



REQUEST FOR PROPOSAL

RFP 042013

Bay County

Emerald Ash Borer Treatment Proposal

Bay County Purchasing Division

On behalf of the

Bay County Gypsy Moth Program

THOMAS HICKNER

BAY COUNTY EXECUTIVE

REQUEST FOR PROPOSAL- THIS IS NOT AN ORDER OR OFFER

**IF FOR ANY REASON YOU CANNOT BID, RETURN THIS FORM SO STATING TO ENSURE THAT YOUR NAME
MAY BE RETAINED ON OUR BIDDERS LIST**

DATE OF REQUEST **FEBRUARY 25, 2013**

REFERENCE PROPOSAL NUMBER **RFP 042013**

PROPOSED DATE/TIME REQUIRED **MARCH 15, 2013
10:00 A.M.**

SUBMIT PROPOSAL TO **BAY COUNTY FINANCE DEPT.
ATTN: FRANCES HORGAN
BAY COUNTY BUILDING
8th FLOOR
515 CENTER AVENUE
BAY CITY, MI 48708-5128**

MARK PROPOSAL **"EMERALD ASH BORER TREATMENT DELIVER TO
THE PURCHASING OFFICE IMMEDIATELY"**

The Bay County Purchasing Division, on behalf of the Finance Department is soliciting sealed proposals for the following:

Injection of ash trees with the insecticide Tree-age to control Emerald Ash Borer (EAB)

Bay County is seeking to enter into a one-year contract for the treatment of ash trees that are infested with the invasive beetle, Emerald Ash Borer (*Agrilus planipennis*). Treatment will be done using the injected systemic insecticide Tree-Age, a micro-encapsulated liquid formulation of 4% Emamectin Benzoate specifically labeled for trunk injection to control Emerald Ash Borer in ash species (*Fraxinus* spp.) The ash trees will be divided into four (4) separate treatment blocks. The treatment blocks will contain roughly the same number of trees and will be based in a given geographic area. Maps and tree inventory for each treatment block can be found in Addendum A. Bidders are encouraged to bid on any or all of the treatment blocks. The total number of trees treated will be determined by the County after review of the trees for health prior to the beginning of the treatment period. All trees are located on public land.

Project Description

Ash Trees in Bay County are being killed by a growing infestation of Emerald Ash Borer beetles. To this end, Contractors are being solicited to enter into a contract with Bay County to provide application services and pesticide to control the pest *Agrilus planipennis* (EAB). The following sections describe the pesticide, equipment and other requirements the applicator must meet to be awarded a contract.

Specifications

1. Service Required

On the days of treatment, the Contractor or prior approved Contractor employee assigned shall be in full charge of the work, shall have full authority for making decisions involving the work, and shall not be removed or replaced except with County's prior approval.

2. Service Period

Services shall be completed between May 1, and June 30, depending on entomological and weather conditions. The County reserves the option to extend the contract for one (1) additional year.

The Contractor agrees that the Applicators and Equipment used on this job shall be assigned exclusively to County work until the work is completed or release is approved by the County.

3. Regulation Compliance

The Contractor shall be aware of and comply with all federal, state and local laws and regulation.

4. Applicator Certification

All Applicators shall be certified for pesticide application 3B (Woody Ornamentals) with the Michigan Department of Agriculture. Proof of Certification shall be required within fifteen (15) days of contract award. The county may reject at any time, the contractor's representative, or any applicator, which is, in the county's sole discretion, unqualified or incompetent, violates contract provisions or operates equipment in a negligent manner.

5. Subcontractors

Subcontractors are not preferred, but if deemed necessary, a list of subcontractors must be submitted fifteen (15) days prior to treatment. Subcontractors shall meet all the requirements of this proposal. All subcontractors shall be subject to the county's prior approval.

6. Equipment Required

- The Contractor will use application equipment consistent with the pesticide manufacturer's requirements as directed on the pesticide's label. Either high pressure (125 PSI) or low pressure (30-60 PSI) devices may be used.
- Pesticide shall be injected through a one-way valve type plug. The purpose of this device is to assure the proper dose is sealed within the sapwood during and after pressurized applications protecting the environment and the operator from contact with the pesticide. The Plug shall meet the following requirements:
 - Have a hard exterior plastic shell or housing and a soft inner septum or core to allow for the insertion of a needle. When installed, both shall hold back internal pressures up to 600 psi during and after injection.
 - Able to be set into the sapwood.
 - The hole needed for installation of the plug shall not exceed 3/8 inch diameter.
 - Shall not contain any metal.
 - The plug shall not be threaded into the hole.

7. Pesticide Formulation Specifics

- Product used to treat Bay County ash trees shall be **Tree-Age**, a micro-encapsulated liquid formulation of 4% Emamectin Benzoate specifically labeled for trunk injection to control Emerald Ash Borer (*Agrilus planipennis*) in ash species (*Fraxinus* spp.), **no substitution or equal will apply.**
- The Contractor shall purchase the pesticide in sufficient quantities to treat all trees as described in **Addendum A.**
- The dose shall be in accordance with the amounts given in **Addendum B.**
- The contractor shall supply up-to-date copies of the EPA approved label and MSDS.

8. Pre-Treatment Survey

Ash tree inventories were done in the fall of 2012 so the condition of individual trees may have changed, therefore the Contractor will work with the Bay County Gypsy Moth Suppression Program Coordinator to determine which trees will be treated. Surveys will be coordinated between the Contractor and the Program Coordinator once bud break has been observed.

