

February 11, 2019

NOTICE TO CONTRACTORS

Sealed bids will be received by the South Dakota Department of Transportation until 1:30 pm, **Wednesday, February 27, 2018** at which time they will be opened for the following project(s):

Project Number	PCN	County	Type of Work	Area Engineer
000P-191, 000N-191	i5h0, i5h1	Beadle	Weed Spraying	Brad Letcher (605-353-7140)
000P-192, 000N-192	i5h2, i5h3	Buffalo, Hand, Hughes, Hyde	Weed Spraying	Brad Letcher (605-353-7140)
000P-191, 000N-191	i5h4, i5h5	Clark	Weed Spraying	Brad Letcher (605-353-7140)
000P-191, 000N-191	i5h6, i5h7	Kingsbury	Weed Spraying	Brad Letcher (605-353-7140)
000P-192, 000N-192, 000P-151, 000N-151	i5h8, i5h9, i5ha, i5hc	Spink	Weed Spraying	Brad Letcher (605-353-7140)

Should you have questions you are encouraged to contact Area Engineer listed for the project.

AVAILABILITY OF PLANS AND PROPOSALS:

Specifications and proposal forms are available at the Huron Area Office and at the following website: <http://sddot.com/business/contractors/bid/region/default.aspx>

The DOT-123 form provided within the proposal document is for information only. Do not use for bidding purposes. Bids submitted on the enclosed DOT-123 form will be considered void and will not be accepted by the department. Please email the Aberdeen Area office for the DOT-123 form that can be used for bidding purposes to the following:

Scott.Schneider@state.sd.us and Michael.Welch@state.sd.us

The email request for the DOT-123 form shall include the following information, so that the SDDOT can maintain a list of prospective bidders for this project and to maintain a contact list for future region lettings:

Company Name
Mailing Address
Phone Number

Addendums, if any, will be made available on-line at the above website, no later than **48 hours** prior to opening bids. It will be the Contractor's responsibility to check for addendums prior to submitting bids.

CONTENT OF PROPOSALS:

Returned Proposals shall include the following items all signed in ink:

1. A notarized Contract Proposal (DOT-123). Non-signature items shall be typed or completed in ink.

Bids shall be in sealed envelopes and clearly marked on the outside as to the content when delivered to the Regional Office by the time indicated for Opening. Proposals faxed to the office will not be accepted.

<i>If hand delivering or using a package delivery service, address the envelope:</i>	<i>If using the US Postal Service, address the envelope:</i>
Jeff Senst, Region Engineer Department of Transportation 2735 West Highway 12 Aberdeen, SD 57401	Jeff Senst, Region Engineer Department of Transportation P.O. Box 1767 Aberdeen, SD 57402-1767

Bidders will be required to fill out the blank spaces in the proposal form correctly. The bidder must fill in a unit price for each bid item shown on the proposal form. Bidders will also be required to carry out extensions and determine the "Total or Gross Sum Bid" as indicated in the proposal. The total of any proposal, as determined by the bidder, will be used only for a comparison when bids are publicly opened and read, and any errors noted in extensions or totals will be corrected to determine the "Total or Gross Sum Bid" of any proposal.

Failure to properly carry out any of the above requirements is deemed as sufficient reason to reject any proposal.

MISCELLANEOUS:

Any person engaged in highway construction work in the State of South Dakota must obtain a motor fuel highway contractor tax license.

The Department of Transportation in accordance with Title VI of the Civil Rights Act of 1964, 78 Stat. 252, 42 U.S.C. 2000d to 2000d-4 and Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, Part 21, Nondiscrimination in Federally-assisted programs of the Department of Transportation issued pursuant to such Act, hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, minority business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, religion, national origin, sex, age or disability in consideration for an award.

The Contractor, by signing and submitting a bid or proposal, agrees to provide services in compliance with the Americans with Disabilities Act of 1990.

The Department of Transportation reserves the right to reject any and all bids.

Sincerely,

DEPARTMENT OF TRANSPORTATION

Jeff Senst, P.E.
Aberdeen Region Engineer

cc:
J. Humphrey
B. Letcher
File

**SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION
CONTRACT PROPOSAL**

DOT-123
July 2018
1 of 1

CODE	PROJECT			MAINT UNIT	CONTROL REFERENCE		AFE	FUNCTION	BEGIN		END	
	PRE	ROUTE	AGR		MRM	MRM			MRM	MRM		
	DCON			1			1516	2305				
	DCON			1			1517	2305				

This document is for

CITY AND/OR COUNTY: Kingsbury BUDGET SOURCE: FY19 Contract Maintenance

REGION MATERIALS CERTIFICATION REQUIRED: YES NO WIP #: _____
 CERTIFIED INSPECTORS/TESTERS REQUIRED: YES NO
 TO BE INSTALLED ON CM&P: YES NO

TYPE, PURPOSE AND LOCATION OF WORK: Control growth of noxious weeds in the state highway right-of-way in Kingbury County & bare ground

information only.

