

**SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION
CONTRACT PROPOSAL**

DOT-123
(5/05)
1 of 1

CODE	PROJECT			MAINT UNIT	CONTROL		BEGIN MRM	END MRM
	PRE	ROUTE	AGR		REFERENCE	AFE		
		000N		492		i4d3	2305	
		000P		492		i4d4	2305	
		000N		491		i4d5	2305	
		000P		491		i4d6	2305	

CITY AND/OR COUNTY: Custer County BUDGET SOURCE: FY 2016, Contract Maint

FINALS ENGINEER REVIEW REQUIRED: YES NO
 REGION MATERIALS CERTIFICATION REQUIRED: YES NO
 CERTIFIED INSPECTORS/TESTERS REQUIRED: YES NO
 TO BE INSTALLED ON CM&P: YES NO

TYPE, PURPOSE AND LOCATION OF WORK: Control growth of declared weeds in Custer County South Dakota Department of Transportation right of way.

ESTIMATE OF QUANTITIES AND COST

BID ITEM NUMBER	ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
910E1070	Labor and Equipment	400	hr		
910E0003	24D Amine	80	oz		
910E0082	Perspective	30	oz		
910E0085	Milestone	1500	oz		
910E0180	Marker Dye	150	oz		
910E0195	Brewer 90 Surfactant	400	oz		
TOTAL					

CONTRACTOR'S PROPOSAL STATEMENT

The undersigned does hereby agree to furnish the labor and/or material in the quantities, at the unit price, for the purpose, in the place and in accordance with attached provisions upon approval of this Proposal by the State Transportation Commission. This document becomes the Contract when signed by the Contractor and a Department of Transportation Representative. The Contractor agrees to provide services in compliance with the Americans with Disabilities Act of 1990. The Contractor agrees to provide a certificate of insurance prior to commencing work, for liability coverage for the duration of the work as per the current edition of the SDDOT Standard Specifications for Roads and Bridges.

PROPOSED START DATE _____ OVERALL COMPLETION DATE October 1, 2016

SUBSCRIBED AND SWORN TO BEFORE ME THE _____ SIGNATURE _____
 _____ DAY OF _____, 20__ COMPANY _____
 _____ ADDRESS _____

NOTARY - My Commission Expires _____ FEDERAL TAX ID NUMBER _____

RECOMMENDED FOR APPROVAL: _____
 _____ CONSTRUCTION & MAINTENANCE ENGINEER _____ DATE _____

REGION ENGINEER _____ DATE _____ DIRECTOR OF OPERATIONS _____ DATE _____

APPROVED FOR THE TRANSPORTATION COMMISSION
 NAME _____ TITLE _____ DATE _____

APPROVED as per Federal Highway Stewardship Provisions this _____ day of _____, 20__.

PROJECT DEVELOPMENT ENGINEER _____

SPECIFICATIONS

- 1.) The Contractor does hereby agree to furnish the necessary equipment, and labor to control the growth of declared noxious weeds within the right-of-way of State Highway routes as listed on Exhibit B.
- 2.) The spraying shall consist of spot treatments and be accomplished by using the herbicides and application rates recommended. If a herbicide is needed that is not on this contract, the type and price shall be negotiated and added by Change Order.
- 3.) The Contractor agrees to indemnify, save and hold harmless the Department all its employees and agents, from any and all claims, demands, actions or causes of action of whatsoever nature or character arising out of, or by reason of, the execution of performance of the work provided for under this contract whether or not the Contractor itself is negligent or otherwise culpable, and further agrees to defend at its own sole cost and expense any action or proceeding commenced for the purpose of asserting any claim on whatsoever nature or character arising under this contract whether or not the Contractor is itself negligent or otherwise culpable.
- 4.) The spraying shall be accomplished by personnel properly licensed by the South Dakota Department of Agriculture.
- 5.) Contractor shall not stop their vehicles on the driving lanes.
- 6.) All contractor spraying vehicles shall be equipped with a flashing amber warning light and should be in operation while spraying highway right of way.
- 7.) The Contractor shall advise the local Maintenance Supervisor of his intent to spray, 48 hours prior to doing so.
- 8.) The Contractor shall complete the attached daily form (DOT-820) "Contract" Daily Pesticide Application Record (EXHIBIT A) furnished by the Department, after each day of spraying.
- 9.) The Contractor shall provide the Maintenance Supervisor with a completed copy of the daily form (DOT-820) within one week after completing the spraying.
- 10.) The Contractor shall submit an invoice for payment to the Area Engineer or Maintenance Supervisor (as instructed). The invoice shall be accompanied by the completed original daily form(s) DOT-820. Separate invoices may be submitted for the Spring and Fall sprayings, if the Contractor desires to do so.
- 11.) These applications must be applied by October 1, 2016.

"CONTRACT" DAILY PESTICIDE APPLICATION RECORD

DATE: _____ CONTRACT NO: _____

CUSTOMER: _____

CONTRACTOR: _____

SPRAYING ON THIS DATE WAS ACCOMPLISHED ON: _____ INDICATE WHICH DITCH

HIGHWAY NO: _____ FROM MRM _____ TO MRM _____ N S E W OR MEDIAN

HIGHWAY NO: _____ FROM MRM _____ TO MRM _____ N S E W OR MEDIAN

HIGHWAY NO: _____ FROM MRM _____ TO MRM _____ N S E W OR MEDIAN

HIGHWAY NO.	TYPE OF PESTICIDE	AMOUNT USED	COST/UNIT	COST
_____	_____	X	_____ =	_____

_____	_____	X	_____ =	_____
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HIGHWAY NO.	EMPLOYEE NAME	HOURS WORKED	RATE	COST
_____	_____	X	_____ =	_____

_____	_____	X	_____ =	_____
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HIGHWAY NO.	MILES OR EQUIPMENT	HOURS WORKED	RATE	COST
_____	_____	X	_____ =	_____

_____	_____	X	_____ =	_____
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_____	_____	X	_____ =	_____
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TOTAL COST = _____

SPRAYER OPERATOR SIGNATURE
D.O.A. LICENSE NUMBER: _____

THIS FORM SHALL BE COMPLETED IN TRIPLICATE. ONE COPY TO BE FORWARDED TO THE LOCAL MAINTENANCE UNIT SUPERVISOR, AND ONE TO BE RETAINED ON FILE BY THE CONTRACTOR AND ONE (ORIGINAL) TO ACCOMPANY THE CONTRACTOR'S INVOICE FOR PAYMENT.

PROJECTS FOR WEED SPRAYING
EXHIBIT B
CUSTER COUNTY

Project Number	Function	Route	Begin MRM	End MRM
016-491	2305	US16	0.00	33.76
16A-491	2305	US16A	23.13	51.96
036-491	2305	SD36	36.00	45.21
040-491	2305	SD40	41.20	69.47
079-492	2305	SD79	32.90	59.50
079-452	2305	SD79	59.50	61.68
087-491	2305	SD87	47.27	75.90
089-492	2305	SD89	33.00	44.41
089-491	2305	SD89	58.51	64.58
385-492	2305	SD385	39.40	42.70
385-491	2305	SD385	49.20	66.93