9. Treatment Maps and Detailed Tree Information

A county-wide map showing the general location of all trees included in this bid specifications is included as part of **Addendum A.** The Contractor will be provided with detailed maps and GPS location of each tree with information about the size in inches as Diameter at Breast Height (DBH) and condition of the tree prior to treatment. Trees to be treated will be marked with a dot near the base on the north east side of the tree or the side closet to the road where applicable.

CONTENT OF PROPOSAL:

To be considered you must submit all required elements listed below. They should bear the letters and heading contained within this RFP.

1. All Bids must be good for ninety (90) days after the previous stated bid opening date.
2. All proposals shall be based on a one-year contract starting April 25, 2013, and prices shall remain constant for the term of the contract.
3. The bidder shall submit their pricing requirement only on the provided pricing sheet. **(See Attachment A)**
4. Each bidder shall furnish copies of the following: **(See Attachment B)**
 - A. Michigan Department of Agriculture Commercial Applicators License (3B category)
 - B. Michigan Business License
 - C. Proof of Insurance meeting the requirements listed in General Information #5
 - D. Proof they are trained to use Tree-age and the equipment needed
 - E. Financial Reference

5. Each Bidder shall list three (3) references from past clients serviced using Tree-Age within the past 3 years. These references shall also list the number of trees treated for the client. **(See Attachment C)**

The following will not be considered for evaluation but must be completed and submitted or your proposal will be considered incomplete, marked rejected and returned.

6. Each bidder is required to accompany their formal bid with a written sworn statement affirming they have not been a party to a collusive agreement. **(See Attachment D)**

Other Requirements:

7. Each bidder is required to accompany their formal bid with their Business information and Electronic Payment information; this form may be submitted after award of the contract. **(See Attachment E)**

GENERAL INFORMATION:

1. **ADDENDA:** All additions, corrections or changes to the solicitation documents will be made by addenda only. Bidders shall not rely upon interpretations, corrections, or changes made in any other manner, whether by telephone or in person. Additions, corrections, and changes shall not be binding unless made by addenda. All addenda issued shall become part of the Agreement documents. Addenda will be sent to all known potential bidders by e-mail.
2. **CONTACT INFORMATION:** To receive these communications, possible bidders are asked immediately to send contact information by email to Frances Horgan, Bay County Purchasing Agent, at horganf@baycounty.net; failure to do so may limit your ability to submit a complete, competitive proposal.
3. **TAX-EXEMPT STATUS:** Bay County is a tax-exempt entity. The successful bidder will receive a tax-exempt form.
4. **FOIA:** All bids are confidential until the listed bid opening time and date; however, as a public entity, Bay County is subject to the Michigan Freedom of Information Act (FOIA). Information contained in proposals may be subject to FOIA requests.
5. **RESPONSIBILITY:** Bidders are solely responsible for ensuring their bid is received by the Bay County Purchasing Agent in accordance with the solicitation requirements, before the date and time specified in this Request, and at the place specified.

The Bay County Purchasing Agent shall not be responsible for any delays in mail or by common carrier or mistaken delivery. Delivery of bid shall be made to the Bay County Purchasing Agent, Bay County Building, 8TH Floor, Bay City, MI 48708.

Deliveries made before the due date and time but to the wrong office will be considered non-responsive unless re-delivery is made to the office specified before the due date and time specified in this request.

6. **INSURANCE:** The Supplier shall purchase and maintain such insurance as will protect him from claims set forth below which may arise out of or result from the Supplier's service, whether such service be by himself or by any subcontractor or by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable:
 - a. Worker's compensation insurance for claims under Michigan's Workers' Compensation Act or other similar employee benefit act of any other state applicable to an employee.

- b. Employer's liability insurance, in conjunction with workers' compensation insurance, for claims for damages because of bodily injury, occupational sickness or disease or death of an employee when workers' compensation may not be an exclusive remedy, subject to a limit of liability of not less than \$100,000 each accident.
- c. Motor vehicle liability insurance required by Michigan law including no-fault coverage for claims arising from ownership, maintenance or use of a motor vehicle with liability limits of not less than \$1,000,000 per occurrence combined single limit bodily injury and property damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.
- d. General liability insurance for claims for damages because of bodily injury or death of any person, other than the Supplier's employees, or damage to tangible property of others, including loss of use resulting by other specific liability insurance and are ordinarily insurable under general liability insurance, subject to bodily injury limits of not less than \$1,000,000 each occurrence and mandatory \$1,000,000 annual aggregate and property damage limits of not less than \$1,000,000 each occurrence; or combined bodily injury/property damage limits of not less than \$1,000,000 each occurrence, and \$1,000,000 annual aggregate.
- e. Professional liability coverage (error and omissions) with limits of liability of \$1,000,000 claim applicable to this retention.

Insurance required shall be in force until acceptance by the County of the delivered goods, and shall be written for not less than any limits of liability specified above. The Supplier has the responsibility of having any subcontractor comply with these insurance requirements. Certificates of insurance, acceptable to the County, shall be filed with the County prior to commencement of the project. These certificates shall contain a provision that coverages afforded under the policies will not be modified or canceled without 30 days prior written notice to the County.

The following wording shall appear on the certificates of insurance:

"It is understood and agreed that thirty (30) days advance written notice of cancellation, non-renewal, reduction, and/or material change in coverage will be mailed to Bay County."

Commercial general liability as described above shall include an endorsement stating the following shall be ADDITIONAL INSURED:

"It is understood and agreed that the following shall be additional insureds: The County of Bay including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees, and volunteers".

This coverage shall be primary to the additional insureds, and not contributing with any other insurance or similar protection available to the additional insureds, whether said other available coverage be primary, contributing, or excess.

All coverages shall be with insurance carriers licensed and admitted to do business in Michigan.

