <u>Sahara (Water Dispersible Granules), Or Equivalent.</u> Active Ingredients: Imazapyr 7.78%; Diuron 62.2%. Inert Ingredients: 30.0%. | 1 Pound 10 Pound Other | \$ _____ \$ _____ \$ _____ |
| | <u>Nobel, or Equivalent.</u> 100% Methylated Oil. | 2.5 Gallon Other | \$ _____ \$ _____ |
| | <u>Grazon, or Equivalent.</u> Active Ingredients: Picloram: 4-amino-3,5,6-Trichloropicolinic acid, trisopropanolamine salt 10.2%; 2,4-dichlorophenoxyacetic acid, trisopropanolamine salt 39.6%; Inert Ingredients: 50.2% | 2.5 Gallon Other | \$ _____ \$ _____ |
| | <u>Baron, or Equivalent.</u> Active Ingredient: Nonylphenol polyethylene glycol ether, free fatty acids, dimethylpolysiloxane 93% Inert Ingredients: 7% | 2.5 Gallon Other | \$ _____ \$ _____ |
| | <u>Spi Max, or Equivalent.</u> Proprietary Colorant Blend – 100%. | 2.5 Gallon | \$ _____ |

| | | | |
|--|---|------------|---------|
| | | Other | \$_____ |
| | <u>Outrider or Equivalent.</u> Active Ingredient: 75% Sulfosulfuron | 20 Ounce | \$_____ |
| | | Other | \$_____ |
| | <u>Tordon K</u> Active Ingredient: 24.4% Picloram | 2.5 Gallon | \$_____ |
| | | Other | \$_____ |
| | <u>METCEL or Equivalent.</u> | 16 Ounce | \$_____ |
| | | Other | \$_____ |

(THE ABOVE TO BE USED BY CUSTER COUNTY, OKLAHOMA.)

BID TO BE FIRM FROM: MAY 27, 2013 THRU APRIL 30, 2014

Vendor Name/Signature/Vendor Telephone Number

Vendor Address/Vendor Facsimile Number

Vendor Email Address/Vendor Taxpayer ID Number

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) | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | |
| | <input type="checkbox"/> Exempt payee | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| City, state, and ZIP code | | |
| 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 the "Name" line 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.

| | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | | | | | | |

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

| | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|
| 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 ▶ | 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.

