

ANASTASIA MOSQUITO CONTROL DISTRICT  
OF ST. JOHNS COUNTY  
120 EOC DRIVE, ST. AUGUSTINE, FLORIDA 32092  
TELEPHONE: 904-471-3107

**REQUEST FOR PROPOSAL: SOLICITING PROPOSALS TO PURCHASE ADULTICIDE FOR  
MOSQUITO CONTROL**

RFP # 23/24-1

RFP SOLICITATION START DATE: 8:00 A.M. November 13, 2023

RFP SOLICITATION END DATE: 4:00 P.M. December 8, 2023

RFP OPENING BY STAFF DATE: 9:00 A.M. December 11, 2023

RFP CONSIDERATION: Board of Commissioners' regular meeting January 11, 2024 5:00 PM.

**SPECIFICATIONS**

**PROJECT NAME:** Replace current use adulticide Aqualure 20-20 with a replacement pesticide

**SITE LOCATION:** 120 EOC Drive St. Augustine FL 32092.

**DELIVERY:** Palletted 55-gallon drums to 120 EOC Drive, St. Augustine FL 32092.

**REQUIREMENTS:**

1. Adulticide product for ULV truck spraying.
2. AMCD will consider a wide verity of products, percentages of active ingredients, types of active ingredients, but will not consider any organophosphate product.
3. AMCD's current use product was Aqualure 20-20, diluted at a 5 to 1 ratio, 20.6% Permethrin and 20.6% Piperonyl Butoxide 20.6%
4. Adulticide products will be compatible with AMCD bulk dispensing machines or, winning bidder will provide a bulk dispensing machine at no cost to AMCD.
5. Adulticide product will be compatible with AMCD truck mounted ULV machines.
6. Adulticide product will be water soluble or designed to be used un-diluted.
7. Adulticide product preferred to be delivered in 55-gallon drums, other size drums will be considered.
8. Approximant gallons annually, for contract period, variable from 250 gallons to 600 gallons per year depending on environmental conditions. Note: The 14-year average of Aqualure 20-20 was 300 gallons a year.

9. Bidders will supply current Labels and Safety Data Sheets for all proposed adulticides.
10. Bidders will supply proof of Florida Department of Agriculture registration for use in mosquito control (public health).
11. Bid may not be awarded until product has been tested by AMCD for efficacy.
12. Apparent winning bidder will provide a sample of pesticides for testing before final award of bid.
13. Regular delivery of product will be between 7 AM and 3 PM Monday thru Friday.
14. Contract period (negotiate upon bid award) will be for three to five (3 to 5) years, automatically renewed annually, fixed price per gallon.
15. Amount of product purchased yearly will not exceed dollar amount in the budget approved by the AMCD Board.
16. Shipping and freight charges will be included with bid prices (included in gallon price or as a separate line item).
17. Payment will be 30 days net. Statement billing.

### **ATTACHEMENTS**

- None.

### **FORMAT AND ORDER OF RESPONSES TO THE RFP**

All proposals will be presented as 8 1/2 X 11 either stapled, bound or in notebook.

**INTRODUCTION/COVER LETTER:** Provide no more than a 1-page letter of introduction. The letter should highlight or summarize whatever information you deem appropriate as a cover letter, but at the least, this section should include the subject of the RFP, date of the proposal, firms name, address, telephone number, and e-mail address of sales representative who will be responsible for this contract.

**LIST OF PRODUCTS OFFERED/PRICE SHEET:** List all products offered and the price per gallon and shipping costs (if not included in price per gallon). Include the labels and safety data sheets for each product listed

**MISCELLANEOUS:** This section provides an opportunity for you to provide other information that your firm considers relevant. Be specific.

**CONFLICT OF INTEREST FORM:** Proposers and any corporate shareholder (if a corporation), its members (if a joint venture) and its partners (if a partnership or limited liability company) shall submit a completed Potential Conflict of Interest form (included in bid package) and indicate that they are unaware of any actual or potential conflicts of interest or identify and describe, in detail, actual or potential conflicts of interest. For purposes of this certification, the Commission includes, but is not limited to, its commissioners, employees and representatives.

Proposers shall refrain from contracting, either directly or indirectly, staff or district Commissioners about the bid, selection process or anything related thereto. The Conflict-of-Interest Form can be presented under **Miscellaneous** in your bid proposal.

### **AWARD AND EXECUTION OF CONTRACT**

The Commissioners will make the award to the responsible and responsive Proposer whose product is determined to be the most advantageous to the district, taking into consideration price and the evaluation factors set forth in this Request for Proposals (testing of product).