- 7. COST OF DEVELOPING PROPOSAL: The Respondent shall be responsible for all costs incurred in the development and submission of this response. The County assumes no contractual obligation because of the issuance of this RFP, the preparation or submission of a response by a Respondent, the evaluation of an accepted response, or the selection of finalists. The County will not be contractually bound until the County and the successful Respondent have executed a written contract for performance of the work.

8. **PROPOSAL DELIVERY:** Proposals must be returned no later than **March 15, 2013 @ 10:00 A.M.** in a sealed envelope clearly marked "**Emerald Ash Borer Treatment Proposal**" --- **Deliver to the Purchasing Office immediately.** The same should be mailed or hand delivered to the Bay County Purchasing Office, Bay County Building, 8th Floor, Bay City, Michigan 48708. The County will not accept proposals sent by FAX machine or E-mail.
9. **NON-DISCRIMINATION:** In the performance of the bid, bidder agrees not to discriminate against any employee or applicant for employment, with respect to his or her hire, tenure, terms, conditions or privileges of employment, or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability. Bidder further agrees that every contract or subcontract entered into for the performance of this bid will contain a provision requiring non-discrimination in employment, as here specific, binding upon each Supplier or sub-Supplier. This covenant is required pursuant to the Elliot-Larsen Civil Rights Act (MCL 37.1201 et seq.) or the Michigan Persons with Disabilities Civil Rights Act (MCL 37.1101 et seq.) And any breach of this provision may be regarded as a material breach of the contract or subcontract.
10. **BID OPENING:** There will be a public bid opening immediately following the deadline to receive proposals in the Bay County Finance Department conference room located in the Bay County Building, 7th Floor, 515 Center Avenue, Bay City, Michigan. All bidders are invited to attend and hear the proposals read.
11. **BID REJECTION/ACCEPTANCE:** The County reserves the right to accept or reject any or all bids, to waive any irregularities and to make the final determination as to the best low qualified bid.
12. **AWARD:** In the event the bid is awarded directly by the Assistant County Executive, a Notice of Intent to Award will be used to notify all bidders of his intent to award the bid to the vendor providing the best value to the County. If a bidder disagrees with this intent, the bidder may obtain from the Purchasing Office, a bid protest form, which must be completed and returned to Frances Horgan, Bay County Purchasing Agent, Bay County Recreation and Administrative Service, 8th Floor, Bay County Building, 515 Center Avenue, Bay City, MI 48708-5128, (989) 895-4037 within ten (10) working days from the date of the notice of intent to award.
13. **CONTRACT:** The County's award of this bid is conditioned upon the execution of a formal agreement for products and services between the selected bidder and the County, occurring within 10 days after the date that the bidder receives such agreement from the County. If bidder proposes a standard contract, bidder must submit a copy of all proposed terms and conditions with its proposal. In submitting a proposal, bidder acknowledges that contents of this RFP will become incorporated within any formal agreement. This RFP does not include every term and condition which shall appear in the formal agreement. In the event that the bidder does not execute the formal agreement within the stated time limit, the County may reject the selected bidder and proceed to accept another qualified bid, or reject all bids.

ADA Assistance: The County of Bay will provide necessary and reasonable auxiliary aids and services, such as signers for the hearing impaired and audio tapes of printed materials being considered, to individuals with disabilities upon two days' notice to the County of Bay. Individuals with disabilities requiring auxiliary aids or services should contact the County of Bay by writing or calling:

Michael Gray, Assistant County Executive for Administrative Services
Office of the Bay County Executive
Bay County Building,
515 Center Ave
4th Floor, Suite 401
Bay City, MI 48708-5128
(989) 895-4130
(989) 895-4049 TDD

Frances Horgan, Purchasing Agent
Bay County Finance Department
Bay County Building
515 Center Ave
8th Floor
Bay City, MI 48708-5128
(989) 895-4037
Email: horganf@baycounty.net

This proposal process will be conducted in conformity with the Bay County Purchasing Policy.

All Tree Information: Summarized by tree size (DBH)

Tree size	# of trees	Cumulative DBH	Tree size	# of trees	Cumulative DBH
6	24	144	31	9	279
7	88	616	32	7	224
8	160	1280	33	8	264
9	243	2187	34	6	204
10	293	2930	35	3	105
11	387	4257	36	4	144
12	272	3264	37	2	74
13	232	3016	38	2	76
14	170	2380	39	4	156
15	158	2370	40	4	160
16	115	1840	41	3	123
17	62	1054	45	1	45
18	66	1188	46	1	46
19	42	798	48	2	96
20	49	980	51	1	51
21	28	588	52	1	52
22	20	440	53	1	53
23	31	713	54	1	54
24	18	432	55	1	55
25	26	650	56	1	56
26	18	468	62	1	62
27	15	405	65	1	65
28	9	252	70	1	70
29	12	348	82	1	82
30	4	120	86	1	86