BID ITEM NUMBER	ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
910E0007	Tordon	1800	oz		
910E0003	24 D	6500	oz		
910E0020	Sahara	100	LB		
910E0100	Escort	200	oz		
910E0085	Milestone	600	oz		
910E0160	Glyphosate	1100	oz		
910E0197	Surfactant	1400	oz		
910E1010	Truck	150	hr		
910E1050	ATV/Sprayer	300	hr		
TOTAL					

CONTRACTOR'S PROPOSAL STATEMENT

The undersigned agrees to offer the labor and material in the quantities, at the unit price, for the purpose, in the place, and in accordance with attached provisions. The Contractor will provide services in compliance with the Americans with Disabilities Act of 1990 and any amendments.

Do not use for bidding

SUBSTANTIAL COMPLETION DATE _____ PROPOSAL START DATE April, 2019
 FIELD WORK COMPLETION DATE 10/1/2019 SIGNATURE _____
 SUBSCRIBED AND SWORN TO BEFORE ME THE _____ PRINTED NAME _____
 _____ DAY OF _____, 20____ COMPANY _____
 NOTARY _____ STR. ADDRESS _____
 My Commission Expires: _____ CITY, STATE, ZIP _____
 DATE _____ (SEAL) FEDERAL TAX ID NUMBER _____

purposes.

RECOMMENDED FOR APPROVAL:			
_____	_____	CONSTRUCTION & MAINTENANCE ENGINEER	DATE _____
AREA / REGION / OPS ENGINEER	DATE _____	DIRECTOR OF OPERATIONS	DATE _____
_____	_____	INTERNAL SERVICES / AUDITS	DATE _____

ACCEPTED BY SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION
 NAME _____ TITLE _____ DATE _____
 IF FEDERAL FUNDS WILL BE EXPENDED UNDER THIS AGREEMENT, ACCEPTANCE BY PROJECT DEVELOPMENT IS REQUIRED
 _____ DATE _____
 PROJECT DEVELOPMENT ENGINEER

Weed Spraying Specifications

The contractor does hereby agree to furnish the necessary equipment, materials and labor to control the growth of declared noxious weeds within the right-of way of state routes.

Spraying

The spraying shall consist of spot treatments and shall be accomplished by using the herbicides specified on the contract with applicable rates as recommended by the manufacturer. If a herbicide is needed that is not on this contract, the type and price shall be negotiated and added by Change Order, prior to use of the herbicide.

The contractor agrees to indemnify, save, and hold harmless the Department and all its employees and agents, from any and all claims, demands, actions or cause of action of whatsoever nature or character arising out of, or by reason of, the execution of performance of the work provided for under the contract whether or not the Contractor itself is negligent or otherwise culpable. The Contractor 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. This section does not require the Contractor to be responsible for or defend against claims or damages arising solely from acts or omissions of the State, its officers or employees.

The spraying shall be accomplished by personnel properly licensed by the South Dakota Department of Agriculture.

The Contractor shall advise the local Maintenance Supervisor of his intent to spray, 48 hours prior to doing so.

The Contractor shall complete the attached daily form (DOT 820) "Contract Daily Pesticide Application Record" (Exhibit B), furnished by the Department, after each day of spraying.

The Contractor shall provide the Maintenance Supervisor with a complete copy of the daily form (DOT 820) at the end of spraying.

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.

The herbicide selected for use will dictate frequency and timing of application. If Two applications are required per growing season, the first shall be made in the spring of the year while the second shall be made in the late summer or early fall as directed by the Maintenance Supervisor. For herbicides requiring a single application, the application shall be made in accordance with the label for the product being used.

Equipment used for spraying shall be equipped with a flashing amber light. The light shall be turned on and used at all times during spraying operation.

Growth Suppression

The following locations shall be treated for growth suppression:

1. 6 foot radius around all sign and delineator posts.
2. Underneath and 3 foot behind guide rail.

Herbicides shall be applied uniformly with properly calibrated equipment using at least 10 gallons water as a carrier per acre.

Herbicides for growth suppression shall be applied in the spring of the year. Herbicides shall not be applied to vegetation that has exceeded 8" in height.

Attachment A KINGSBURY COUNTY



"Contract" Daily Pesticide Application Record

Date: _____ Contact 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	_____ =	_____
_____	_____	_____ X	_____ =	_____

Highway No.	Employee Name	Hours Worked	Rate	Cost
_____	_____	_____ X	_____ =	_____
_____	_____	_____ X	_____ =	_____
_____	_____	_____ X	_____ =	_____

Highway No.	Equipment	Miles or Hours Worked	Rate	Cost
_____	_____	_____ X	_____ =	_____
_____	_____	_____ X	_____ =	_____
_____	_____	_____ X	_____ =	_____
			Total Cost	= _____

Sprayer Operator Signature

D.O.A. License Number: _____

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