The district reserves the right to reject any or all proposals, in whole or in part, and to delete items prior to making the award whenever it is deemed in the sole opinion of the district to be in its best interest.

**The above is in compliance with AMCD policies and procedures for:** Request for Proposal to replace current use aduicide Aqualure 20-20 with a replacement pesticide.

### **PREPOSERS INSURANCE REQUIREMENTS**

The firm selected, including any subcontractors or related entities, will be required to carry the following insurance coverage throughout the period it provides products and services to the district:

1. Public Liability and Property Damage Insurance including Independent Contractor's Liability, Owner's Protection Insurance, Contractual Liability and Completed Operations Insurance as follows:
  - a. One person in any one accident, amount – Five Hundred Thousand Dollars (\$500,000.00)
  - b. Two or more persons in any one accident, amount – Five Hundred Thousand Dollars (\$500,000.00)
  - c. Property Damage in any one accident, amount – Five Hundred Thousand Dollars (\$500,000.00)
2. Automobile Liability Insurance (including coverage for Contractors Automotive equipment; owned, hired and non-owned);
  - a. One Person in any one accident, amount – Five Hundred Thousand Dollars (\$500,000.00)
  - b. Two or More persons in any one accident, amount – Five Hundred Thousand Dollars (\$500,000.00)
  - c. Property Damage in any one accident amount, amount – Five Hundred Thousand Dollars (\$500,000.00) with aggregate Property Damage in the amount of Five Hundred Thousand Dollars (\$500,000.00)

3. Workmen's Compensation Insurance – Florida Statutory and any required by Maritime Law.

All insurance shall be maintained in force during term of contract or agreement and shall include an endorsement requiring ten (10) days prior written notice to the district (AMCD) before any change or cancellation is made effective.

### **SUBMITTAL PROCEDURE**

A particular procedure for submitting an RFP to Our District is necessary, following the District's Policies and Procedures.

Your assigned RFP number will be: "REQUEST FOR PROPOSAL FY23/24-1, **(your company name)**, for the **REQUEST FOR PROPOSAL: SOLICITING PROPOSALS TO PURCHASE ADULTICIDE FOR MOSQUITO CONTROL**".

**Original RFP** shall be submitted **with eight (8) copies for a total of 9**, in a sealed envelope or box, and are to be identified in the **lower, left-hand corner** of the envelope or box with **your assigned RFP number** (see above).

Hand delivery, US Postal service, Parcel services (UPS or Fed Express) and couriers are acceptable methods of delivering your RFP.

As per the advertisement, no REQUESTS FOR PROPOSAL will be accepted after 4 PM December 8, 2023. Do not be late. You must be in compliance with the above procedure. Proposers seeking clarifications shall direct all communications in writing to Richard Weaver at Anastasia Mosquito Control District, 120 EOC DRIVE, St. Augustine Florida 32092. Fax 904-471-3189 or e-mail [rweaver@amcdf.org](mailto:rweaver@amcdf.org), clarifications or modifications of this RFP document will be by addendum only. Addenda and other documents will be delivered by mail, e-mail or messenger to RFP document holders of record at the mailing address, e-mail address or location provided by RFP document holders. The district may amend the RFP, as it sees fit, at any time, and may cancel the Request for Proposal at any time.

**The District may reject any submittals in whole or part with or without cause.**

Dr. Rui-De Xue  
Director

**CONFLICT OF INTREST & CLEAN HANDS DISCLOSURE FORM**

I HEREBY CERTIFY that

1. I (*printed name*) \_\_\_\_\_ am the (*title*) \_\_\_\_\_ and the duly authorized representative of the firm of (*firm name*) \_\_\_\_\_ whose address is \_\_\_\_\_, and that I possess the legal authority to make this affidavit on behalf of myself and the firm for which I am acting; and,
2. Except as listed below, no employee, officer, or agent of the firm have any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and,
3. Neither the business nor any authorized representative or significant stakeholder of the business has been determined by judicial or administrative board action to be in noncompliance with or in violation of any provision of the Anastasia Mosquito Control District nor has any outstanding past due debt to the Anastasia Mosquito Control District: and
4. This proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Personally known \_\_\_\_\_

OR Produced identification \_\_\_\_\_ Notary Public-State of \_\_\_\_\_

My Commission expires \_\_\_\_\_

(Type of Identification)\_\_\_\_\_

(Printed, typed or stamped commissioned name of Notary Public)