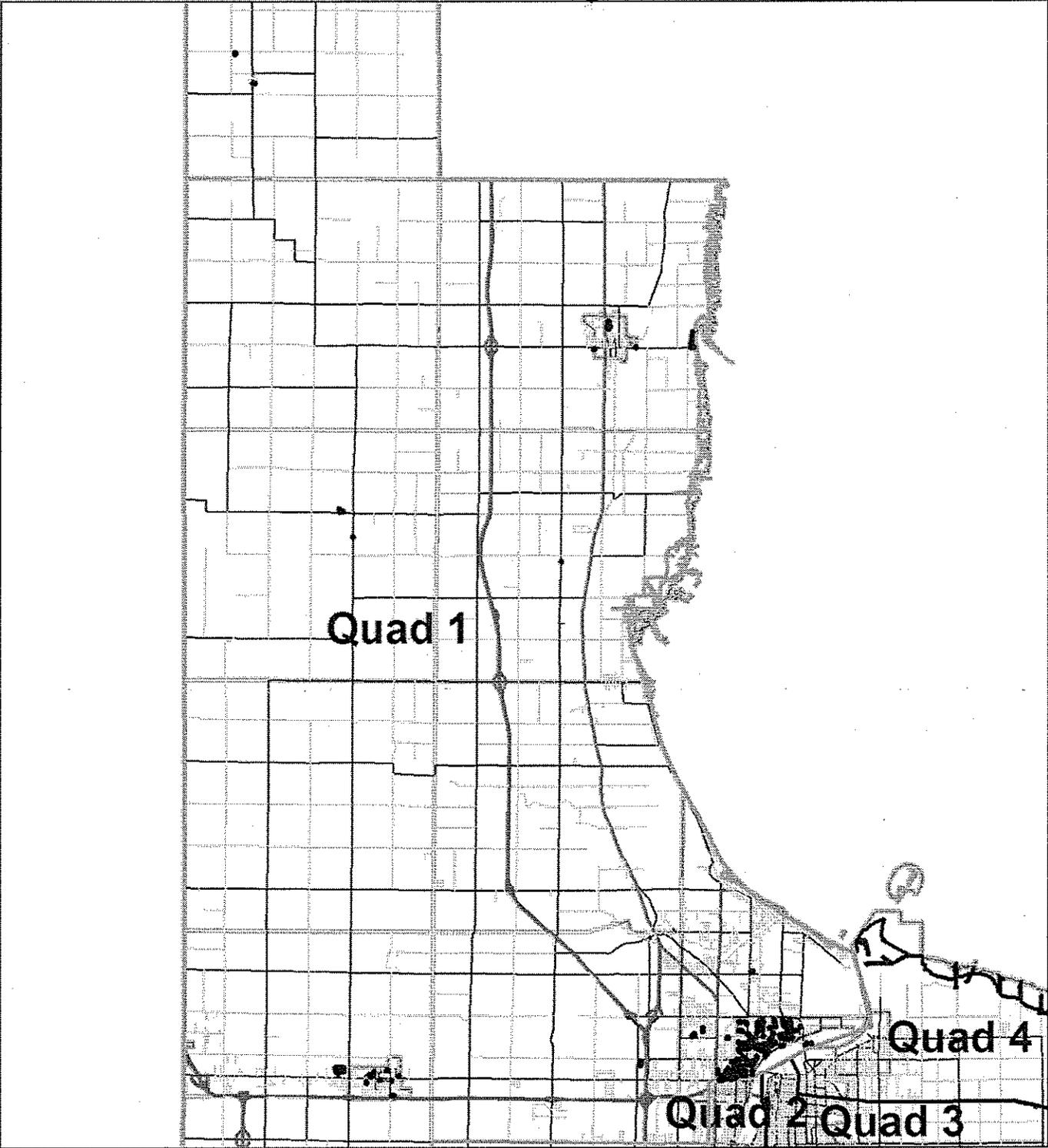
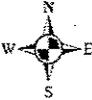
Cumulative totals	
Number of trees:	2609
DBH total:	35,402

**Quad 1
Summarized by Tree Size (DBH)**

Tree size	# of trees	Cumulative DBH	Tree size	# of trees	Cumulative DBH
6	8	48	31	1	31
7	22	154	32	0	0
8	45	360	33	1	33
9	71	639	34	3	102
10	81	810	35	0	0
11	101	1111	36	0	0
12	73	876	37	0	0
13	66	858	38	0	0
14	39	546	39	1	39
15	39	585	40	0	0
16	22	352	41	0	0
17	10	170	45	0	0
18	11	198	46	0	0
19	8	152	48	1	48
20	10	200	51	0	0
21	7	147	52	1	52
22	1	22	53	1	53
23	7	161	54	0	0
24	5	120	55	0	0
25	5	125	56	0	0
26	5	130	62	0	0
27	5	135	65	1	65
28	2	56	70	0	0
29	2	58	82	1	82
30	0	0	86	0	0

Cumulative Totals	
Number of trees:	656
DBH total:	8,518

**Bay County Gypsy Moth Suppression Program
2013 Ash Treatment Map
QUAD # 1**



Projected Coordinate System: NAD_1983_HARN_StatePlane_Michigan_South_FIPS_2113_FEET
Projection: Lambert_Conformal_Conic
False_Easting: 13123359.58005249



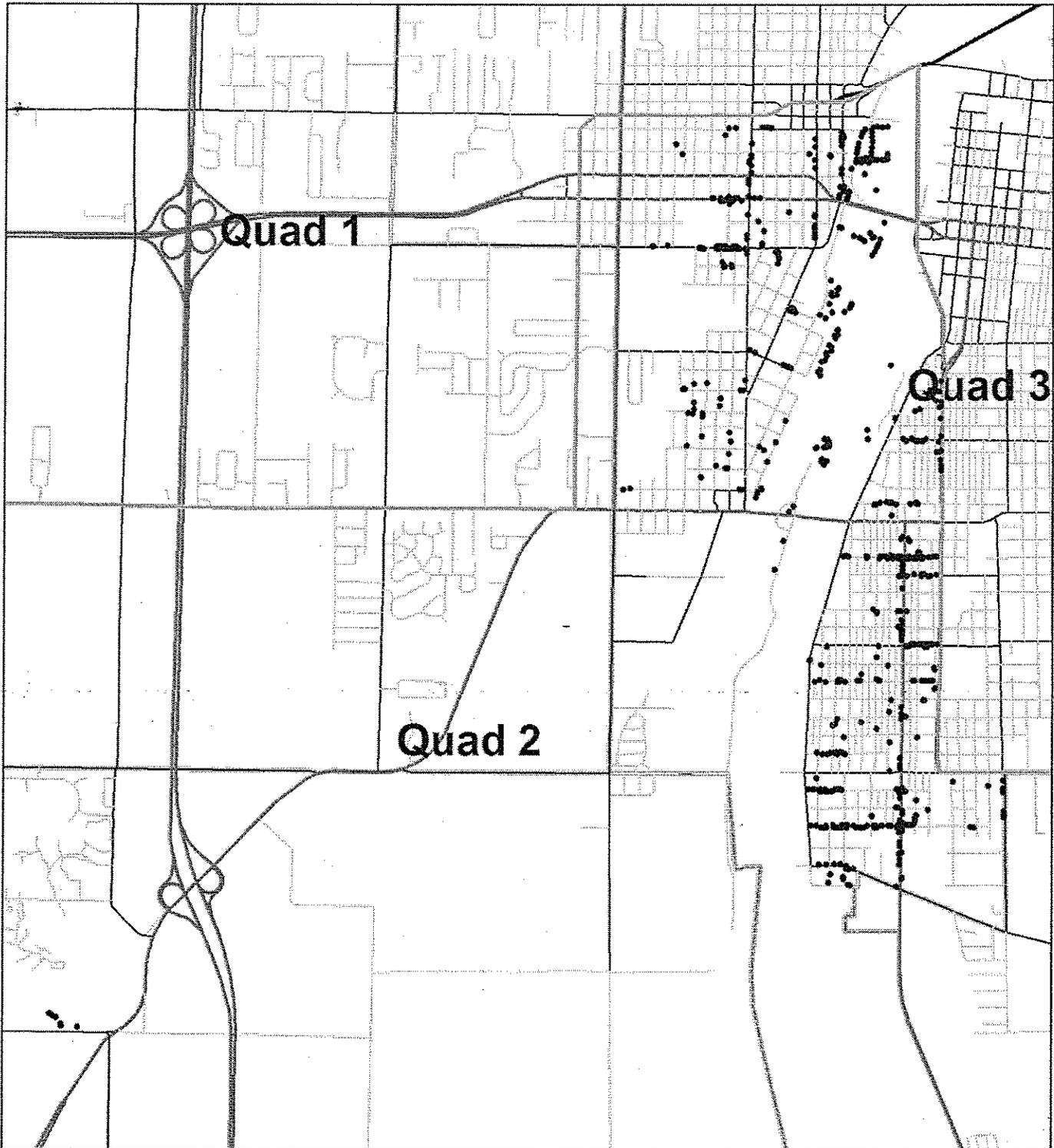
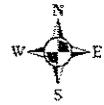
User: awallace
Date: 2/12/2013

**Quad 2
Summarized by Tree Size (DBH)**

Tree size	# of trees	Cumulative DBH		Tree size	# of trees	Cumulative DBH
6	3	18		31	3	93
7	18	126		32	2	64
8	32	256		33	3	99
9	74	666		34	1	34
10	64	640		35	2	70
11	95	1045		36	2	72
12	57	684		37	0	0
13	55	715		38	0	0
14	34	476		39	1	39
15	31	465		40	0	0
16	34	544		41	0	0
17	18	306		45	0	0
18	17	306		46	0	0
19	14	266		48	1	48
20	15	300		51	1	51
21	6	126		52	0	0
22	6	132		53	0	0
23	3	69		54	0	0
24	2	48		55	1	55
25	5	125		56	1	56
26	4	104		62	0	0
27	2	54		65	0	0
28	3	84		70	0	0
29	4	116		82	0	0
30	0	0		86	0	0

Cumulative totals	
Number of trees:	614
DBH total:	8,352

**Bay County Gypsy Moth Suppression Program
2013 Ash Treatment Map
QUAD # 2**



Projected Coordinate System: NAD_1983_HARN_StatePlane_Michigan_South_FIPS_2113_FEET
Projection: Lambert_Conformal_Conic
False_Easting: 13123359.58005249



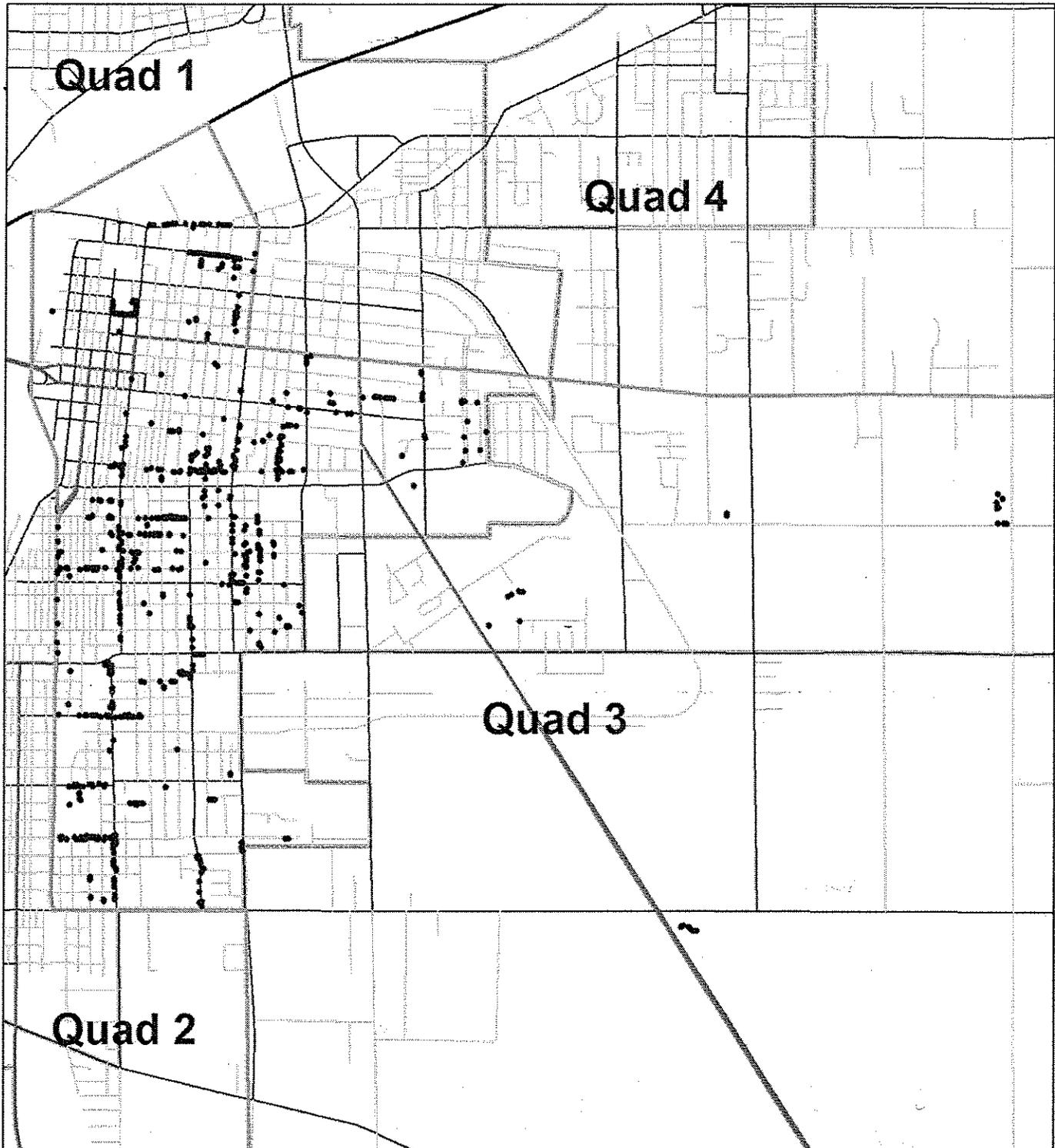
User: awallace
Date: 2/12/2013

Quad 3
Summarized by Tree Size (DBH)

Tree size	# of trees	Cumulative DBH		Tree size	# of trees	Cumulative DBH
6	12	72		31	1	31
7	37	259		32	3	96
8	51	408		33	3	99
9	63	567		34	1	34
10	86	860		35	1	35
11	109	1199		36	1	36
12	87	1044		37	1	37
13	63	819		38	2	76
14	42	588		39	2	78
15	37	555		40	3	120
16	25	400		41	3	123
17	13	221		45	1	45
18	17	306		46	0	0
19	7	133		48	0	0
20	10	200		51	0	0
21	2	42		52	0	0
22	1	22		53	0	0
23	3	69		54	0	0
24	4	96		55	0	0
25	6	150		56	0	0
26	6	156		62	0	0
27	2	54		65	0	0
28	2	56		70	0	0
29	2	58		82	0	0
30	2	60		86	0	0

Cumulative totals	
Number of trees:	711
DBH total:	9,204

**Bay County Gypsy Moth Suppression Program
2013 Ash Treatment Map
QUAD # 3**



Projected Coordinate System: NAD_1983_HARN_StatePlane_Michigan_South_FIPS_2113_FEET
Projection: Lambert_Conformal_Conic
False_Easting: 13123359.58005249



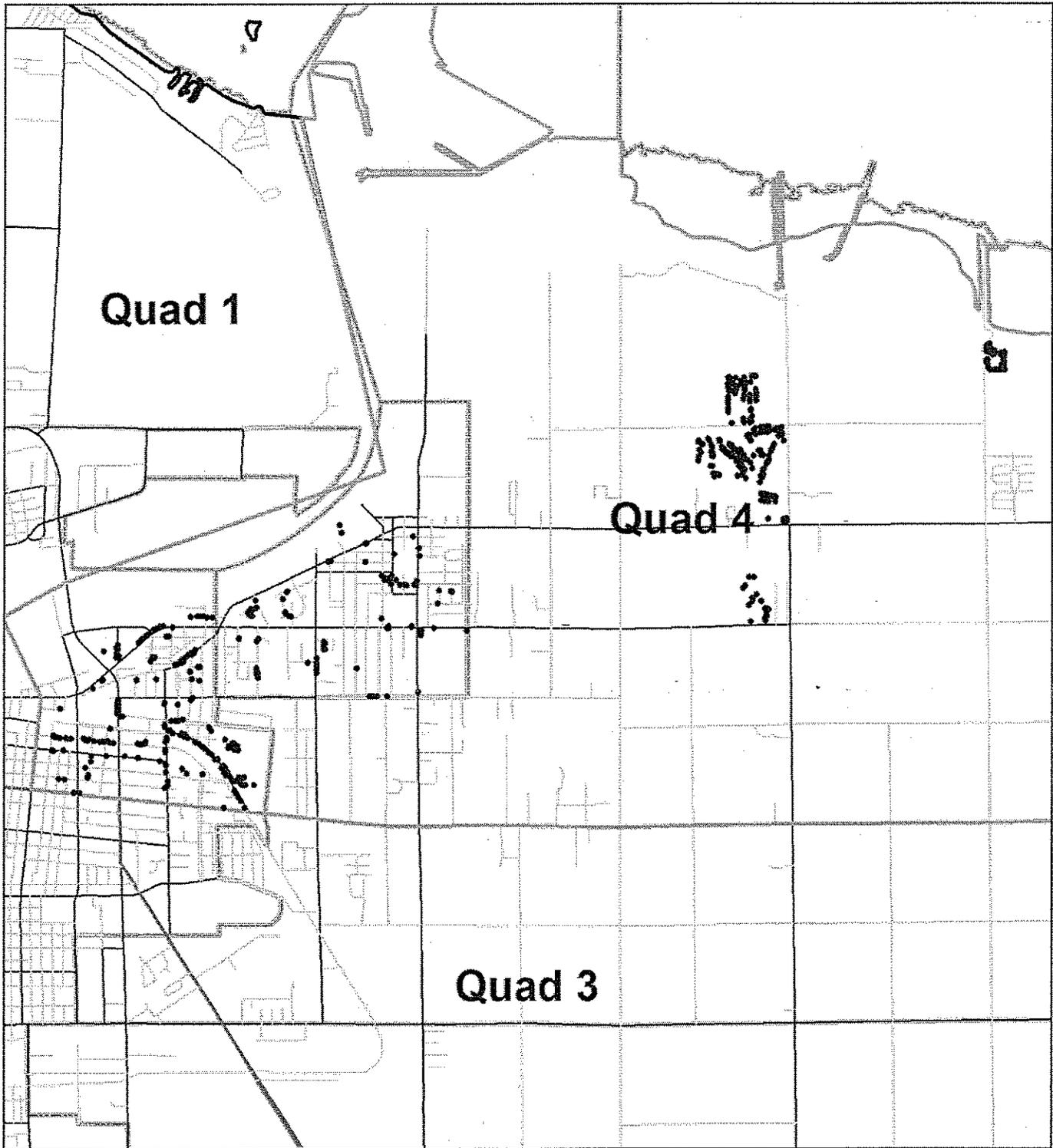
User: awallace
Date: 2/12/2013

Quad 4
Summarized by Tree Size (DBH)

Tree size	# of trees	Cumulative DBH		Tree size	# of trees	Cumulative DBH
6	1	6		31	4	124
7	11	77		32	2	64
8	32	256		33	1	33
9	35	315		34	1	34
10	62	620		35	0	0
11	82	902		36	1	36
12	55	660		37	1	37
13	48	624		38	0	0
14	55	770		39	0	0
15	51	765		40	1	40
16	34	544		41	0	0
17	21	357		45	0	0
18	21	378		46	1	46
19	13	247		48	0	0
20	14	280		51	0	0
21	13	273		52	0	0
22	12	264		53	0	0
23	18	414		54	1	54
24	7	168		55	0	0
25	10	250		56	0	0
26	3	78		62	1	62
27	6	162		65	0	0
28	2	56		70	1	70
29	4	116		82	0	0
30	2	60		86	1	86

Cumulative totals	
Number of trees:	628
DBH total:	9,328

**Bay County Gypsy Moth Suppression Program
2013 Ash Treatment Map
QUAD # 4**



Projected Coordinate System: NAD_1983_HARN_StatePlane_Michigan_South_FIPS_2113_FEET
Projection: Lambert_Conformal_Conic
False_Easting: 13123359.58005249



User: awallace
Date: 2/12/2013

TREATMENT GUIDELINES: REQUIRED TREATMENT RATES

Tree Diameter (DBH) in Inches	Low Pressure (30-60 PSI Devise)		High Pressure (125 PSI Devise)		
	Milliliters per Tree	Injection Sites per Tree	Milliliters per Tree	Milliliters per Injection Site	Injection Sites per Tree
7	20	4	24	6	4
8	25	4	24	6	4
9	30	4	30	6	5
10	30	4	30	6	5
11	40	4	36	6	6
12	40	4	36	6	6
13	45	4	42	6	7
14	50	4	48	6	8
15	60	8	63	9	7
16	65	8	72	9	8
17	75	8	72	9	8
18	80	8	81	9	9
19	90	8	81	9	9
20	110	8	108	12	9
21	120	8	120	12	10
22	135	8	132	12	11
23	150	8	144	12	12
24	155	8	144	12	12
25	160	8	156	12	13
26	170	8	168	12	14
27	180	12	180	12	15
28	195	12	195	15	13
29	210	12	210	15	14
30	225	12	225	15	15
31	240	12	240	15	16
32	255	12	255	15	17
33	270	12	270	18	15
34	290	12	288	18	16
35	310	12	306	18	17
36	325	12	324	18	18
37	345	12	342	18	19
38	360	12	360	18	19
39	380	12	378	21	19
40	400	12	398	21	19
>40 inches	10 mil per inch DBH	12 up to 60	10 mil per inch DBH		20

PRICING

Price per Inch of Diameter at Breast Height (DBH):
 Please draw a black line through any quadrant you will **NOT** consider treating.

Price Quote	Quad #1	Quad #2	Quad #3	Quad #4
Trees less than 10 inches DBH				
Trees ten inches or greater DBH				

Please estimate how many trees your firm can treat in an average day? _____

Company Name: _____

Company Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

Signature: _____

Print Name: _____

Title: _____

CERTIFICATION

The individual signing below certifies:

1. They are fully authorized to submit this bid, including all assurances, understanding and representations contained within it which shall be enforceable as specified.
2. The individual has been duly authorized to act as the official representative of the bidder, to provide additional information as required and, if selected, to consummate the transaction subject to additional, reasonable standard terms and conditions presented by County.
3. This proposal was solely developed and prepared without any collusion with any competing bidder or County employee.
4. The content of this proposal has not and will not knowingly be disclosed to any competing or potentially competing bidder prior to the proposal opening date, time, and location indicated.
5. No action to persuade any person, partnership, or corporation to submit or withhold a bid has been made.

Signature: _____

Print Name: _____

Title: _____

Company Name: _____

Company Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

REFERENCES

1	Customer Name:	Contact Name:	Contact Title:
Address:		Phone Number:	
_____		_____	
_____		Number of Trees Treated:	
_____		_____	
Service Provided:		How long have you had this account?	
_____		_____	
_____		_____	

2	Customer Name:	Contact Name:	Contact Title:
Address:		Phone Number:	
_____		_____	
_____		Number of Trees Treated:	
_____		_____	
Service Provided:		How long have you had this account?	
_____		_____	
_____		_____	

3	Customer Name:	Contact Name:	Contact Title:
Address:		Phone Number:	
_____		_____	
_____		Number of Trees Treated:	
_____		_____	
Service Provided:		How long have you had this account?	
_____		_____	
_____		_____	

ADDITIONAL REQUIRED DOCUMENTS

1. Michigan Department of Agriculture Commercial Applicators License (3B category)
2. Michigan Business License
3. Proof of Insurance
4. Certificate Proving they are trained to use Tree-age and the necessary equipment
5. Financial Reference

BUSINESS INFORMATION

BAY COUNTY VENDOR SET UP REQUEST

Return completed form to: Bay County Purchasing
515 Center Avenue, Suite 801, Bay City MI 4808

Bay County Use Only	Vendor No.: _____
Review Date: _____	Reviewer's Initials: _____
1099: Yes <input type="checkbox"/> No <input type="checkbox"/>	
1099: <input type="checkbox"/> 3-Per Diem <input type="checkbox"/> 6-Medical <input type="checkbox"/> 7-Atty/Non-Employee Comp	

INSTRUCTIONS: Bay County Vendor Set Up Request form is in three (3) parts.
Page 1 of 3: **MANDATORY** – Includes vendor identification, W-9, and contact information.
Page 2 of 3: **OPTIONAL** - Electronic Payment Set Up Request. Not available to one-time vendors.
Page 3 of 3: **MANDATORY** - W-9 form. Only exception, one-time vendors.
An incomplete form will NOT be processed.

Requesting Department or Contact Name: _____

Authorized Department Signature: _____ Date: _____

New vendor? Yes No Unsure If no, vendor number: _____
One-time vendor? Yes No Unsure

If one time vendor, SKIP SECTION I and Contact Person fields below.

If restitution or refund payment, select one box only and SKIP SECTION I.

Refund payment? Yes Restitution? Yes

Bay County employee? Yes No

Information change only? Yes If yes, fill out information change(s) only. Check next to change, below.

SECTION I
Please provide one: SSN _____ Federal ID: _____
Incorporated? Yes <input type="checkbox"/> No <input type="checkbox"/>
What goods or services will you provide to Bay County?
<input type="checkbox"/> Service: _____
<input type="checkbox"/> Product/Supply: _____
<input type="checkbox"/> Attorney/Medical: _____

Vendor Name: _____

DBA: _____ Not applicable.

Contact Person Phone: _____ Fax: _____

Contact Person Email: _____ *******

Vendor Address: _____

Vendor Payment Address, if different from above: _____

*****Optional** - Email to receive purchase orders electronically: _____

BAY COUNTY VENDOR ELECTRONIC PAYMENT SET UP REQUEST

Return completed form to: Bay County Purchasing, 515 Center Avenue, Suite 801, Bay City MI 4808

INSTRUCTIONS: Bay County Vendor Set Up Request form is in three (3) parts.
Page 1 of 3: **MANDATORY** – Includes vendor identification, W-9, and contact information.
Page 2 of 3: **OPTIONAL** - Electronic Payment Set Up Request. Not available to one-time vendors.
Page 3 of 3: **MANDATORY** - W-9 form. Only exception, one-time vendors.
An incomplete form will NOT be processed.

Vendor /Company Name: _____

Date: _____ Vendor number, if known.: _____ Bay County Employee Skip Vendor Contact below

Financial Institution Name: _____

Financial Institution Address: _____

Account Type: Checking Savings

Bank Routing Number: _____
Your bank will have this information.

Account No.: _____

Email Address to Receive Deposit Advice: _____

Vendor /Company Contact Name: _____

Vendor /Company Contact Phone: _____ Fax: _____

The above listed company (Company) sells goods and/or services to Bay County located in Bay City, Michigan. Bay County desires to make payments for such goods and/or services electronically through the ACH Network. COMPANY agrees to grant such flexibility.
Therefore, COMPANY hereby (1) authorizes Bay County to make payments for goods and/or services by ACH, (2) certifies that it has selected the stated depository financial institution, and (3) directs that all such payments be made as provided above.
COMPANY understands that you (Bay County) will verify the information provided above and, in the absence of a discrepancy or other unusual circumstances will begin the direct deposit of payments for goods and/or services within 15 days of your receipt of this form. In the event of a discrepancy, COMPANY understands that COMPANY will be required to provide corrected information by completing a new form. COMPANY acknowledges and agrees that the terms and conditions of all agreements with Bay County concerning the method and timing of payments for goods and/or services shall be amended as provided herein.
COMPANY will give thirty (30) days advanced written notice to Bay County of any changes in depository financial institution or other payment instructions.

Authorized Signature: _____

Print Name and Title: _____ Date: _____

The authority granted by me on this form is to remain in full force and effect until you have received written notification of its termination in such a time and in such a manner as to afford you and my financial institution a reasonable opportunity to act on it.
COMPANY hereby discharges Bay County from all liability whatsoever for any actions taken by Bay County in accordance with the above.